

CONTRA COSTA CONTINUUM OF CARE

Contra Costa Council on Homelessness 10/17/2024 Oversight Committee Meeting Materials Packet





Table of Contents

1. 10/17/2024 Meeting Agenda
2. 10/17/2024 Meeting Presentation Slides
3. Coordinated Entry System Policies & Procedures – with PROPOSED REVISIONS
4. Written Standards – with PROPOSED REVISIONS
5. 06/20/2024 Meeting Minutes
6. 08/15/2024 Work Group Notes
7. Link to [Contra Costa County CoC Program Models and Performance Standards](#)
8. Link to CURRENT [Contra Costa County CoC Coordinated Entry System Policies & Procedures](#)
9. Link to CURRENT [Contra Costa County CoC Written Standards](#)
10. Link to [Contra Costa County CoC Annual Report](#)



CONTRA COSTA COUNCIL ON
HOMELESSNESS
OVERSIGHT COMMITTEE MEETING

IN-PERSON COMMITTEE MEETING AGENDA

Thursday October 17, 2024, 11:30AM – 1:30PM

[2400 Bisso Lane, Concord \(suite #D2\)](#)

COMMITTEE PURPOSE:

The purpose of the Oversight Committee is to review and assess the development, implementation, and improvement of the CoC, Coordinated Entry System, HMIS Database, and system outcomes.

HOW TO JOIN THE MEETING VIA ZOOM:

COMMITTEE MEETING (IN-PERSON) Link to register: <https://tinyurl.com/yvt666hf>

How to Join the Meeting Via Call-In: 1- 669-900-6833 / Meeting ID: 892 1400 4649

TIME	AGENDA ITEM	PRESENTERS
11:30am (10 min)	Welcome, Introductions, & CoH Roll Call a. Welcome b. Review agenda c. Introductions & CoH Roll Call d. Mentimeter - Who's in the Room?	- Alejandra Chamberlain, <i>CoH</i> - Alex Michel, <i>HB</i> - Jamie Schecter, <i>H3</i>
11:40am (5 min)	2024 Meeting Logistics	- Jamie Schecter, <i>H3</i>
11:45am (5min)	Public Comment a. Open period for public comment on items not listed on the agenda.	- Alejandra Chamberlain, <i>CoH</i> - Members of the public
11:50am (5 min)	Review June 20, 2024 Mtg. Key Takeaways & Approve Meeting Minutes a. Key takeaways from the June 20,2024 meeting: <ul style="list-style-type: none"> • Reviewed & approved June 20, 2024 meeting minutes • Heard update on 2024 monitoring process • Heard update on Program Models & Performance Standards • Heard update on Coordinated Entry • Update & discussion around Written Standards Revisions • Reviewed Accountability Corner ACTION ITEM: Approve the meeting minutes from June 20, 2024	- Alejandra Chamberlain, <i>CoH</i>



CONTRA COSTA COUNCIL ON HOMELESSNESS OVERSIGHT COMMITTEE MEETING

11:55am (10min)	Program Models & Performance Standards Updates a. Link to current Program Models & Performance Standards .	- Shelby Ferguson, <i>H3</i>
12:05pm (45min)	Coordinated Entry Updates a. Review & Approve CES P&P Revisions b. Hear updates on CES Assessment Tool revision process c. Link to current Coordinated Entry System Policies & Procedures . Version with proposed revisions is in materials packet.	- Mary Juarez-Fitzgerald, <i>H3</i> - Mark Mora, <i>HB</i> - Alex Michel, <i>HB</i>
12:50pm (30min)	Written Standards Revisions a. Review & Approve Written Standards Revisions b. Link to current Written Standards . Version with proposed revisions is in materials packet.	- Jamie Schecter, <i>H3</i> - Michele Byrnes, <i>HB</i> - Alex Michel, <i>HB</i>
1:20pm (5min)	Accountability Corner a. Review 2024 Q3	- Jamie Schecter, <i>H3</i>
1:25pm (5 min)	Adjourn a. December Oversight work group discussion b. Overview of upcoming committee meetings	- Alex Michel, <i>HB</i>

Acronym	Definition
APR	Annual Performance Report (for HUD homeless programs)
CARE	Coordinated Assessment and Resource
CCYCS	Contra Costa Youth Continuum of Services
CDBG, CDBG-CV	Community Development Block Grant (federal and state programs) and the federal Community Development Block Grant CARES Act coronavirus allocation.
CES	Coordinated Entry System
CESH	California Emergency Solutions and Housing program (state funding)
Continuum of Care (CoC)	Continuum of Care approach to assistance to the homeless. Federal grant program promoting and funding permanent solutions to homelessness.
Con Plan	Consolidated Plan, a locally developed plan for housing assistance and urban development under CDBG.
CORE	Coordinated Outreach Referral, Engagement program
COVID-19	Coronavirus
DOC	Department Operations Center
EHSD	(Contra Costa County) Employment and Human Services Division
EOC	Emergency Operations Center
ESG and ESG- CV	Emergency Solutions Grant (federal and state program) and the federal Emergency Solutions Grant CARES Act coronavirus allocation.
ESG-CV	Emergency Solutions Grant CARES
FMR	Fair Market Rent (maximum rent for Section 8 rental assistance/CoC grants)



CONTRA COSTA COUNCIL ON
HOMELESSNESS
OVERSIGHT COMMITTEE MEETING

HCD	Housing and Community Development (State office)
HEAP	Homeless Emergency Aid Program (State funding)
HEARTH	Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009
HHAP	Homeless Housing and Assistance Program
HMIS	Homeless Management Information System
HOME	Home Investment Partnerships (CPD program)
HUD	U.S. Department of Housing and Urban Development (federal)
MHSA	Mental Health Services Act
NOFA	Notice of Funding Availability
PHA	Public Housing Authority
PUI	Persons Under Investigation
SAMHSA	Substance Abuse & Mental Health Services Administration
SRO	Single-Room Occupancy housing units
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
TA	Technical Assistance
TAY	Transition Age Youth (usually ages 16-24)
VA	Veterans Affairs (U.S. Department of)
VASH	Veterans Affairs Supportive Housing
VI-SPDAT	Vulnerability Index – Service Prioritization Decision Assistance Tool

EQUITY DEFINITIONS

(adapted from C4 Innovations and approved by COH on 8.3.23)

Term	Definition
Individual Racism	A person's beliefs and actions that serve to perpetuate racial oppression. This can be conscious and unconscious. This may be externalized or internalized
Institutional Racism	Policies and practices at the organization (or "sector") level that perpetuate oppression. It involves unjust policies, practices, procedures, and outcomes that work better for white people than people of color, whether intentional or not.
Interpersonal Racism	The interactions between people - both within and across racial groups
Microaggressions	Brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership
Race	A social construct created in the 17th century by white Europeans to justify the enslavement of Africans and the spread of colonialism. Understanding of race as a concept has changed over time, but the outcomes of discrimination based on race remain entrenched in our systems.



CONTRA COSTA COUNCIL ON
HOMELESSNESS
OVERSIGHT COMMITTEE MEETING

Race Equity Lens	A way of viewing the world in an integrated and holistic manner, taking into account past and present racial injustices and seeking to address them through more equitable practices and structures.
Racial Bias	Implicit and/or explicit bias that reinforces discriminatory attitudes and behaviors when interacting with people or situations
Racial Equity	The condition where one's racial identity does not predict their social, health, or economic outcomes. Racial equity is a process of eliminating racial disparities and improving outcomes for everyone. It is the intentional and continual practice of changing practices, systems, and structures by prioritizing the measurable change in the lives of people of color.
Racism	A system of institutional, systemic oppression, and practices of individuals and society that shape cultural beliefs and values that support racist policies and practices.
Structural Racism	How these effects interact and accumulate across institutions and across history. Structural racism highlights how racism operates as a system of power with multiple interconnected, reinforcing, and self-perpetuating components which result in racial inequities across all indicators for success.
Systemic Racism	infrastructure of rulings, ordinances or statutes adopted by a sovereign government or authoritative entity, whereas such ordinances and statutes entitles one racial group in a society certain rights and privileges, while denying other groups in that society these same rights and privileges because of long-established cultural prejudices, religious prejudices, fears, myths, and Xenophobia's held by the entitled group
White Fragility	White fragility refers to feelings of discomfort a white person experiences when they witness or engage in discussions around racial inequality and injustice. Their engagement in conversations about racism may trigger a range of defensive actions, feelings, and behaviors, such as anger, fear, and silence. These reactive behaviors reinforce continued white dominant culture.



OVERSIGHT COMMITTEE MEETING

October 17, 2024 from 11:30 – 1:30 PM

WELCOME

Alejandra Chamberlain, *CoH*

Agenda

1. Welcome, Introductions, & CoH Roll Call
2. 2024 Meeting Logistics
3. Public Comment
4. Review & Approve June 20, 2024 Meeting Minutes – ACTION ITEM
5. Program Models & Performance Updates
6. Coordinated Entry Updates
 - CES Policies & Procedures Revisions – ACTION ITEM
7. Written Standards Revisions – ACTION ITEM
8. Accountability Corner
9. December Oversight Work Group
10. Adjourn – 1:30 PM

INTRODUCTIONS



Jamie Schechter, Homeless Services Chief

Mary Juarez-Fitzgerald, Coordinate Entry Manager

Shelby Ferguson, CoC Administrator

Email: contracostacoc@cchealth.org



Michele Byrnes, Directing Analyst

Mark Mora, Senior Policy Analyst

Alex Michel, Senior Policy Analyst

Email: contracosta@homebaseccc.org

COH MEMBER ROLL CALL

Presenter

Alex Michel, *Homebase*

Role of Oversight Committee Members

introduce yourself during Roll Call

(name, pronouns, what part of the County do you represent)

Role of Community Members

introduce yourself in the chat

(name, pronouns, what part of the County do you represent)

1. What part of the following geographic areas do you spend the most time in?
2. Do you have lived experience of homelessness?
3. What best describes your racial identity?

MENTIMETER: WHO'S IN THE ROOM

2024 MEETING LOGISTICS

Jamie Schechter, *H3*

IN-PERSON / HYBRID MEETING

- As of March 1, 2023, all Council on Homelessness Meetings and CoH Committee meetings are required to convene in person or in a hybrid format
- All CoH members must attend in person unless using a “just cause” exemption

Just Cause

- A need to care for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner
- A contagious illness that prevents a member from attending in person;
- A need related to a physical or mental disability that is not otherwise accommodated for; or
- Travel while on official business of the body or another state or local agency.

Emergency Circumstances

- A physical or family medical emergency that prevents a member from attending in person.

VIRTUAL ATTENDANCE EXEMPTION

HYBRID MEETING NORMS

1. Masking is recommended but not required (masks are available)
2. Social distancing – red pen = please keep safe distance, black = ask first
3. Raise your hand (actual or virtual) before speaking
4. Say your name before speaking and try to speak as clearly as you can
5. Make and take space – consider your privilege and the other voices who are in and not in the room
6. Sign-in if you are in-person so we can track attendance
7. Maintain a safe and respectful environment, even when disagreeing
8. This meeting is being recorded
9. If in-person meeting is interrupted for an emergency, the meeting will be suspended or cancelled, case-by-case basis.

HYBRID MEETING NORMS

An individual may be asked to leave should they behave in a manner that threatens the safety of the group or does not honor these meeting norms.

COMMITTEE vs WORKGROUP

There will be two types of meetings held throughout the year, each with a different structure.

Committee Meeting

- Every other meeting, starting in Feb
- In-person CoH member attendance required (with exemptions)
- Activities include voting to approve/adopt minutes and other items as needed

Workgroup Meetings

- Every other meeting, starting in April
- Fully virtual
- Activities include hearing presentations, hearing from stakeholders and partners, and developing updates and other content

Date	Time	Location
February 15	11:30am – 1:30pm	In-person 2120 Diamond Blvd, Concord (McMorrow Training Room) (hybrid Zoom link)
April 18	11:30am – 1:30pm	Virtual only (Zoom registration link)
June 20	11:30am – 1:30pm	In-person 2120 Diamond Blvd, Concord (McMorrow Training Room) (hybrid Zoom link)
August 15	11:30am – 1:30pm	Virtual only (Zoom registration link)
October 17	11:30am – 1:30pm	In-person 2120 Diamond Blvd, Concord (McMorrow Training Room) (hybrid Zoom link)
December 19	11:30am -1:30pm	Virtual only (Zoom registration link)

2024 MEETING SCHEDULE

PUBLIC COMMENT

Presenter

Alejandra Chamberlain, *CoH*

Role of Oversight Committee Members

listen

Role of Community Members

provide a public comment

HOW TO PROVIDE PUBLIC COMMENT

- In-person: stand where you are sitting when called upon.
- Via Zoom: indicate they wish to speak by using the “raise your hand” feature in the Zoom app.
- Calling in: indicate you wish to speak by pushing “9” on the phone.
- All public comments will be limited to 2 minutes per speaker. For assistance with remote access contact: contracostacoc@cchealth.org or call 925-608-6700.
- Public comments may also be submitted before the meeting by email at contracostacoc@cchealth.org or by voicemail at 925-608-6700. Comments submitted by email or voicemail will be included in the record of the meeting but will not be read or played aloud during the meeting.

ACTION ITEM-
APPROVE
06/20/2024
MEETING
MINUTES

Presenter

Alejandra Chamberlain, *CoH*

Role of Oversight Committee Members:

vote on the action item

Role of Community Members:

listen & ask questions

06/20/2024 OVERSIGHT CMTE. MEETING TAKEAWAYS

The following items were covered during the 2024 June Oversight Cmte meeting:

- ✓ Reviewed & Approved February 15, 2024 meeting minutes
- ✓ Heard update on 2024 Compliance Monitoring Process
- ✓ Heard update on Program Models & Performance Standards
- ✓ Heard updates on Coordinated Entry
- ✓ Update and discussion around Written Standards Revisions
- ✓ Reviewed Accountability Corner

ACTION ITEM

- Approve the June 20, 2024 Meeting Minutes



PROGRAM MODELS & PERFORMANCE STANDARDS UPDATE

Presenter

Shelby Ferguson, *H3*

Role for Oversight Committee Members

listen & ask questions

Role for Community Members

listen & ask questions

COG PERFORMANCE MEASURES PROJECT

- Welcome our new CoC Intern, Anya Kushwaha from UC Berkeley!



- Project will begin reviewing the 7 different program models performance dashboards and comparing where we are at as a CoC on average over the past two years
- Program Models include:
 - Prevention
 - Rapid Exit
 - CARE Centers
 - Outreach
 - Shelters
 - Rapid Rehousing
 - Permanent Supportive Housing

COC PERFORMANCE MEASURES PROJECT CONT.



Goal is to determine where each of the 7 program models are at on average compared to each of the performance measures to identify measures that may need to be revisited



Any performance measures that need to be revisited regarding Prevention and Rapid Exit will come back to the PATH Committee



All other program model performance measures will be discussed at the Oversight Committee

COORDINATED ENTRY SYSTEM UPDATES

Presenters

Mary Juarez-Fitzgerald, *H3*

Mark Mora, *Homebase*

Michele Byrnes, *Homebase*

Alex Michel, *Homebase*

Role for Oversight Committee Members

listen & ask questions

Role for Community Members

listen & ask questions

CES P&P REVISIONS

TODAY'S GOALS

Understand the basics of the Coordinated Entry System (CES) and the proposed revision areas to the CES Policies & Procedures

Review proposed revisions to the Coordinated Entry System (CES) Policies & Procedures

Approve revisions to CES P&Ps for recommendation to CoH

COORDINATED ENTRY SYSTEM (CES) BACKGROUND

- A centralized, coordinated process to streamline intake, assessment, and referral to homeless system resources
- Prioritizes the most vulnerable in a community for limited housing resources
- Requirement for various HUD-funded programs (CoC)
- Contra Costa's CES was established in 2017 and was last updated in 2022

CES POLICIES & PROCEDURES (P&P)

- A HUD-required written document that explains how Coordinated Entry will operate



CONTRA COSTA COORDINATED ENTRY
SYSTEM POLICIES & PROCEDURES

REVISIONS TO CES POLICIES & PROCEDURES

Revision areas:

1. Ensure the document is compliant with HUD standards
2. Added section: maximizing prioritization to utilize time-sensitive funding and opportunities
3. General clean up and updating
4. Added non-emergency transfer policy

1) COMPLIANCE WITH HUD STANDARDS

- “no barrier” to “low barrier”
- VAWA emergency transfer – clarified request process
- Reasons for denial by programs – added third option
- Marketing & Advertising – added language around physical access points accessibility
- Glossary of terms – updated homeless definition (category 4 revised to to be aligned with 2022 VAWA Reauthorization)

2) ADDED SECTION: MAXIMIZING PRIORITIZATION TO UTILIZE TIME-SENSITIVE OPPORTUNITIES

“The prioritization process outlined in the previous sections remains the standard for allocating resources. However, when one-time, time-sensitive funding or resources - such as emergency housing vouchers, housing stability vouchers, and mainstream vouchers - become available, the Continuum of Care (CoC) activates a rapid, data-driven approach to swiftly and effectively allocate or pursue these resources to underserved populations in greatest need. This approach ensures that underserved populations, as identified by the most recent CoC data, are prioritized for these opportunities, with flexibility to respond to the specific nature of the resource and the urgency of the situation equitably.

To ensure transparency, the CoC lead will communicate with the community when this process is utilized, providing the rationale for execution. Additionally, strict adherence to participant eligibility criteria will be maintained to ensure that resources are distributed only to eligible participants, safeguarding fairness, and compliance throughout the process.”

3) GENERAL CLEAN UP AND UPDATING

- Aligned with recently updated practices and system documents (e.g., CoC/ESG Written Standards, Program Models and Performance Standards, etc.)
- Updated hyperlinks & added list of hyperlinks as Appendix F
- Cleaned up language (grammar, readability, etc.)
- Changed “clients” to “participants”
- Updated language under CES key principles
- Considerations for Survivors of Domestic Violence
 - Added language around documentation and record keeping (mirrors existing language in Written Standards)

4) ADDED NON-EMERGENCY TRANSFER POLICY

- Internal transfers: between projects at the same agency
 - within the same program model type
 - from one program type to another
- External transfers: between agencies
 - within the same program type, i.e., PSH to PSH, RRH to RRH
 - due to individual or environmental safety, changes in household composition, or service level

2024 CES P&P REVISION TIMELINE

- **September** – Equity Committee provided input on proposed revision areas
- **October** – Oversight Committee will review revised language and consider recommending revisions to CoH
- **November** - CoH will review and approve recommended revisions

CES ASSESSMENT TOOL REVISION PROCESS UPDATE



F O C U S
strategies

COORDINATED ENTRY HOUSING NEEDS ASSESSMENT (HNA)

REDESIGN PROJECT

OVERSIGHT COMMITTEE MEETING PROJECT UPDATE

October 17, 2024

Project Overview



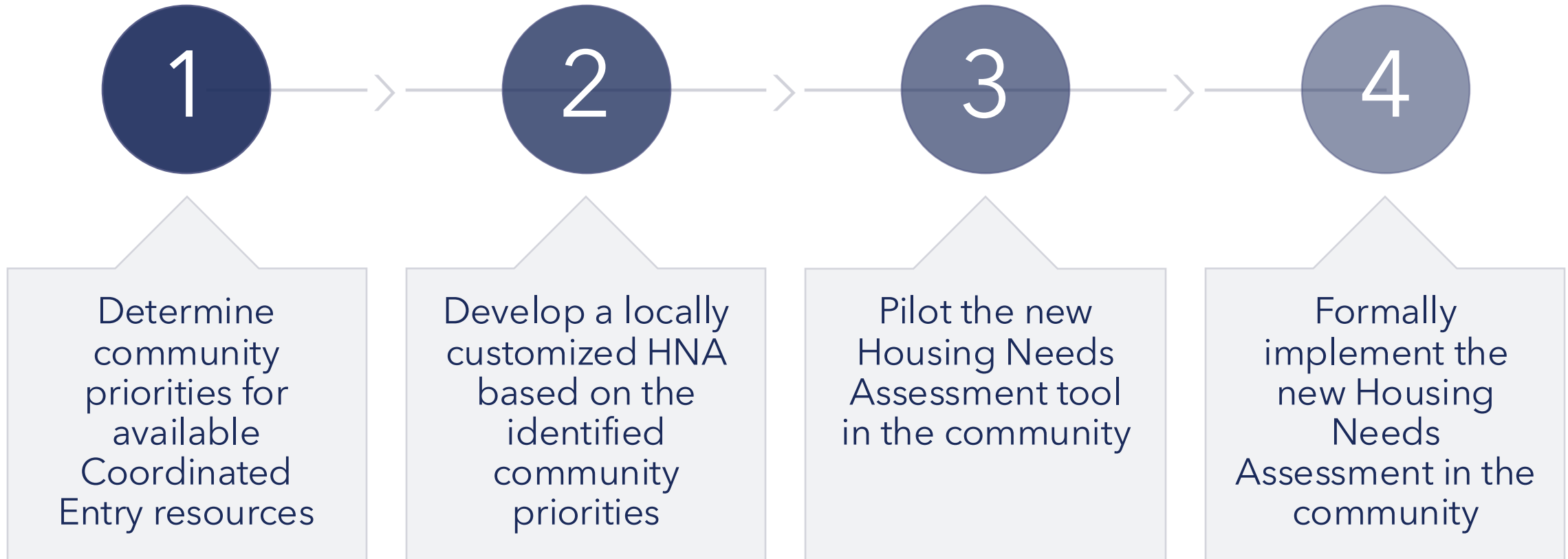
Contra Costa Health- Health, Housing, and Homeless Services (H3) has engaged Focus Strategies to help the community develop a new Coordinated Entry assessment tool to replace the current Housing Needs Assessment, the VISPDAT.

In developing a new tool, H3 is seeking a more customized and equitable alternative to better assess and prioritize people experiencing homelessness for resources in Contra Costa County.

HNA Redesign Project Timeline



Phases of the HNA Redesign



HNA Steering Committee



Agency Representation:

- GRIP
- CORE
- Hope Solutions
- Winter Nights
- Contra Costa Behavioral Health
- Department of Veterans Affairs
- Contra Costa Public Health Advanced Care Management
- Persons with Lived Experience of Homelessness

Stakeholder Engagement



HNA Steering Committee



Community Input sessions and focus groups



Updates to the Council on Homelessness
and the Oversight Committee

Community Input Sessions and Focus groups

Focus Strategies will host two phases of community input sessions and focus groups



Gaining initial input on the redesign process and community priorities for limited CE resources



Gathering feedback on the redesigned HNA

Next Steps for Oversight Committee



Focus Strategies will share an overview of stakeholder input and seek feedback on community priorities from the Oversight Committee in December 2024.



FOCUS
strategies

Questions



FOCUS
strategies

THANK YOU!

Need to reach out directly?

Feel free to contact Chela Schuster at chela@focusstrategies.net

WRITTEN STANDARDS UPDATES

Presenters

Jamie Schechter, *H3*

Michele Byrnes, *Homebase*

Alex Michel, *Homebase*

Role for Oversight Committee Members

listen & ask questions

Role for Community Members

listen & ask questions

TODAY'S GOALS

Understand the purpose of Written Standards and the goals of proposed revisions

Review proposed revisions to the Written Standards

Approve revisions to Written Standards for recommendation to CoH

WRITTEN STANDARDS BACKGROUND

- Required by HEARTH Act
- ESG and CoC funded projects required to follow Written Standards per terms of funding
- Contra Costa requires all CoC participating providers to adhere to Written Standards requirements
- Ensure continuity of information and support to access and maintain services and housing

REVISIONS TO WRITTEN STANDARDS

Revision areas:

1. Added non-emergency transfer policy
2. Added PWLE compensation policy
3. General clean up
4. Other updates

1) NON-EMERGENCY TRANSFER POLICY

- Policy mirrors CES P&Ps

2) PEOPLE W/ LIVED EXPERIENCE COMPENSATION

“To center the perspectives of people with a lived experience of homelessness in decision-making and to reduce barriers to their participation, the Contra Costa CoC commits to compensating people with lived experience (PWLE) of homelessness who participate in specific Contra Costa Continuum of Care (CoC) advisory roles, groups, events, or surveys. The amount and form of compensation amount will depend on several factors, including:

1. whether or not the participant is a member of the Council on Homelessness (COH);
2. whether the participant is performing duties on behalf of an agency;
3. whether the participant is representing themselves as a PWLE;
4. the amount of time spent participating;
5. and the nature of the activity.

Agencies are encouraged to adopt a PWLE Compensation policy.”

3) GENERAL CLEAN UP AND UPDATING

- Aligned with recently updated practices and system documents (e.g., CoC/ESG Written Standards, Program Models and Performance Standards, etc.)
- Updated hyperlinks & added list of hyperlinks to appendix
- Cleaned up language (grammar, readability, etc.)
- Changed “clients” to “participants”

4) OTHER UPDATES

- Added Environmental Reviews policy
- Key terms & definitions - updated homeless definition (category 4 revised to be aligned with 2022 VAWA Reauthorization)
- VAWA emergency transfer – clarified request process
- Participant Eligibility and Documentation
 - updated language around survivors of domestic violence eligibility
- Added non-discrimination clause (mirror CES P&Ps)
- In appendix:
 - Added literal homelessness documentation checklist
 - Updated chronic homelessness documentation checklist language
 - Removed COVID-19 resources
 - Added Equity Definitions
 - Added list of hyperlinks

2024 WRITTEN STANDARDS REVISIONS

- **September** - Equity Committee provided input on proposed revisions
- **October** - Oversight Committee will review revised language and consider recommending revisions to CoH
- **November** - CoH will review and approve recommended revisions

ACCOUNTABILITY CORNER

Presenter

Jamie Schechter, *H3*

Role for Oversight Committee Members

listen & ask questions

Role for Community Members

listen & ask questions

2024 Oversight Committee Workplan

Purpose: Review and assess the development, implementation, and improvement of: CoC, Coordinated Entry System, HMIS database, and System Outcomes

Annual Priorities	Audience	Goals and Activities			
		Q1: Jan - Mar	Q2: Apr - Jun	Q3: Jul - Sep	Q4: Oct - Dec
<ol style="list-style-type: none"> 1. Monitor regular operations of CoC 2. Explore and recommend improvements to CES with focus on equity and effective prioritization of housing resource 3. Ensure strong feedback loops in homeless response system through CoC Complaint process, program models, and CoC Written Standards 	<ol style="list-style-type: none"> 1. Providers in the Homelessness Response System 2. Stakeholders interested in system level decision-making 3. People experiencing homelessness or at risk of homelessness 	<p>Goals: Onboard Oversight committee to current projects and processes, finalize policy work begun in 2023, and initiate 2024 monitoring process. Discuss Youth Advisory body.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Committee introductions + Chair/Co-chair selection • Finalize meeting calendar for 2024 • Approve 2024 Oversight Work Plan • Hear presentation on Monitoring Process + 2024 timeline • Written Standards revision discussion • Accountability Corner: review 2023 Q4. 	<p>Goals: Updates on Program Models and Coordinated Entry, refine revisions to Written Standards</p> <p>Activities:</p> <ul style="list-style-type: none"> • Written Standards revision discussion updates • Program Models & Performance Standards Discussion: accountability guidelines and program model for transitional/bridge housing • Annual update on Coordinated Entry P&Ps and update on CE Assessment and Prioritization Project • Hear presentation on 2024 Compliance Monitoring process findings • Accountability Corner: review 2024 Q1 & Q2. 	<p>Goals: Assess revisions to Written Standards, review updates to Program Models and CE.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Written Standards revision discussion updates • Program Models & Performance Standards discussion updates • General CE Updates • Accountability Corner: review 2024 Q3. 	<p>Goals: Create priorities for 2025 and close ending pending policy items.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Hear presentation on CE updates • Hear presentation on Written Standards updates • Hear presentation on Program Models updates • create 2025 workplan • Accountability Corner: review 2024 Q4

Scratch Pad	Accountability Corner	
<ol style="list-style-type: none"> 1. Housing Stability Vouchers? 2. Consider ways to collect feedback on the Coordinated Entry System? 3. Opportunities for lived experience engagement 4. Equity? 	<p>January - March Update</p> <ol style="list-style-type: none"> 1. What goals/milestones were accomplished? 2. What new needs were identified? <p>July - September Update</p> <ol style="list-style-type: none"> 1. What goals/milestones were accomplished? 2. What new needs were identified? 	<p>April - June Update</p> <ol style="list-style-type: none"> 1. What goals/milestones were accomplished? 2. What new needs were identified? <p>October - December Update</p> <ol style="list-style-type: none"> 1. What goals/milestones were accomplished? 2. What new needs were identified?

Reference Round Up

SMART Goals: <https://www.managementcenter.org/resources/smartie-goals-worksheet/>
CoC Written Standards: <https://www.cchealth.org/home/showpublisheddocument/6397/638258160748570000>.
CE P+P: <https://www.cchealth.org/home/showpublisheddocument/6393/638258160735770000>
CoC Program Models & Performance Standards: <https://www.cchealth.org/home/showpublisheddocument/6567/638258163191470000>
Previous Agendas and Minutes: <https://www.contracosta.ca.gov/agendacenter>

2024 WORKPLAN – QUARTER 3

Goals

- Assess revisions to Written Standards
- Review Updates to Program Models and Coordinated Entry

Activities

- Written Standards revision
- Program Models and Performance Standards updates
- General Coordinated Entry Updates
- Accountability Corner

ACCOUNTABILITY CORNER – QUARTER 3

What was accomplished?

- Discussed written standards and Coordinated Entry policies and procedures updates
- Received update on VI-SPDAT replacement project
- Received update on programs and housing resources
- Received report on CoC participant satisfaction survey and annual report data

What was not accomplished?

LOOKING AHEAD

What new needs were identified?

- Work planning for 2025

WRAP UP

Alex Michel, *Homebase*

NEXT STEPS

☐ Next meeting: December 19th, 11:30am - 1:30pm – VIRTUAL ONLY

UPCOMING MEETINGS

CoH/Cmte	Date/Time	Location	Zoom Link
COH	December 5, 1 – 3pm	1025 Escobar, Martinez (IN-PERSON)	https://homebaseccc.zoom.us/j/92057122222
HMIS Policy Committee WORKING GROUP	December 10, 12 - 1:30pm	VIRTUAL ONLY	https://homebaseccc.zoom.us/j/92057122222
Equity Committee WORKING GROUP	December 10, 2 -4pm	VIRTUAL ONLY	https://homebaseccc.zoom.us/j/92057122222
Homeless Service Provider Meeting	December 12, 8:30 – 9:30am	VIRTUAL ONLY	https://homebaseccc.zoom.us/j/92057122222
PATH Innovations WORKING GROUP	December 19, 9:30 – 11:30am	VIRTUAL ONLY	https://us02web.zoom.us/j/92057122222



CONTRA COSTA COUNTY CONTINUUM OF CARE

COORDINATED ENTRY SYSTEM POLICIES & PROCEDURES

Last Approved by Contra Costa Council on Homelessness: _____, 2024

TABLE OF CONTENTS

1. Purpose and Background	45
2. Key Principles	45
3. System Overview and Workflow	67
A. Eligibility	67
B. Access	67
C. Assess	78
D. Assign	89
4. Roles & Responsibilities	1011
A. Contra Costa Council on Homelessness	1011
B. Oversight Committee	1011
C. Contra Costa Health - Health, Housing, and Homeless Services Division	1112
D. Participating Provider Agencies	1213
E. Program Participants	1516
5. Access Points	1516
A. Crisis Center / 2-1-1	1617
B. CARE Centers	1617
C. CORE Teams	1718
6. Prioritization and Matching	1819
A. Prevention/Diversion	1819
B. Emergency Shelter	1819
D. Permanent Supportive Housing	1920
E. Other Permanent Affordable Housing	2122
F. Considerations for Survivors of Domestic Violence	2122
G. Maximizing Prioritization to Utilize Time-Sensitive Opportunities	2324
7. Permanent Housing Match and Referral	2425
A. Participant Location and Choice	2425
B. Reasons for Denial by Programs	2425
C. Housing Security Fund	2526
8. Coordinated Entry Non-Emergency Transfer Policy	2627
9. Data Quality and Privacy	3031
10. Feedback and Monitoring	3132
11. Fair Housing and Marketing/Advertising	3132
A. Non-Discrimination Policy	3132
B. Cultural and Linguistic Competence	3233
C. Marketing and Advertising	3233

12. Training	<u>3334</u>
13. CoC Complaint Process.....	<u>3435</u>
Appendices.....	<u>3637</u>
APPENDIX A: Glossary of Terms.....	<u>3637</u>
APPENDIX B: Equity Definitions.....	<u>4142</u>
APPENDIX C: Record Keeping Requirements.....	<u>4243</u>
APPENDIX D: Order of Priority for Permanent Supportive Housing Beds	<u>4546</u>
APPENDIX E: List of Hyperlinks and CoC Resources.....	<u>5556</u>

1. PURPOSE AND BACKGROUND

In early 2017, the Contra Costa Continuum of Care (CoC) launched a Coordinated Entry System (CES) to centralize and coordinate homeless services provided by the County and community-based organizations. The Contra Costa Continuum of Care, which includes all housing and homeless service providers in Contra Costa County, uses the Coordinated Entry System to efficiently connect and prioritize individuals and families to appropriate housing and services. Coordinated Entry is a centralized and coordinated process designed to streamline participant intake, assessment, and provision of referrals. It covers a specific geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

The purpose of a Coordinated Entry System is to ensure that everyone experiencing a housing crisis has fair and equal access to services, and are quickly identified, assessed, and connected to appropriate housing and homeless services based on their strengths and needs. This system also strives to address underlying causes of inequity, including structural racism, by promoting fair access. The Coordinated Entry System utilizes standardized tools and practices and adopts a system-wide Housing First approach, which means there are ~~no barriers~~ low barriers to entry. In an environment of scarce resources, CES coordinates housing support so that those with the most severe service needs are prioritized.

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

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

2. KEY PRINCIPLES

~~Coordinated Entry is a strategy identified in the Contra Costa Continuum of Care's 2014 strategic plan update, "Forging Ahead Towards Preventing and Ending Homelessness: An Update to Contra Costa's 2004 Strategic Plan" (available at http://cchealth.org/h3/pdf/2014_strategic_plan_update-Final-Draft.pdf). The strategy states that the CoC will "Implement a coordinated [entry] system to streamline access to housing and services while addressing barriers, getting the right resources to the right people at the right time." This strategy complements a Housing First approach, as well as the Guiding Principle articulated in the plan: "Homelessness is first a housing~~

issue, and necessary supports and services are critical to help people remain housed. Our system must be nimble and flexible enough to respond through the shared responsibility, accountability, and transparency of the community.”

Coordinated Entry is a centralized and coordinated process designed to streamline voluntary placement into permanent and stable housing through intake, assessment, and provision of referrals. The purpose of the county's Coordinated Entry System (CES) is to ensure that all people experiencing a housing crisis have fair and equal access to available resources and are quickly identified, assessed for, and connected to housing and homeless services based on their strengths and needs. CES facilitates the use of standardized tools and practices across the CoC, incorporates a system-wide Housing First approach, and, in an environment of scarce resources, coordinates housing support so that those with the most severe service needs are prioritized. Contra Costa's CoC has designated H3 as the provider and manager of the CES. H3 provides the staffing and administration to oversee CES.

In addition, Contra Costa has identified the following key principles for its Coordinated Entry System:

- **Quality Assurance:** The Coordinated Entry System must have a mechanism for ongoing, regular quality assurance to ensure rigor and consistency in tools, standards, and staff trainings. See page 8 for elaboration upon monitoring bodies.
- **Access:** Participants should experience easy, fast, and immediate engagement (i.e., assessment and connection to needed services).
- **Interdependency:** The coordinated assessment system will promote interdependency
 - **between programs**, by promoting trust about assessments, referrals, and warm handoffs, and
 - **between programs and participants**, as participants are connected to the right intervention with consideration for their preferences.
- **Streamlined Process:** The process for both participants and frontline staff should be efficient and can be accomplished in part by reducing the number of times participants are asked redundant questions throughout the system of care.
- **Address Barriers:** The system should reflect a Housing First approach, ensuring that participants with the highest level of acuity are provided the most intensive housing and service interventions available.
- **Trauma-Informed:** The system must be designed in a way that acknowledges the complex physical and emotional needs, vulnerabilities, and strengths of participants, families, and staff with the goal of recognizing symptoms of trauma and taking active steps to avoiding further trauma.

- **Racially Equitable and Culturally Appropriate Services:** System processes must be regularly examined to identify and address racial disparities with the goal of achieving racial equity. The system must also be designed in a way that respects, affirms, and responds to the cultural beliefs, practices, and needs of diverse participants.

3. SYSTEM OVERVIEW AND WORKFLOW

The Contra Costa CES is a partnership among multiple community, government, and faith-based agencies that collectively provide a wide range of services, from prevention of homelessness to permanent and supportive housing placements. The system connects individuals and families experiencing homelessness or at imminent risk of homelessness with resources and supports to help them secure and maintain stable housing.

A. Eligibility

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

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

B. Access

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

- **CALL:** The 2-1-1 information line, operated by the Contra Costa Crisis Center, provides a phone portal for individuals and families needing to connect to homeless services.
- **CARE Centers:** Coordinated Assessment and Resource (CARE) Centers provide a safe, accessible place for individuals and families to access housing focused case management and to connect to other homeless services. Housing focused case management helps participants develop and pursue a housing plan, apply for benefits and increase income, problem-solve housing, and obtain documents needed for Emergency Solutions Grant (ESG) or Continuum of Care (CoC) permanent housing enrollment. Other services offered include showers, laundry, mail, meals, hygiene kits, information, and resource referral.
- **CORE Outreach:** Coordinated Outreach Referral and Engagement (CORE) outreach teams are mobile and go to where people experiencing unsheltered homelessness are to connect them to the system of care, address their immediate health and safety needs, and assist them to move indoors. People with the most acute needs and longest time homeless are prioritized for emergency shelter and/or ongoing engagement from the team.

C. Assess

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

- **Prevention/Diversion:** These services identify need for financial assistance and/or case management services to prevent a person at risk of homelessness from becoming homeless, or to divert a person experiencing homelessness from entering the crisis response system (including emergency shelter and transitional housing). The prevention model will include the adoption of a standardized assessment tool, a change strongly supported by community input.
- **Homeless Management Information System (HMIS) Intake:** Basic information about a participant is collected, including information to determine eligibility and prioritization for emergency shelter.
- **Triage Tool:** The Triage Tool is used to prioritize participants based on acuity for available emergency shelter beds accessed through the CORE teams. An Emergency Shelter Prioritization Tool will be identified or developed to replace the Triage Tool in this regard.
- **VI-SPDAT:** The Vulnerability Index – Service Prioritization Decision Assistance Tool, prioritizes individuals, transition-age youth, and families for available housing through CES based on acuity and chronicity.

The current versions of each tool are available on the [H3 Tools for Partners - Trainings landing page](#).

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

The tools should collect only the necessary participant information to assess participants' severity of need and eligibility for housing and related services. The tools should incorporate a person-centered approach, considering participants' strengths, goals, risks, and protective factors. The tools should be easily understandable and sensitive to participants' lived experience. Additionally, these tools should employ locally specific assessment approaches that reflect the unique characteristics and needs of the CoC and its participants.

All locations where in-person assessments are conducted will be made as safe and confidential as possible, adhering to public health guidelines. This approach aims to ensure that people will feel comfortable disclosing sensitive information and/or safety issues.

The CES process will not screen out any participant due to perceived barriers to housing or services. Examples include, but are not limited to, too little or no income, current or past substance use, domestic violence history, ~~resistance to~~ disinterest in receiving services, the type or extent of a disability, the services or supports that are needed because of a disability, a history of evictions or of poor credit, a history of lease violations, a history of not being a leaseholder, or a criminal record.

All participants in the CES process have the right to choose what information they provide during the assessment process and may opt out of answering assessment questions, emphasizing a trauma informed approach. Although participants may become ineligible for some programs based on a lack of information, a participant's lack of response to questions will not be used as a reason to terminate the participant's assessment, nor will it be used as a reason to refuse to refer the participant to programs for which the participant appears to be eligible.

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

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

D. Assign

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

- **Prevention/Diversion:** Assists households who are not yet literally homeless but at imminent risk with Housing Problem Solving and financial assistance if needed.
- **Rapid Exit:** Immediate assistance to exit the homeless services system to temporary or permanent housing using housing problem solving and one-time financial assistance if needed
- **CORE:** Mobile outreach teams go to people experiencing unsheltered homelessness to connect them to the system of care, address their immediate health and safety needs, and assist them to move indoors

- **Emergency Shelter:** Trauma-informed, safe interim housing with support to access permanent housing opportunities
- **Permanent Supportive Housing:** Permanent subsidized housing and trauma-informed supportive services
- **Rapid Re-housing:** Time-limited housing assistance and trauma-informed supportive services
- **CARE Centers and CARE Center Case Management:** Safe, accessible place to access housing focused case management and connect to other homeless services such as showers, laundry, mail, meals, hygiene kits, information, and resource referral.

All programs receiving referrals through CES, including CoC and Emergency Solutions Grants (ESG) funded programs, must use the Coordinated Entry System established by the CoC as the only referral source to fill vacancies in housing and/or services in CoC/ESG funded units within the project. Projects receiving CoC or ESG funding and other sources of funding may fill just the project's CoC-funded units through CES. Provider agencies not participating in the Coordinated Entry System will nonetheless be required to use the Coordinated Entry System as there is no other referral pathway to housing services programs that are participating in the Coordinated Entry System. The CoC plans to maintain and annually update a list of all resources that may be accessed through referrals from the Coordinated Entry System.

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

Each CoC project must establish specific eligibility criteria that the project will use to make enrollment determinations, and these criteria must be made available to the public. Determining *eligibility* is a different process than determining *prioritization*:

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

Dynamic Prioritization: Contra Costa CES utilizes a dynamic prioritization approach where CES attempts to match households most in need to the resources that are available and can effectively meet their needs at that moment. Rather than taking a static approach where the

highest scoring household and highest length of time gets referred, households are assessed and matched to the most appropriate available resource at that time.

4. ROLES & RESPONSIBILITIES

A. Contra Costa Council on Homelessness

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

B. Oversight Committee

The Oversight Committee, a subcommittee of the Council on Homelessness, in part, serves as a liaison between the various Coordinated Entry committees and workgroups. It provides recommendations to the CoH based on feedback from these groups. In addition, the Oversight Committee reviews grievances related to the Coordinated Entry System. The Oversight Committee includes participants representing a wide array of community stakeholders and interest areas. Meetings are open to the public. Committee meeting schedule can be found on the [Council on Homelessness landing page](#).

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

- 1. Coordinated Entry Committees & Workgroups:** The Oversight Committee serves as the liaison between the CoH and any committees and working groups that carry out planning, implementation, and evaluation efforts to support the Coordinated Entry System. Working groups may be formed on an as-needed basis. The Coordinated Entry System Manager works closely with the Oversight Committee to provide relevant reports and information related to CES and provides guidance on needed next steps.
- 2. Housing First & Prioritization:** The Oversight Committee promotes the Housing First approach by reviewing ongoing efforts to reduce barriers to program entry.
- 3. System Evaluation:** The Oversight Committee reviews and approves the Evaluation Plan to evaluate the intake, assessment, and referral processes associated with the Coordinated Entry System. This includes reviewing feedback that advances racial equity and addresses the quality and effectiveness of the entire Coordinated Entry experience for both participating projects and for households. The Coordinated Entry System Manager collects feedback and data into an Evaluation Report at least annually, which is first shared with the Oversight Committee for review and analysis. Once finalized, the

Coordinated Entry System Manager presents the final evaluation with recommendations to the Oversight Committee, which then considers what changes are necessary to the Coordinated Entry System's processes, policies, and procedures in light of feedback received. The Oversight Committee may also coordinate with other committees and working groups as needed regarding system evaluation.

- 4. Participant Grievances:** At the CoC Administrator's direction, an ad hoc panel of non-conflicted Oversight Committee members may be formed to provide additional support in resolving a grievance. The CoC has a [Complaint Process](#) in place for complaints made by participants, participating provider agencies, or other parties expressing dissatisfaction with the CoC. Complaints may cover the Coordinated Entry System, HMIS, and all agencies and staff providing housing or services experiencing homelessness in Contra Costa County. After an investigation of complaints, the CoC Administrator or their designee will document the complaint and the recommendation on the solution of the complaint and any actions recommended to participant satisfaction and prevent issues from occurring in the future. The Coordinated Entry System Manager reports the resolution of any grievances and discrimination investigation findings to the Oversight Committee as relevant to inform ongoing system design and quality improvement. See Section 13 for more information about the CoC Complaint Process. The complaint form can be found at this link: [Continuum of Care \(CoC\) Complaint Form](#).

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

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

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

- Provide staff support to the Oversight Committee.
- Conduct Coordinated Entry System analysis, evaluation, monitoring, and review.
- Maintain Coordinated Entry System documentation, tools and resources necessary to manage access points, ensure consistent assessment, prioritize most vulnerable persons and families for assistance, and ensure timely linkage of persons to available housing and services.
- Provide guidance, training, capacity building support, communication updates, and other project support as needed to ensure all participating provider agencies and referral

sources have information and resources as necessary to operate and participate in the Coordinated Entry System successfully.

- Create and widely disseminate outreach materials to ensure that information about the services available through the Coordinated Entry System and how to conduct an assessment for those services is readily available and easily accessible to the public.
- Design and deliver training for access points and participating homeless assistance providers throughout Contra Costa County.
- Regularly review and analyze HMIS data, including reports on system-wide performance measures that will help gauge the success of the Coordinated Entry System (e.g., participants receiving diversion assistance, vacancy reporting, completion of assessments).
- Participate in Oversight Committee meetings as appropriate.
- Review and resolve complaints and grievances with the support of the Oversight Committee and Council on Homelessness when needed.

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

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

D. Participating Provider Agencies

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

- **Adopt and follow the Contra Costa Coordinated Entry System Policies & Procedures**, as identified in this document and approved by the Council on Homelessness, regarding access points, assessment procedures, participant prioritization, and referral and

placement in available services and housing. Other entry points into services and housing not identified in these Policies & Procedures will not be used.

- **Align with [Program Model and Performance Standards](#).** Participating providers must align with at least one of the seven adopted Program Model Descriptions. These descriptions will also be incorporated into provider contracts as appropriate.
- **Maintain low barrier enrollment for services and housing.** No participant may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to participants with a specific set of attributes or characteristics. While such barriers are allowable in specific circumstances, they are generally in conflict with Housing First principles and the federal Fair Housing Act, and providers are encouraged to make every effort to maintain low barriers to enrollment. Providers maintaining restrictive enrollment practices must maintain documentation from project funders, providing justification for the enrollment policy.
- **Maintain Fair and Equal Access** to Coordinated Entry System programs and services for all participants regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, veteran status, or sexual orientation.
 - If a participant's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual's needs. Any group of people that present together for assistance and identify themselves as a family, regardless of age or relationship or other factors, are considered to be a family and must be served as such (see HUD's [Equal Access Rule](#)).
 - Participating provider agencies will offer universal program access to all subpopulations as appropriate, including chronically homeless individuals and families, veterans, youth, persons and households fleeing domestic violence, and LGBTQIA+ persons.
 - Population-specific projects and those projects maintaining affinity focus (e.g. women only, tribal nation members only, individuals who use substances, etc.) are permitted to maintain eligibility restrictions as currently defined and will continue to operate and receive prioritized referrals.
- **Provide appropriate safety planning.** Participating provider agencies will provide necessary safety and security protections for persons fleeing or attempting to flee family violence, stalking, dating violence, or other domestic violence situations. Minimum safety

planning must include a best practice threshold assessment tool for presence of participant safety needs and referral to appropriate trauma-informed services if safety needs are identified.

- **Create and share written eligibility standards.** Participating provider agencies will provide detailed written guidance for participant eligibility and enrollment determinations. Eligibility criteria should be limited to that required by the funder and any requirements beyond those required by the funder will be reviewed and a plan to reduce or eliminate them will be explored with the Oversight Committee and/or H3. This may include funder-specific requirements for eligibility and program-defined requirements such as participant characteristics, attributes, behaviors or histories used to determine who is eligible to be enrolled in the program.
- **Communicate vacancies.** Participating provider agencies will communicate project vacancies, either bed, unit, or voucher, to the Coordinated Entry System Manager as outlined in this document.
- **Limit enrollment to participants referred through the defined access point(s).** All projects with HUD CoC-funded beds, units, or vouchers required to serve an individual or family experiencing homelessness are required to receive referrals through Coordinated Entry. The Coordinated Entry System Manager will identify exceptions to the rule to fill units that are required to serve people experiencing homelessness through alternative referral sources of funding, such as Mental Health Services Act funding in collaboration with Contra Costa Behavioral Health Services. The Oversight Committee will review these exceptions.
- **Participate in planning.** CoC/ESG funded provider agencies, and others mandated by funding streams, shall participate in Contra Costa CoC's planning and management activities, including participation in committees and workgroups.
- **Contribute data to HMIS if mandated per federal, state, county, or other funder requirements.** Each participating provider with homeless dedicated units will be required to participate in HMIS to some extent. H3 will work with these providers to determine what forms they will need to complete in HMIS. All providers, regardless of mandate, are encouraged to participate in HMIS.
- **Ensure staff who interact with the Coordinated Entry System receive regular training and supervision.** Each participating provider must have work plans detailing staffing and training in order to ensure employees have access to the required introductory and ongoing training and information related to CES. Please visit the CoC website for a list of [CoC trainings](#) as well as [Program Models and Performance Standards](#).
- **Ensure participant rights are protected and participants are informed of their Coordinated Entry rights and responsibilities.** Participants will have their Coordinated Entry rights and responsibilities explained to them verbally and in writing when

completing an initial intake and at 10-year intervals for long term projects like permanent supportive housing. Posters listing these rights will be posted in areas visible to participants at CARE Centers, CARE Capable Centers, and Evening CARE Centers. At a minimum, participant rights will include:

- The right to be treated with dignity and respect;
- The right to appeal Coordinated Entry System decisions;
- The right to be treated with cultural responsiveness;
- The right to an appeals process if denied services;
- The right to have an advocate present during the appeals process;
- The right to request a reasonable accommodation in accordance with the project's tenant/participant selection process;
- The right to choose among available housing/services; and
- The right to confidentiality and information about when confidential information will be disclosed, to whom, and for what purposes, as well as the right to deny disclosure.

E. Program Participants

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

While participants have the right to decline participation in HMIS, participation will assist providers in coordinating referrals. Participants are asked to partner with staff to provide documentation to meet program eligibility criteria (e.g., homeless status).

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

If a participant exercises their right to decline a housing or service placement, they will be placed back into the community queue. However, three rejections of housing will lead to a standardized evaluation by H3 to reassess their participation.

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

5. ACCESS POINTS

One of the primary goals of CES is to ensure that participant access be easy, prompt, and offers immediate engagement. To achieve this, CES offers multiple points of access for people experiencing or at imminent risk of homelessness. The assessment process will be standardized

across all access points, ensuring that participants receive consistent care regardless of where or how they enter the system.

A. Crisis Center / 2-1-1

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

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

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

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

Information About Services: Based on the needs of the caller, or person on whose behalf the call is made, the call specialist may provide information for one of the CARE Centers and/or to safety net and other social services as available. CORE Teams may be dispatched as needed for unsheltered participants unable to physically access a CARE Center.

B. CARE Centers

1. CARE Centers

Coordinated Assessment and Referral (CARE) Centers will be the main physical entry point for the coordination entry system, where participants can access an array of co-located services, assessments, and referrals. Locations and hours are available on the [Get Help](#) landing page. Maintaining and expanding geographic accessibility is a priority and Contra Costa County is a partner in All Home's Regional Plan to End Homelessness, a coordinated effort for a regional response to homelessness among the nine Bay Area counties.

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

Services Offered: CARE Centers services include:

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

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

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

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

VI-SPDAT assessments should be updated when the risks and circumstances of the participant's life have changed, or every 6 months, whichever comes first.

C. CORE Teams

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

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

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

Field Assessments: The CORE Teams will conduct the HMIS intake short form with a participant to assess the participant's needs and make needed referrals for which they are eligible. Following the HMIS intake, the CORE Team may complete the VI-SPDAT, an additional assessment tool that will be used by CES to prioritize participants based on vulnerability factors and determine what

housing intervention best fits the participant's needs. CORE Team staff will complete the VI-SPDAT with participants as follows:

- For adult-only households, the VI-SPDAT will be completed as a part of the participant's treatment plan;
- For families with children and transition-age youth, at the point of literal homelessness.

VI-SPDAT assessments should be updated when the risks and circumstances of the participant's life have changed, or every 6 months, whichever comes first.

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

6. PRIORITIZATION AND MATCHING

A. Prevention/Diversion

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

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

B. Emergency Shelter

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

Prioritization (Pending): Currently, using the Triage Tool, participants who qualify for and require emergency shelter may receive emergency shelter placement through a variety of referral processes, which may include referrals from CORE Teams. An Emergency Shelter Prioritization Tool will replace the Triage Tool.

C. Rapid Re-housing

Rapid Re-housing is a resource that rapidly connects homeless individuals and families to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Rapid Re-housing is informed by a Housing First approach, reducing the amount of time a participant experiences homelessness.

HMIS Community Queue: Participants who score in the Rapid Re-housing range of the VI-SPDAT will be placed in the Rapid Re-housing Community Queue in HMIS. The list dynamically changes as new participant scores are added to the HMIS. Participants who are document ready in the Community Queue will be flagged so that they can be matched to a housing referral as openings occur. CES staff will review the community queue regularly to ensure that the 50 highest priority households are connected to a CORE team, CARE Center, or Shelter staff that will work with them to get document ready.

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

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

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

Transfers to Permanent Supportive Housing: Participants may transfer from rapid re-housing to permanent supportive housing, as long as the participant meets the eligibility requirements for the permanent supportive housing program and adheres to the Coordinated Entry Non-Emergency Transfer Policy. If rapid re-housing providers anticipate that a participant will transfer from rapid re-housing to permanent supportive housing, they should work with participants to ensure they are document ready for the permanent supportive housing program at the time of transfer.

D. Permanent Supportive Housing

Permanent Supportive Housing is a type of housing program that offers both affordable housing and wraparound supportive services for individuals and families experiencing homelessness,

especially those experiencing chronic homelessness. Permanent Supportive Housing in Contra Costa is available as project-based and tenant-based rental assistance with supports.

HMIS Community Queue: Participants with the highest VI-SPDAT score and length of time homeless will be placed in the Permanent Supportive Housing Community Queue in HMIS. The list dynamically changes as new participant scores are added to the HMIS.

Reporting Vacancies/Availability/Turnover: Permanent Supportive Housing providers participating in the Coordinated Entry System are required to alert the Coordinated Entry System Manager of any new or pending vacancies (e.g., due to turnover or a new program coming online) as soon as possible, but no later than seven days following a vacancy, with the goal of maximizing utilization of services. Tracking of vacancies will be handled through HMIS and is the responsibility of the housing provider or designated service provider.

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

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

The Coordinated Entry System Manager will run updated Community Queue lists from HMIS monthly for two populations: individuals and families. Participants at the top of each list will be selected for a case conference among all provider agencies participating in HMIS who have served that participant. The Housing Placement Committee will meet to recommend housing placements to the vacant units that have been reported to the Coordinated Entry System Manager that month. When there are 5 or more vacancies, the Housing Placement Committee will meet weekly until all referrals have been identified. HMIS may assist in determining program eligibility, but the Housing Placement Committee will vet all housing placement decisions. Prioritization decisions will be made in accordance with HUD Prioritization Notice: [CPD-16-11](#); see appendix on Order of Priority for Permanent Supportive Housing Beds for details. The

Coordinated Entry System Manager will ensure that all Permanent Supportive Housing provider agencies are made aware of a placement and will follow up as needed to confirm that the placement referral has occurred.

Interim Housing: Interim housing helps participants to move immediately out of homelessness and into a temporary setting until permanent housing is available. Interim housing may be appropriate to address barriers such as limited finances, unavailability of appropriate housing programs, and lack of vacant housing stock. When a household is recommended for Permanent Supportive Housing but no beds are currently available, the household may be referred to “Interim housing” in other program types, and/or for any other available CoC resource that would be of use to the household. In referring households to Interim housing, the Housing Placement Committee should attempt to balance the need to provide immediate care for the community’s most vulnerable households against the need to match tenants with safe, adequately supported housing situations that will promote the community’s long-term ability to increase its supply of available and affordable housing.

E. Other Permanent Affordable Housing

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

F. Considerations for Survivors of Domestic Violence

Per HUD and Violence Against Women Act (VAWA) guidelines, policies around the specific needs of those fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking are maintained. In addition to access to services, including shelter and hotline support, designed specifically for survivors of domestic violence and trafficking, the CoC maintains an emergency transfer policy as outlined in the Written Standards. [People fleeing or attempting to flee DV can call 9-1-1 in emergency situations, or the Contra Costa Crisis Center 2-1-1 for support and resources outside of normal operating hours.](#)

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

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

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

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

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

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

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

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

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

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

Documentation and Record Keeping: To initiate an emergency transfer, the participant should expressly request emergency transfer to program staff, certifying that they meet the emergency transfer qualification requirements. The program may – but is not required to – request additional documentation of the occurrence for which the participant is requesting an emergency transfer. No other documentation is required.

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

G. Maximizing Prioritization to Utilize Time-Sensitive Opportunities

The prioritization process outlined in the previous sections remains the standard for allocating resources. However, when one-time, time-sensitive funding or resources - such as emergency housing vouchers, housing stability vouchers, and mainstream vouchers - become available, the Continuum of Care (CoC) activates a rapid, data-driven approach to swiftly and effectively allocate or pursue these resources to underserved populations in greatest need. This approach ensures that underserved populations, as identified by the most recent CoC data, are prioritized for these opportunities, with flexibility to respond to the specific nature of the resource and the urgency of the situation equitably.

To ensure transparency, the CoC lead will communicate with the community when this process is utilized, providing the rationale for execution. Additionally, strict adherence to participant

eligibility criteria will be maintained to ensure that resources are distributed only to eligible participants, safeguarding fairness and compliance throughout the process.

7. PERMANENT HOUSING MATCH AND REFERRAL

A. Participant Location and Choice

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

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

The Housing Placement Committee will take participants' known preferences into account when generating referrals. Should a prospective tenant decline a particular housing placement, case managers will attempt to determine the reason for the participants' decision and communicate this reason to the Coordinated Entry System Manager. The participant will then be placed back into the community queue. However, three participant rejections of housing will lead to a standardized evaluation by H3 to reassess their participation. Grievances and complaints will be handled according to the policy outlined in Section 12.

B. Reasons for Denial by Programs

It is expected that participating provider agencies will decline less than 5% of eligible referrals from CES. The reasons why a provider agency operating a CoC- or ESG-funded permanent housing program may reject a participant referred by the Coordinated Entry System are if:

- (1) That participant is ineligible to participate in the program because of restrictions imposed by government regulations or outside funding sources, or
- (2) The program lacks the capacity to safely accommodate that participant.
- (3) The participant has been evicted within the last five years from a property under the same management or ownership due to an act or threat of violence against staff or

the resident community. All CoC- and ESG-funded provider agencies are expected to adopt a Housing First approach that continually lowers the barriers to entry for prospective participants, and that avoids screening out participants based on real or perceived barriers to success, such as too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal background checks. A participating provider agency that repeatedly rejects referrals of high-needs participants based on an inability to safely accommodate those participants must attempt to improve its capacity to serve high-needs participants. The CoC will provide training and technical assistance on this topic as needed.

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

C. Housing Security Fund

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

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

8. COORDINATED ENTRY NON-EMERGENCY TRANSFER POLICY

PURPOSE

This policy outlines standards and principles for non-emergency transfers of households in supportive housing programs within the Coordinated Entry System (CES). The following policies and procedures are centered in Housing First principles and are designed to support housing retention and prioritize limited resources to meet the varied needs of participants.

APPLICABILITY & DEFINITION

The Non-Emergency Transfer policy applies to 1) transfers between supportive housing programs, which include Rapid Rehousing and Permanent Supportive Housing, within Coordinated Entry System, that 2) **do not** fall under the Emergency Transfer Policy, such as those for survivors of domestic violence or similar crises. The Non-Emergency Transfer policy applies to all Rapid Rehousing and Permanent Supportive Housing Programs that receive referrals and placements via the Coordinated Entry System. The Non-Emergency transfer policy **does not** apply to shallow subsidies, voucher programs, or shelter programs.

Non-Emergency Transfers fall within two general categories:

1. From one Housing Program to another Housing Program of the **same program type** (i.e. RRH to RRH and/or PSH to PSH), and;
2. From one Housing Program to another Housing program of a **different program type** (i.e. RRH to PSH).

PROCEDURE & APPROVAL PROCESS

All Non-Emergency Transfers must be approved by the Coordinated Entry System Manager or identified designee. If approved for a non-emergency transfer, participants are still required to meet program eligibility criteria and apply for the requested program. Transfer approvals are dependent on housing inventory and openings, require consent from the Head of Household, and will vary depending on the reason identified in the request. The CoC Lead Agency will prioritize and approve transfer requests based on the established prioritization process outlined in the CES P&P, with consideration for people on the community queue who are awaiting housing and currently experiencing homelessness.

Non-Emergency Transfers within the *Same Program Type* (RRH to RRH or PSH to PSH):

- Internal: Transferring from RRH to RRH or PSH to PSH within the same agency is considered an **internal transfer**. Internal transfers should be explored before requesting an external transfer.
- External: Transferring from RRH to RRH or PSH to PSH between two separate agencies is considered an **external transfer**. There are four different categories under which an external transfer can be requested: individual or environmental safety or accessibility; household composition; participant needs; and defunded projects. When requesting an external transfer, providers must explain why an internal transfer is not possible.

Non-Emergency Transfers within a *Different Program Type* (i.e. RRH to PSH):

- **External Transfer:** Transferring from RRH to PSH within the same agency or between two separate agencies is considered an **external transfer**. There are four different categories under which an external transfer can be requested: individual or environmental safety or accessibility; household composition; participant needs; and defunded projects. When requesting an external transfer, providers must explain why an internal transfer is not possible. Approvals of External RRH to PSH transfers will be made with consideration for people on the community queue who are awaiting housing and currently experiencing homelessness.
- **Note: Projects Dedicated to People Experiencing Chronic Homelessness**
If the intended transfer location is dedicated to the chronically homeless:
 - Program participants who met the definition of chronically homeless in effect at the time they entered the original PSH may transfer into a project dedicated to individuals and families experiencing chronic homelessness. Program participants who entered the original PSH project prior to January 16, 2016 are not required to meet the [definition of chronically homeless](#) established in HUD's [Defining Chronically Homeless Final Rule](#).
 - Program participants who did not meet the definition of chronically homeless that was in effect at the time of program intake maybe served by a CoC-funded PSH program that is not dedicated to serving individuals and families experiencing chronic homelessness (DedicatedPLUS).

DOCUMENTATION ROLES & RESPONSIBILITIES

To document Non-Emergency Transfers, housing providers must complete the Transfer Notification Form within two business days of deciding to request the transfer. This form should include the transfer date, if known or applicable, along with documentation verifying eligibility for the proposed transfer program. The documentation requirements may vary based on transfer reason and program. The Coordinated Entry System Manager or designee will communicate documentation requirements in the Transfer Request Form and/or to the requesting program once a Non-Emergency Transfer Request Form has been received.

Agencies submitting the transfer request must share eligibility documentation with the receiving provider. The receiving provider must verify participant eligibility criteria before enrolling the client into their project.

Both agencies are required to maintain documentation of the process and approval, including:

- Copies of all documentation used to determine eligibility into the original housing program (i.e. Homelessness Certification, Chronic Homelessness Certification, etc.).
- Transfer request as submitted by original housing provider.
- Notification email and HMIS records
- Providers submitting the transfer request must continue to provide services and support to the participant to be transferred, including support in attaining housing or maintaining housing, and to assist with the logistics of the transfer (transportation to appointments, etc.).

NON-EMERGENCY TRANSFER REQUEST REASONING

Reason for Transfer Request	Definition	Insufficient Reason
Category 1: Accessibility, Environment Safety, and Safety Concerns Outside of VAWA		
Conflict and Safety Concerns Outside of VAWA	The space has become unsafe for the household that does not qualify for emergency transfer criteria under VAWA Housing Protection. For example, there is violent activity taking place in the building that directly impacts the household or the participant is being harassed by other residents.	Crime in the neighborhood that is not specifically targeting the household or building.
Environmental Safety	The space has become unsafe for the household, including unsafe structural elements that have not or cannot be addressed by the housing provider. For example, building conditions that exacerbate an underlying medical condition.	Preference for a different unit unrelated to environmental safety.

Accessibility Modifications	The household requires accessibility features that cannot be made in the current unit. Examples include: needing a ground floor unit or elevator for wheelchair access, housing conditions that may aggravate a new or existing medical condition such as asthma, or needing an extra bedroom for a caregiver.	Feasible accessibility modifications that can be put into place in the current unit, such as grab bars or a lift.
Category 2: Household Composition		
Change in Household Composition	The household composition has changed, necessitating a larger or smaller unit. This category may include changes in unit size affecting the household's ability to retain or obtain custody of children, as well as changes for households that go from single-adult composition to a family with children. (See 24 CFR §578.75(c) for suitable dwelling size guidance).	Desire for a larger unit that is not required based on household size.
Category 3: Service Level or Participant Needs		
Service Level Needs	The current provider and additional community supports cannot meet the household's needs without a transfer. This option should only be considered after other interventions have been tried. This category may include the need to move from a scattered-site unit to a project-based location, or vice versa, to better accommodate service needs.	The current provider has trouble engaging the participant in services; ongoing conflicts between agency staff and participant; preference for a different provider.
Participant Needs	The household has service or geographical needs that cannot be met in the current housing placement. This may include better transportation access to facilitate employment or education.	Geographic preference that is unrelated to employment or education
Participant Needs Based on Age	Based on the participant's age, the household may be better served in another program. Examples include: a person who entered a TAY program as a transitional age youth may be transferred to an adult program when they "age out" of the TAY program, and a senior can be transferred into a senior living program that better meets their needs.	Preference for a different provider not related to age.
Category 4: Defunded Projects		
Defunded Projects	H3 will collaborate with agencies with defunded projects to determine the next steps for all households and will inform providers of the necessary steps for transfer approval. At any given time, no more than five consecutive transfers can be made from defunded agencies. Once five matches are made, the next five transfers will exclude households from defunded projects.	

	<p>If a defunded project has a population eligible for a housing intervention where supply exceeds demand, such as having more HUD VASH vouchers available than eligible Veterans, CE will not limit consecutive referrals.</p> <p><i>Transfers related to fleeing violence will always be prioritized, even over transfers from defunded projects.</i></p>
--	---

NON-EMERGENCY TRANSFER REQUEST DENIAL REASONING

Reason	Definition
Insufficient Transfer Reasoning	The documentation submitted does not meet the threshold criteria demonstrating the need for a transfer to be approved.
No Community Capacity Currently	There are currently no projects within the CoC that have capacity or are expected to have capacity within the near future which could meet the needs outlined in the transfer request.
Current existing resources are not able to meet the request needs	There are currently no projects within the CoC which could meet the participant's identified needs.

9. DATA QUALITY AND PRIVACY

Except as otherwise specified, data associated with the Coordinated Entry System should be stored in the CoC's Homeless Management Information System (HMIS). All data entered into or accessed or retrieved from the HMIS must be protected and kept private in accordance with the HMIS Data and Technical Standards as announced by the CoC Interim Rule at 24 CFR 578.7(a)(8) and the [HUD FY 2024 Interactive HMIS Data Standards Tool](#). Please see the [CoC HMIS Governance Charter and Policies and Procedures](#) which outlines how HMIS is managed, the responsible parties, and specific policies and steps to ensure data quality, privacy, and HUD compliance.

Safeguards for Survivors of Domestic Violence: Safeguards must be taken with any data associated with anyone who is known to be fleeing from or experiencing any form of domestic violence, including dating violence, stalking, trafficking, and/or sexual assault, regardless of whether such people are seeking shelter or services from non-victim-specific providers.

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

victims of domestic violence. Any data collected from this population that was entered into HMIS prior to this requirement being in place has since been moved to a comparable database and removed from HMIS.

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

10. FEEDBACK AND MONITORING

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

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

11. FAIR HOUSING AND MARKETING/ADVERTISING

A. Non-Discrimination Policy

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

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

All aspects of the Contra Costa CES will comply with all Federal, State, and local Fair Housing laws and regulations. Participants will not be “steered” toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children. For example, if there is a PSH program that operates by communicating in American Sign Language (ASL), participants who communicate using ASL should be informed of all housing program options including, but not limited to, the ASL program.

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

Discrimination complaints will be addressed as outlined in the grievance policy in Section 13.

B. Cultural and Linguistic Competence

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

- CoC incorporates cultural and linguistic competency training into the required annual training protocols for participating projects and staff members
- Assessments use culturally and linguistically competent questions for all persons that reduce cultural or linguistic barriers to housing and services for special populations.
- Access points will take reasonable steps to offer coordinated entry process materials and participant instructions in multiple languages to meet the needs of individuals with Limited English Proficiency. CES materials will be offered in English and Spanish, and translation services will include the use of bilingual staff, the County translation line, and/or other provider resources.
- Appropriate auxiliary aids and services necessary to ensure effective communication will be available for individuals with disabilities. This may include use of large type (and ability to enlarge text), assistive learning devices, Braille, audio, or sign language interpreters.

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

C. Marketing and Advertising

The CoC will affirmatively market CES as the access point for available housing and supportive services to eligible persons who are least likely to apply in the absence of special outreach, as

determined through a regular review of the housing market area and the populations currently being served to identify underserved populations. This may include an evaluation of HMIS service data, the Point-in-Time Count, and County demographics and census data.

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

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

The marketing campaign will be designed to ensure that the Coordinated Entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Similarly, the marketing campaign will be designed to ensure that people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the Coordinated Entry System. The CoC regularly engages members with lived experience of homelessness to create assessment tools, processes, and strategies that are more trauma-informed.

All physical access points in the Coordinated Entry System must be accessible to individuals with disabilities, including individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. The CoC lead agency provides support to providers to ensure physical access points are accessible to individuals with disabilities. Marketing materials will clearly convey that the access points are accessible to all subpopulations.

12. TRAINING

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

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

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

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

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

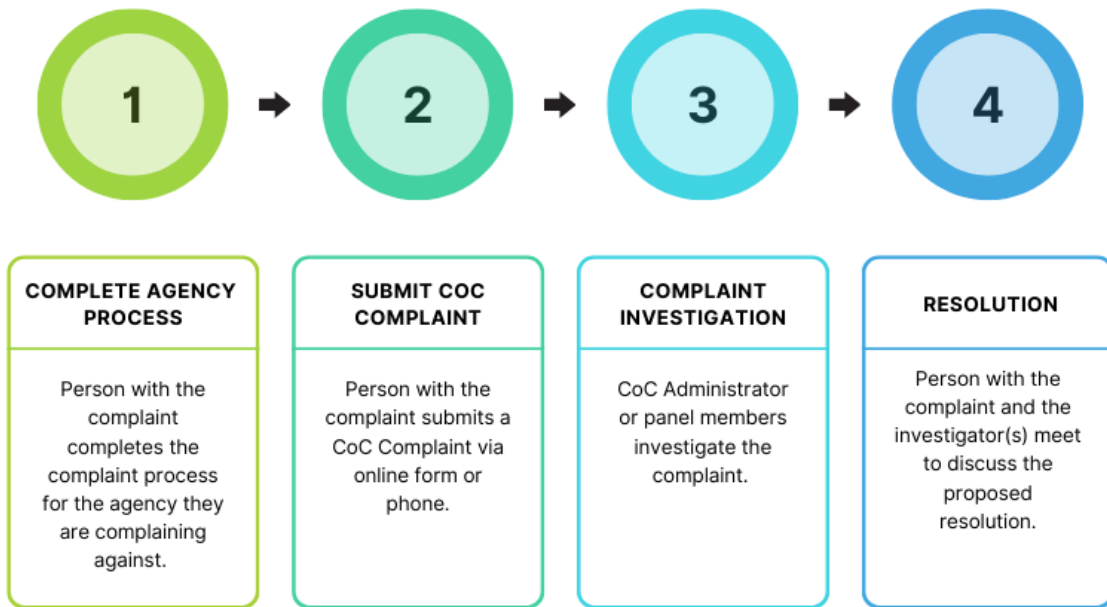
All staff and volunteers who enter data into HMIS or access data from HMIS must be trained in current HMIS policy and procedures, including specific training for staff who serve individuals experiencing domestic violence, dating violence, sexual assault, or stalking.

13. COC COMPLAINT PROCESS

Overview

The Contra Costa Continuum of Care (CoC) has a process in place for handling complaints made by individuals against the Coordinated Entry System (CES), participating CoC-funded programs, or the Homeless Management Information System (HMIS). Complaints may be filed against the following entities and their staff: CoC-funded programs providing housing or services to individuals experiencing homelessness; CES; or HMIS. A complaint is defined as a formally expressed dissatisfaction, legal violation (including discrimination), or instance of gross misconduct or negligence within the CoC, including all CoC-funded programs, CES, or HMIS. A complainant can be a participant or their representative.

Contra Costa CoC Complaint Review Process



The [CoC Complaint Process](#) outlines the internal agency complaint policy and procedure requirements, recordkeeping and accountability, and retaliation policy. A complaint can be filed by submitting the [CoC Complaint Form](#).

APPENDIX A: GLOSSARY OF TERMS

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

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

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

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

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

including a family whose composition has fluctuated while the head of household has been homeless.

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

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

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

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

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

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

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

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

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

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

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

works with key partners such as the Employment and Human Services Department, the Housing Authority, school districts, housing providers, law enforcement and cities to develop innovative strategies to address the community's health and social needs.

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

Homeless: As stated in [HUD's Homeless Definition Final Rule](#):

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

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

3. Category 3: Homeless Under Other Federal Statutes: Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - i. Are defined as homeless under the other listed federal statutes;
 - ii. Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
 - iii. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and

- iv. Can be expected to continue in such status for an extended period of time due to special needs or barriers

- 4. Category 4: Fleeing/Attempting to Flee Domestic Violence: Any individual or family who:
 - i. Is experiencing trauma or a lack of safety related to, or fleeing or ~~is~~ attempting to flee, domestic violence, dating violence, sexual assault, or stalking, or other dangerous, traumatic, or life-threatening conditions relate to the violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized;
 - ii. Has no other safe residence; and
 - iii. Lacks the resources ~~or support networks~~ to obtain other safe, permanent housing

Housing First: An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.¹

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

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

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

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

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

¹ U.S. Department of Housing and Urban Development. Housing First in Permanent Supportive Housing. Retrieved from: <https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

VI-SPDAT: This is Contra Costa’s housing needs assessment tool. The Vulnerability Index – Service Prioritization Decision Assistance Tool, an assessment tool developed and owned by OrgCode that is utilized to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. Versions are available for single adults, families, and transition age youth. Within those recommended permanent housing interventions, the VI-SPDAT allows for prioritization based on vulnerability of dying on the streets. The VI-SPDAT has since been identified as a tool to be replaced for concerns around objectivity and racial bias. Determining a more equitable replacement tool or process to the VI-SPDAT is a community priority.

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

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

APPENDIX B: EQUITY DEFINITIONS

(adapted from C4 Innovations and approved by COH on 8.3.23)

Term	Definition
Individual Racism	A person's beliefs and actions that serve to perpetuate racial oppression. This can be conscious and unconscious. This may be externalized or internalized
Institutional Racism	Policies and practices at the organization (or "sector") level that perpetuate oppression. It involves unjust policies, practices, procedures, and outcomes that work better for white people than people of color, whether intentional or not.
Interpersonal Racism	The interactions between people - both within and across racial groups
Microaggressions	Brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership
Race	A social construct created in the 17th century by white Europeans to justify the enslavement of Africans and the spread of colonialism. Understanding of race as a concept has changed over time, but the outcomes of discrimination based on race remain entrenched in our systems.
Race Equity Lens	A way of viewing the world in an integrated and holistic manner, taking into account past and present racial injustices and seeking to address them through more equitable practices and structures.
Racial Bias	Implicit and/or explicit bias that reinforces discriminatory attitudes and behaviors when interacting with people or situations
Racial Equity	The condition where one's racial identity does not predict their social, health, or economic outcomes. Racial equity is a process of eliminating racial disparities and improving outcomes for everyone. It is the intentional and continual practice of changing practices, systems, and structures by prioritizing the measurable change in the lives of people of color.
Racism	A system of institutional, systemic oppression, and practices of individuals and society that shape cultural beliefs and values that support racist policies and practices.
Structural Racism	How these effects interact and accumulate across institutions and across history. Structural racism highlights how racism operates as a system of power with multiple interconnected, reinforcing, and self-perpetuating components which result in racial inequities across all indicators for success.
Systemic Racism	infrastructure of rulings, ordinances or statutes adopted by a sovereign government or authoritative entity, whereas such ordinances and statutes entitles one racial group in a society certain rights and privileges, while denying other groups in that society these same rights and privileges because of long-established cultural prejudices, religious prejudices, fears, myths, and Xenophobia's held by the entitled group
White Fragility	White fragility refers to feelings of discomfort a white person experiences when they witness or engage in discussions around racial inequality and injustice. Their engagement in conversations about racism may trigger a range of defensive actions, feelings, and behaviors, such as anger, fear, and silence. These reactive behaviors reinforce continued white dominant culture.

APPENDIX C: RECORD KEEPING REQUIREMENTS

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

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

Section 578.103 Recordkeeping Requirements

(a) In general.

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

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

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

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

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

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

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

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

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

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

(1) Documentation of each program participant's qualification as a family or individual at risk of homelessness, or as a homeless family or individual; and

(2) Documentation of other program participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served.

APPENDIX D: LIST OF COC PARTNERS AND STAKEHOLDERS

- List of CoC partners and stakeholders
- Interactive Homeless Partner Map that displays homeless services and connections to other partnering services in Contra Costa County.

APPENDIX D: ORDER OF PRIORITY FOR PERMANENT SUPPORTIVE HOUSING BEDS

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

ISSUE OF HUD NOTICE CPD-16-11

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

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

GENERAL

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

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

PSH DEDICATED OR PRIORITIZED FOR PERSONS EXPERIENCING CHRONIC HOMELESSNESS

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

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

- If no chronically homeless persons exist within the CoC’s geographic area, the CoC should use the order of priority outlined in Section III.B. for such situations. (Section III.A.2.)
- Due diligence must be utilized in outreach to chronically homeless persons who are resistant to accept housing. (Section III.A.4.)

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

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

- First Priority: Individual or family **with a disability** who has experienced fewer than four occasions where they have been residing in a place not meant for human habitation, safe haven, or emergency shelter, but where the **cumulative time homeless is at least 12 months** and has been identified as having **severe service needs**.
- Second Priority: Individual or family **with a disability** residing in a place not meant for human habitation, safe haven, or emergency shelter and has been identified as having **severe service needs**. Length of time homeless should be considered but no minimum length is required.
- Third Priority: Individual or family **with a disability** residing in a place not meant for human habitation, safe haven, or emergency shelter, without identified severe service needs. Length of time homeless should be considered but no minimum length is required.
- Fourth Priority: Individual or family **with a disability** residing in **transitional housing** and (a) has previously lived in a place not meant for human habitation, safe haven, or emergency shelter, or (b) was fleeing domestic violence or similar prior to entering transitional housing.
- If a project has a specific target population, it should choose from persons who fit within that target population following the order of priority called for in this section. (Section III.B.2.)

SINGLE PRIORITIZED WAITLIST THROUGH COORDINATED ENTRY

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

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

RECORDKEEPING AND DOCUMENTATION

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

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

~~APPENDIX E: COVID-19 INTERIM HOUSING PRIORITIZATION PROCESS FOR HOTEL PROGRAM PLACEMENTS INTO PERMANENT HOUSING (IN PLACE FROM AUGUST 2020 TO JULY 2021)~~

~~1. Introduction:~~

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

~~Nature of the Emergency~~

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

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

~~Recognizing a need for noncongregate emergency shelter, the state created Project Roomkey, a special time-limited program funded through state and federal funds, that helped communities acquire hotels to create a low-capacity hotel program in order to continue to house individuals in a setting that would keep high-risk individuals safe and reduce the risk of COVID-19.~~

~~Contra Costa County also recognized a need for dynamic prioritization and a coordinated exit strategy to move individuals out of the hotel programs and into permanent housing to ensure individuals don't fall back into homelessness when the hotel program ends. The prioritization described below was piloted during the first four months of emergency and interim housing availability.~~

~~Necessity and Goals of Prioritization Framework~~

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

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

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

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

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

This prioritization will have the following goals:

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

~~2. Applicability: Hoteling Program~~

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

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

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

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

Target Population (Eligibility): Hotel rooms are available to

- 1) people (including families) experiencing homelessness that are COVID-19 positive or symptomatic, and need a safe place to isolate, and/or
- 2) people experiencing homelessness that are not COVID-19 positive or symptomatic but are vulnerable to complications should they to become infected.
- 3) Unsheltered individuals may be eligible to move into a hotel if they are over 65 years of age, and/or have certain underlying medical or mental health conditions that put them at high risk of complications from COVID-19.

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

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

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

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

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

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

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

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

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

Referrals from Hotel Program into Permanent Housing Placements: Referrals will be made by the CES Manager or by the Housing Placement Committee. The Housing Placement Committee is typically engaged when there are more than 5 housing options available for persons in the Community Queue. In referring households to bridge housing, the CES Manager and Housing Placement Committee should attempt to balance the need to provide immediate care for the community's most vulnerable households against the need to match tenants with safe, adequately supported housing situations that will promote the community's long-term ability to increase its supply of available and affordable housing.

3. Interim Housing Prioritization Process for Permanent Housing

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

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

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

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

~~4. Effective Date and Timing:~~

~~The pilot for this process began in April 2020.~~

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

~~5. Evaluation and Review:~~

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

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

~~The process is subject to CoC Board review and oversight.~~

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

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

APPENDIX EF: LIST OF HYPERLINKS AND COC TOOLS AND RESOURCES

You can access the following tools here: <https://www.cchealth.org/services-and-programs/homeless-services/continuum-of-care/tools-for-partners/trainings>

- [VI-SPDAT \(Vulnerability Index – Service Prioritization Decision Assistance Tool\):](https://www.cchealth.org/home/showpublisheddocument/6599/638258163529370000)
- [F-VI-SPDAT \(Family Vulnerability Index – Service Prioritization Decision Assistance Tool\):](https://www.cchealth.org/home/showpublisheddocument/6597/638258163523030000)
- [Youth VI-SPDAT \(Youth – Service Prioritization Decision Assistance Tool\)](https://www.cchealth.org/home/showpublisheddocument/6601/638258163535270000)

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

- Prevention/Diversion Pre-Screen
- Emergency Shelter Prioritization Tool
- Housing Placement Committee Eligibility Screening Tool
- Standardized Evaluation for Participant Refusal of Housing Match
- Participant Corrective Action Plan (for Provider Rejection of PSH/RRH Referral)

System Policies, Procedures and Standards can be found here:

<https://www.cchealth.org/services-and-programs/homeless-services/continuum-of-care/tools-for-partners/policies-procedures>

- [Coordinated Entry Policies and Procedures:](https://www.cchealth.org/home/showpublisheddocument/6393/638258160735770000)
- [Coordinated Entry Housing Security Fund Policies and Procedures:](https://www.cchealth.org/home/showpublisheddocument/6543/638258162785430000)
- [Program Models and Performance Standards:](https://www.cchealth.org/home/showpublisheddocument/6567/638258163191470000)
- [CoC/ESG Written Standards:](https://www.cchealth.org/home/showpublisheddocument/6397/638258160748570000)
- [CoC 101 Video:](https://prezi.com/v/d8ia9e29ji8h/coc-101/)
- [CoC Orientation Packet:](https://www.cchealth.org/home/showpublisheddocument/6179/638257996215400000)
- [CoC Complaint Form:](https://forms.office.com/Pages/ResponsePage.aspx?id=3tkgKC3cY0OGJvKwA0OMRbtw-IB5t2FMpzyKPMkfbxZURDRMSziOM0FLWINHM0U5T1Y4UUUpOTDZaTS4u)

- **CoC Complaint Process:**

<https://www.cchealth.org/home/showpublisheddocument/6399/638258160754030000>

HMIS forms and tools can be found here: <https://www.cchealth.org/services-and-programs/homeless-services/continuum-of-care/tools-for-partners/homeless-management-information-system-hmis>

- Homeless Management Information System (HMIS) Intake
- Participant Release of Information (ROI) Authorization and List of Partner Agencies
- Various Intake, Exit, and Update Forms
- **HMIS Governance Charter and HMIS Policies and Procedures:**
<https://www.cchealth.org/home/showpublisheddocument/29718/638459324318630000>
- **Data Collection Guide:**
<https://www.cchealth.org/home/showpublisheddocument/30593/638586222431030000>
- **Data Quality Monitoring Plan:**
<https://www.cchealth.org/home/showpublisheddocument/30333/638539784833670000>

Other links found in this document:

- **Council on Homelessness landing page:** <https://www.cchealth.org/about-contra-costa-health/leadership/commissions-advisory-groups/council-on-homelessness>
- **HUD's Equal Access Rule:**
https://www.hud.gov/program_offices/fair_housing_equal_opp/housing_discrimination_and_persons_identifying_lgbtq#:~:text=HUD's%20Equal%20Access%20Rule%20requirements,gender%20identity%2C%20or%20marital%20status.
- **Get Help page – Contra Costa County:** <https://www.cchealth.org/services-and-programs/homeless-services/get-help>
- **HUD's "at-risk of homelessness" definition in 24 CFR 576.2:**
<https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-576>
- **HUD's Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing:**
<https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/>
- **HUD's Defining Chronically Homeless Final Rule:**
<https://www.hudexchange.info/resource/4847/hearth-defining-chronically-homeless-final-rule/>

- [Definition of Chronically Homeless, Federal Register, Rules and Regulations, Vol. 80, No. 233, 12/4/2015: https://www.govinfo.gov/content/pkg/FR-2015-12-04/pdf/2015-30473.pdf](https://www.govinfo.gov/content/pkg/FR-2015-12-04/pdf/2015-30473.pdf)
- [HUD's change in household composition in 24 CFR 578.75\(c\): https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-578](https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-578)
- [HUD's FY 2024 HMIS Data Standards: https://www.hudexchange.info/programs/hmis/hmis-data-standards/](https://www.hudexchange.info/programs/hmis/hmis-data-standards/)
- [HUD's Homeless Definition Final Rule: https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf](https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf)
- [List of Contra Costa County CoC's Partners & Funders: https://www.cchealth.org/services-and-programs/homeless-services/continuum-of-care/funding/partners-funders](https://www.cchealth.org/services-and-programs/homeless-services/continuum-of-care/funding/partners-funders)
- [Interactive Contra Costa County Homeless Partner Map: https://embed.kumu.io/84be3fcda019d8d9e5d86fdd1d9b4b0a#contra-costa-system-map/problem-solving](https://embed.kumu.io/84be3fcda019d8d9e5d86fdd1d9b4b0a#contra-costa-system-map/problem-solving)



CONTRA COSTA COUNTY CONTINUUM OF CARE

SYSTEMWIDE WRITTEN STANDARDS FOR PROVIDING HOUSING AND SUPPORTIVE ASSISTANCE IN CONTRA COSTA COUNTY

Adopted by the Contra Costa Council on Homelessness – May 4, 2023

TABLE OF CONTENTS

Introduction 45

 Purpose 45

 Program Overview: Emergency Solutions Grants and Continuum of Care..... 45

 Contra Costa CoC Values and Principles 56

 How Policies Were Developed..... 56

 How to Use This Document 67

Key Terms, Roles and Definitions 67

 Key Terms and Definitions 67

 Roles 1011

Program Models..... 1213

 Purpose 1213

 Permanent Supportive Housing..... 1213

 Rapid Rehousing 1213

 Rapid Exit 1213

 Emergency Shelter..... 1213

 CARE Centers 1314

 Outreach 1314

 Prevention/Diversion..... 1314

SYSTEM LEVEL COC STANDARDS & Requirements..... 1314

 Coordinated Entry System (CES) 1314

 Homeless Management information system (HMIS) 1314

 CoC Complaint Process 1415

 Practices for Serving CoC Participants 1516

 Equity 1617

 System Requirements..... 1819

 Monitoring..... 2021

Agency Level: Policies and Procedures..... 2021

 Participation in Coordinated Entry 2021

 Participation in HMIS 2122

 Domestic Violence/Privacy Policies 2122

 Coordinated Entry Non-Emergency Transfer Policy 2324

 System Performance Measure Policies 2627

 Education Policies 2627

 Family Admission/Separation Policies 2728

 Housing for Specific Subpopulations 2728

 Programs Serving Only Households With Children..... 2829

 Participant Eligibility and Documentation 2829

 Program Intake 3031

 Prioritization 3132

 Policies and Procedures..... 3334

Recordkeeping Requirements	<u>3334</u>
Participation Termination and Appeals Policy.....	<u>3435</u>
Compensation of People With Lived Experience of Homelessness.....	<u>3435</u>
Other Applicable Laws.....	<u>3536</u>
Drug-Free Workplace.....	<u>3536</u>
Anti-Lobbying.....	<u>3536</u>
Compliance with Section 3 of the Housing and Urban Development Act of 1968	<u>3536</u>
Solid Waste Disposal Act	<u>3536</u>
Environmental Reviews	<u>3637</u>
Appendices.....	<u>3940</u>
Appendix 1: Literal Homelessness Documentation Checklist.....	<u>3940</u>
Appendix 2: Chronic Homeless Documentation Checklist.....	<u>4445</u>
Appendix 3: Disability Certification	<u>5152</u>
Appendix 4: Request For Reasonable Accommodation.....	<u>5253</u>
Appendix 5: Request For Consideration of Mitigating Circumstances	<u>5354</u>
Appendix 6: Verification of Mitigating Circumstances	<u>5455</u>
Appendix 7: Commonly Used Acronyms	<u>5556</u>
Appendix 8: Equity Definitions	<u>5657</u>
Appendix 9: Important links	<u>5758</u>

INTRODUCTION

PURPOSE

The HEARTH Act requires the Contra Costa County Continuum of Care to have written standards that govern the provision of assistance to individuals and families. While agencies that receive Emergency Solutions Grant (ESG) or Continuum of Care (CoC) funding are required to abide by these written standards per the terms of their funding, Contra Costa requires that all CoC participating providers also adhere to these requirements as applicable by project type to ensure a high and equitable standard of care throughout the Continuum of Care. Agency and program procedures should reflect the policies and procedures described in this document. The written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain services and housing. Programs that receive ESG or CoC funding or other funding administered by Contra Costa Health Services, the CoC lead agency, will be monitored for compliance with these written standards, unless otherwise specified in a contract agreement. Programs that do not receive either of these sources of funding will be monitored for compliance to these standards as well. Recipients and sub-recipients of CoC Program, ESG, and other funds may develop additional standards for administering program assistance, but these additional standards may not be in conflict with those established in the CoC and ESG Standards.

The CoC and ESG Standards are not intended to be in lieu of or in place of the [CoC Program Interim Rule](#), which focuses on regulatory implementation of the CoC Program, but are intended to clarify local decisions regarding program administration. All Department of Housing and Urban Development (HUD)-funded providers must follow the regulations found in the CoC Program Interim Rule in their entirety.

As the CoC Lead Agency, Contra Costa Health Services - Health, Housing and Homeless Services Division (H3) is responsible for ensuring these standards remain up to date and aligned with federal, state, and local regulations and best practices, and the interests of the CoC. The CoC's governing body, the Council on Homelessness, will review and approve all written standards before implementation and enforcement.

PROGRAM OVERVIEW: EMERGENCY SOLUTIONS GRANTS AND CONTINUUM OF CARE

Emergency Solutions Grants (ESG) Program: This federal program provides funds for a variety of activities to address homelessness as authorized under the HEARTH Act and State program requirements. The [ESG program](#) provides grant funding to 1) engage homeless individuals and families living on the street; 2) rapidly re-house homeless individuals and families; 3) help operate and provide essential services in emergency shelters for homeless individuals and families; and 4) prevent individuals and families from becoming homeless. The California Department of Housing and Community Development administers the program with funding from the U.S Department of Housing and Urban Development (HUD).

Continuum of Care (CoC) Program: This program is funded by HUD and is designed to promote communitywide commitment to the goal of ending homelessness. The CoC Program also funds efforts by nonprofit providers and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promotes access to and effective utilization of mainstream programs by homeless individuals and families; and optimizes self-sufficiency among individuals and families experiencing homelessness. In Contra Costa County, the CoC Program funds are currently used to support various

Permanent Supportive Housing and Rapid Rehousing projects, as well as system infrastructure initiatives such as planning, Coordinated Entry, and Homeless Management Information Systems.

CONTRA COSTA COC VALUES AND PRINCIPLES

The Contra Costa CoC believes everyone should have a home. We are committed to ending homelessness for all persons experiencing homelessness today in our community and are proactively working to ensure that any future housing crisis is uncommon, brief, and nonrecurring. The Contra Costa CoC has three principles that guide the work of the CoC: Equity, Transparency and Data Informed Decision Making.

- **Equity** - The CoC is constantly engaging in the cyclical process of learning, implementing, evaluating, and improving our practices, policies, procedures, communications, valuations, decision making, and engagement to ensure an individual’s racial, ethnic or other identity markers do not determine how they fare in our system. Systems and practices must also be designed in a way that respects, affirms, and responds to the cultural beliefs, practices, and needs of diverse participants.
- **Transparency** - The CoC values transparency and works to regularly communicate information about activities, funding and data across multiple platforms to all stakeholders.
- **Data Informed Decision Making** - The CoC establishes a data culture to ensure the CoC is committed to high data quality throughout the entire system of care to make sure there is reliable data to use in decision making. Data will be used to make decisions about the CoC.

HOW POLICIES WERE DEVELOPED

The Contra Costa CoC and ESG Written Standards were developed in partnership with H3, Homebase, the Council on Homelessness, and community stakeholders. The goal is to update this document on an annual basis. Updates will be tracked in the chart below.

Revision History

Date	Description
06/06/2019	Adoption of first modern written standards with deep involvement from the Oversight Committee
05/04/2023	Adoption of written standards to reflect: <ul style="list-style-type: none"> • CoC newly approved Program Models and Performance Standards • CoC newly approved Complaint Policy • Updates to CoC Transfer Policy • Updates to include current language changes regarding terms used for people with lived experience of homelessness and equity
XX/XX/2024	Adoption of Written Standards to reflect: <ul style="list-style-type: none"> • Updates to CoC Transfer Policy • Updates to Category 4 definition of homelessness • Compensation policy for people with lived experience of homelessness • 2022 VAWA Reauthorization

HOW TO USE THIS DOCUMENT

The Contra Costa CoC and ESG Written Standards are the main guiding document for the CoC. They should be used with other CoC Policies and Procedures including, but not limited to, the following:

- [CoC Program Models and Performance Standards](#)
- [HMIS Governance Charter and HMIS Policies and Procedures](#)
- [Coordinated Entry Policies and Procedures](#)
- [CoC Complaint Process](#)
- [Housing Security Fund Policies and Procedures](#)

All of these documents can be used as a reference to understand requirements, best practices, values and expectations of the Contra Costa CoC.

The document is divided into the following sections: 1) Key Terms, Roles & Definitions; 2) Program Models; 3) System Level CoC Standards and Requirements; 4) Agency Level: Policies & Procedures; and 5) Other Applicable Laws. Key Terms, Roles & Definitions section defines important terms and identifies the key entities in the CoC and defines the roles and expectations for each entity. Program Models outlines the various intervention models utilized within the CoC. System Level Standards and Requirements include values and requirements the CoC, as a system, is responsible for ensuring. Agency Level Policies and Procedures describe best practices, requirements, and expectations for agencies participating in the CoC. Finally, Other Applicable Laws describe various laws CoC participating agencies must comply with.

Providers must ensure programs conform to applicable eligibility and other requirements established by federal and state rules. Those requirements may include, but are not limited to: the McKinney-Vento Homeless Assistance Act, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act (42 USC 11302); the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Program Interim Rule, 24 CFR Part 578; CoC Final Rule Defining “Homeless”; CoC Final Rule Defining “Chronically Homeless”; federal ESG regulations and definitions, including CFR 576.1 et seq., 24 CFR 576.400 et. seq; Notice on Coordinated Entry, CPD 17-01; Notice on Order of Priority in CoC Program-Funded Permanent Supportive Housing Beds, CPD 16-11; [Final Rule: Violence Against Women Reauthorization Act of 2022](#)– ((34 U.S.C. § 12491 – 12496). Final Rule on Equal Access in Accordance with an Individual’s Gender Identity in Community Planning and Development Programs (24 CFR Part 5), and other regulations set forth governing eligible use of CoC and ESG funds. Where not specifically set forth below, those regulations are incorporated by reference into these written standards.

KEY TERMS, ROLES AND DEFINITIONS

KEY TERMS AND DEFINITIONS

The following are key terms contained in this document. A list of acronyms can be found in Appendix 7.

- A. **At Risk of Homelessness:** According to [HUD](#), an individual or family who:
- a. Has an annual income below 30% of median family income for the area; AND
 - b. Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; AND
 - c. Meets one of the following conditions:

- i. Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR
- ii. Is living in the home of another because of economic hardship; OR
- iii. Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR
- iv. Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; OR
- v. Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR
- vi. Is exiting a publicly funded institution or system of care; OR
Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the Contra Costa Consortium Consolidated Plan (Con Plan).

B. Chronically Homeless:

- a. Lives in a place not meant for human habitation, a safe haven¹, or in an emergency shelter; and
- b. Has been homeless and living as described in (i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in (i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;

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

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

¹ HUD will not fund any new safe haven projects under the CoC Program. However, HUD will continue to renew funding for an existing safe haven project as long as they meet certain requirements highlighted in this fact sheet: https://files.hudexchange.info/resources/documents/SafeHavenFactSheet_CoCProgram.pdf

Continuum of Care elects to serve categories 1, 2, and 4 due to the shortage of resources for those priority populations and excessive demand.

E. **Coordinated Entry System (CES):** The centralized and coordinated process to ensure that homeless individuals and families in Contra Costa County, and those at risk of homelessness, receive the best services to meet their housing needs. CES includes a coordinated process where participants can easily access housing or services through a standardized intake, assessment, prioritization, and referral and matching process.

F. **Disability:**

Having one or more of the following:

- a. Physical, mental or emotional impairment including impairment caused by alcohol or drug use, post-traumatic stress disorder, brain injury or a chronic physical illness that:
 - i. Is expected to be long-continuing or of indefinite duration; and
 - ii. Substantially impedes the person’s ability to live independently; and
 - iii. Could be improved by more suitable housing.
- b. Developmental disability
 - i. Defined in Section 102 of the [Developmental Disability Assistance and Bill of Rights Act](#) of 2000.
- c. HIV/AIDS

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

H. **Homeless Management Information System (HMIS):** A local information system designated by the Continuum of Care to collect, track, and report uniform information on participant needs and services and enhance community-wide service planning and delivery. HMIS is administered by H3 and its operations and use is governed by [Contra Costa’s HMIS Governance Charter and HMIS Policies & Procedures](#).

I. **Homelessness:**

- a. **Category 1: Literally Homeless-** Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- i. Has a primary nighttime residence that is a public or private place not meant for human habitation;
 - ii. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
 - iii. Is exiting an institution where the individual has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
- b. **Category 2: Imminent Risk of Homelessness-** Individual or family who will imminently lose their primary nighttime residence, provided that:
- i. Residence will be lost within 14 days of the date of application for homeless assistance;
 - ii. No subsequent residence has been identified; and
 - iii. The individual or family lacks the resources or support networks needed to obtain other permanent housing.
- c. **Category 3: Homeless under other Federal statutes:** Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition but who:
- i. Are defined as homeless under the other listed federal statutes;
 - ii. Have not had a lease, ownership interest or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
 - iii. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
 - iv. Can be expected to continue in such status for an extended period of time due to special needs or barriers.
- d. **Category 4: Fleeing/Attempting to Flee DV:** Any individual or family who:
- ~~i. Is fleeing, or is attempting to flee, domestic violence;~~
 - ~~ii. Has no other residence; and~~
 - ~~iii. Lacks the resources or support networks to obtain other permanent housing~~
- i. Is experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized.
 - ii. Has no other safe residence; and
 - iii. Lacks the resources to obtain other safe, permanent housing.

J. **Housing First:** An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.²

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

Any individual or family who:

(i) Is experiencing trauma or lack of safety related to, or fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized;

(ii) Has no other safe residence; and

(iii) Lacks the resources to obtain other safe permanent housing.

L. **Victim Service Provider:** A private nonprofit organization or tribal organization or rape crisis center, including a State or tribal coalition, that assists or advocates for victims of domestic violence, dating violence, sexual assault, or stalking victims, including domestic violence shelters, faith-based organizations, and other organizations with a documented history of effective work concerning domestic violence, dating violence, sexual assault, or stalking. This term includes permanent housing providers (including rapid re-housing programs), domestic violence programs (shelters and non-residential), domestic violence transitional housing programs, dual domestic violence and sexual assault programs, and related advocacy and supportive services programs.

ROLES

The following chart identifies the key entities in the CoC and defines the roles and expectations for each entity.

Entity	Definition
CoC Lead	H3 as the CoC Lead is responsible for working with the Council on Homelessness, providers and stakeholders to ensure the system is continuing to operate to prevent and end homelessness.

² U.S. Department of Housing and Urban Development. Housing First in Permanent Supportive Housing. Retrieved from: <https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

HMIS Lead	H3 as the HMIS Lead is responsible for operating and maintaining the Contra Costa HMIS. Additional information on the role of the HMIS Lead can be found in the HMIS Policies and Procedures .
Collaborative Applicant and Administrative Entity	H3 is designated as the Collaborative Applicant and Administrative Entity for the Contra Costa CoC. The responsibilities of H3 as the Collaborative Applicant and Administrative Entity includes: <ul style="list-style-type: none"> • Apply for and administer program funds for the CoC; • Apply for HUD CoC planning funds on behalf of the CoC; • Submit the consolidated application for HUD CoC funds; • Develop a governance charter with the CoC; and • Is designated by the Council on Homelessness to assist the Council and CoC to comply with State and Federal CoC program regulations.
Council on Homelessness	The governing body of the Contra Costa Continuum of Care, serving as an Advisory Body to the Contra Costa County Board of Supervisors.
Participating Agencies	Providers or other organizations providing housing and services within the Contra Costa County homeless system of care and participating in CoC activities like monthly Council on Homelessness meetings, Point-In-Time Count canvassing, and CoC trainings.
Other Service Providers Named as Formal Partners of the CoC	There are other services providers offering housing and supportive services to people experiencing or at risk of homelessness in the Contra Costa homeless system of care. These providers may receive funding from sources other than HUD. To the extent that these programs participate in the CoC’s HMIS, those programs may offer a wide variety of project types for individuals or families who are: Literally Homeless, Imminent Risk of Homelessness, and Literally Homeless or at Imminent Risk and Fleeing/Attempting to Flee Domestic Violence. Providers who are partners of the CoC and are not participating in HMIS or receive funding through ESG, CoC or from H3 are strongly encouraged to abide by these written standards to ensure consistency and equity across all providers in the Contra Costa system of care. These standards will be taken into consideration when a provider would like to partner with the Contra Costa CoC.
Participant	Individual or household that is enrolled in a CoC- or ESG-funded program captured in HMIS or program otherwise formally identified as a CoC service provider partner.
Persons with Lived Experience (or Expertise) of Homelessness	Individuals who are currently experiencing or have previously experienced homelessness.

PROGRAM MODELS

PURPOSE

The purpose of defining and publishing standardized program models is to enable the CoC and H3 to:

- Create consistent parameters for contracting scopes
- Establish clear performance expectations, measures, and benchmarks
- Improve consistency, clarity, and coordination in service delivery within and between models
- Improve the quality of service and outcomes for people experiencing or at-risk of homelessness
- Increase accountability and transparency within the homelessness response system

The following seven intervention models were adopted by the Council on Homelessness in 2022 after several months of community engagement, including a public comment period, a survey of stakeholders, and multiple public meetings with contractors and community members to collect feedback and answer questions. The descriptions below include only the intervention model purpose.

The [Program Models](#) include eligible population, prioritization, required elements, best practices, access, operating hours, and other guidance.

PERMANENT SUPPORTIVE HOUSING

Purpose: Permanently house the Continuum of Care’s most vulnerable individuals and families with long histories of homelessness by providing permanently subsidized housing and trauma-informed supportive services to ensure housing retention and improved quality of life for participants.

RAPID REHOUSING

Purpose: Permanently house vulnerable individuals and families who are unsheltered, with long histories of homelessness and severe service needs by providing housing location and move-in assistance, medium-term subsidy of rents that taper down over time, and trauma-informed supportive services in the mold of Critical Time Intervention, which seeks to connect participants with community supports that will help sustain their housing after the program ends its support.

RAPID EXIT

Purpose: To assist those who are literally homeless to exit the homeless services system to temporary or permanent housing (can be independent or with family/friends), using Housing Problem Solving and one-time financial assistance if needed.

EMERGENCY SHELTER

Purpose: To provide trauma-informed, safe interim housing for people experiencing literal homelessness while supporting their access to permanent housing opportunities through Housing Problem Solving, which includes assisting residents to secure benefits and income and obtain the documents needed for ESG or CoC permanent housing program enrollment. Documents may include verification of homelessness, and if applicable, chronic homelessness and/or disability, as well as those likely to be required by a landlord (i.e., government issued photo ID and proof of income).

CARE CENTERS

Purpose: To serve as a Coordinated Entry access point for people experiencing unsheltered homelessness by providing a safe, accessible place for people to access basic needs such as showers, laundry, mail, meals, hygiene kits, information, and referral, and for a limited subset of participants, housing-focused case management. As a CE access point, CARE Centers and CARE Center Case Management also conduct intakes and enrollments into the CES program, implement triage tools and the Housing Needs Assessment (VI-SPDAT) and make referrals to the Community Queue.

OUTREACH

Purpose: To serve as a Coordinated Entry access point to connect people experiencing unsheltered homelessness to the system of care, address their immediate health and safety needs, and assist them to move indoors. CORE teams are mobile and go where participants are, providing food, hygiene kits, blankets, rain gear and information and referrals. As a CE access point, CORE outreach also conducts intakes and enrollments into the CES program, implements triage tools and the Housing Needs Assessment (VI-SPDAT), and makes referrals to the Community Queue.

PREVENTION/DIVERSION

Purpose: To keep people from experiencing literal homelessness for the first time or returning to it after being permanently housed.

SYSTEM LEVEL COC STANDARDS & REQUIREMENTS

This section outlines the system-wide requirements and expectations for participating agencies, providers, partners, CoC leadership and participants of the CoC. The CoC will provide resources and support to CoC participating agencies to support their compliance with these system-level requirements.

COORDINATED ENTRY SYSTEM (CES)

The Contra Costa Coordinated Entry System (CES) was created to centralize and coordinate the homeless services provided by the County and community-based organizations. Coordinated Entry is a centralized or coordinated process designed to streamline participant intake, assessment, and provision of referrals. A Coordinated Entry system covers a specific geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. The purpose of a Coordinated Entry System is to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, and connected to housing and homeless services based on their strengths and needs. **Fair and equal access also means working to address underlying causes of inequity including structural racism.** It uses standardized tools and practices, incorporates a system-wide Housing First (no barriers to entry) approach, and, in an environment of scarce resources, coordinates housing support so that those with the most severe service needs are prioritized. Implementing Coordinated Entry is a federal requirement for several federal programs under the Department of Housing and Urban Development (HUD). Specific requirements for the Coordinated Entry System can be found in the [Contra Costa Coordinated Entry System Policies and Procedures](#).

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

The purpose and mission of the Homeless Management Information System of the Contra Costa County Continuum of Care is to serve as a central database to collect, track, analyze and report uniform

participant and activity data regarding the provision of shelter, housing, and services to individuals and families experiencing homelessness and at risk of homelessness within the Contra Costa CoC region.

The long-term vision of HMIS is to enhance Partner Agencies' collaboration, service delivery, and data collection capabilities. Accurate information will put the CoC in a better position to request funding from various sources and improve planning efforts for future needs for the Contra Costa homeless system of care through evidence-based decision making. A fundamental goal of Contra Costa County HMIS is to understand the trajectory of how participants are moving through the homeless system of care from access and enrollment to referral and housing. Data regarding participants' trajectory through the system can help identify patterns in utilization of services, effectiveness of services, and inform any gaps or process improvement points in the system. In addition, HMIS also documents the demographics of homelessness in Contra Costa County according to the U.S. Department of Housing and Urban Development (HUD) HMIS Standards. Demographic data is important in identifying the trends in the population of individuals and families experiencing homelessness to ensure individuals of different racial and ethnic backgrounds, age, gender, household size, and other subpopulations have access to and receive services within the CoC in a fair and equitable manner. Data that is gathered in HMIS will be used to complete required local, state, and federal reporting requirements, including HUD Annual Progress Reports. HMIS data may also be analyzed to provide unduplicated counts and anonymous aggregate data to funders, policy makers, service providers, advocates, and participants and the public upon request.

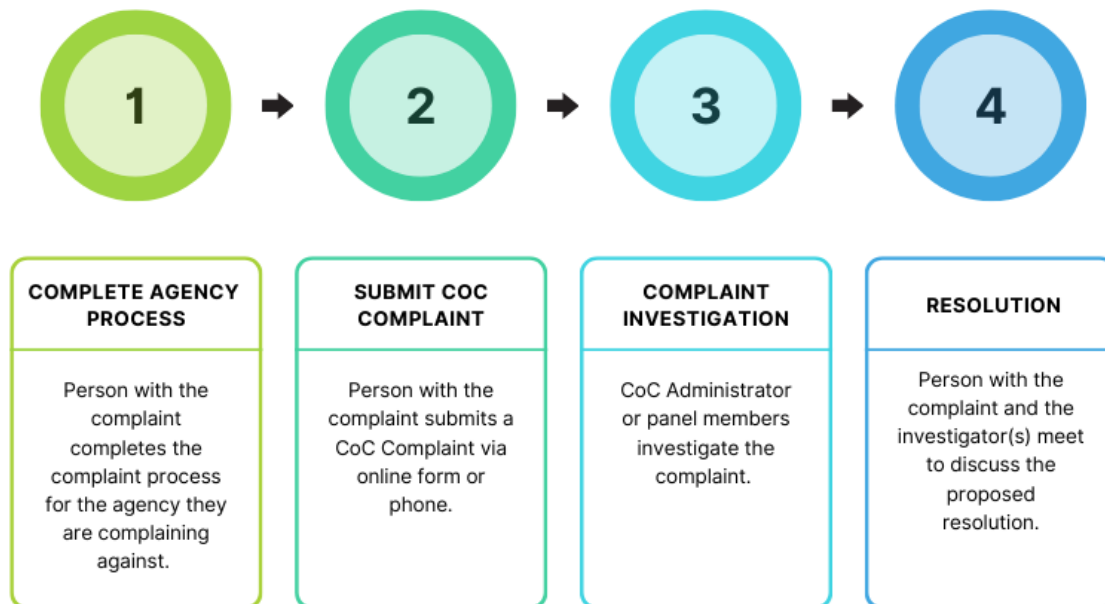
HMIS utilizes a web-enabled application residing on a central server to facilitate data collection by homeless service organizations across the county. Access to the central server is limited to agencies formally participating in the project and only to authorized staff members who meet the necessary training and security requirements. Additional information on the requirements of the Contra Costa CoC HMIS can be found in the [Contra Costa CoC HMIS Policies and Procedures](#).

CO C COMPLAINT PROCESS

Overview

The Contra Costa Continuum of Care (CoC) has a process in place for handling complaints made by individuals against participating CoC-funded programs, the Coordinated Entry System (CES) or the Homeless Management Information System (HMIS). Complaints may be filed against the following entities and their staff: CoC-funded programs providing housing or services to individuals experiencing homelessness; CES; or HMIS. A complaint is defined as a formally expressed dissatisfaction, legal violation (including discrimination), or instance of gross misconduct or negligence within the CoC, including all CoC-funded programs, CES, or HMIS. A complainant can be a participant or their representative.

Contra Costa CoC Complaint Review Process



The [CoC Complaint Process](#) outlines the internal agency complaint policy and procedure requirements, recordkeeping and accountability, and retaliation policy,. A complaint can be filed by submitting the [CoC Complaint Form](#).

PRACTICES FOR SERVING COC PARTICIPANTS

REPRESENTATION: PEOPLE WITH LIVED EXPERIENCE OF HOMELESSNESS

The CoC Program interim rule states that each recipient and subrecipient must have at least one person with lived experience on the board of directors or equivalent policymaking entity and must involve such individuals through employment. Specifically, at 24 CFR 578.75(g):

(g) Participation of homeless individuals.

(1) Each recipient and subrecipient must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policymaking entity of the recipient or subrecipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or assistance provided under this part. This requirement is waived if a recipient or subrecipient is unable to meet such requirement and obtains HUD approval for a plan to otherwise consult with homeless or formerly homeless persons when considering and making policies and decisions.

(2) Each recipient and subrecipient of assistance under this part must, to the maximum extent practicable, involve homeless individuals and families through employment; volunteer services; or otherwise in constructing, rehabilitating, maintaining, and operating the project, and in providing supportive services for the project.

HOUSING FIRST

The Contra Costa County Continuum of Care has adopted a Housing First approach to be implemented and used in all participating programs, including in CoC and ESG programs. Housing First is an approach where persons experiencing homelessness are provided immediate access to housing and then offered the supportive services needed to foster long-term stability and prevent a return to homelessness. This approach removes unnecessary barriers and assumes that supportive services are more effective in addressing needs when the individual or family is housed. The Housing First approach is characterized by the following practices:

1. Ensuring low-barrier, easily accessible assistance to all people, including, but not limited to, people with no income or income history, and people with active substance abuse or mental health issues;
2. Helping participants quickly identify and resolve barriers to obtaining and maintaining housing;
3. Seeking to quickly resolve the housing crisis before focusing on other non-housing related services;
4. Participant choice in the services and housing that meets their needs, within practical and funding limitations;
5. Connecting participants to appropriate support and services available in the community that foster long-term housing stability;
6. Offering financial assistance and supportive services in a manner which offers a minimum amount of assistance initially, adding more assistance over time if needed to quickly resolve the housing crisis by either ending homelessness, or avoiding an immediate return to literal homelessness or the imminent risk of literal homelessness. The type, duration, and amount of assistance offered shall be based on an individual assessment of the household, and the availability of other resources or support systems to resolve their housing crisis and stabilize them in housing; and
7. Any other practices promoted or required by HUD.

EQUITY

Equity is a Contra Costa CoC system principle. Addressing equity in homelessness requires an ongoing commitment to identify and address disproportionate needs, outcomes, and causes, including structural racism, and increase equitable access to housing and services. The end goal is for full and equal access to opportunities, power, and resources so that all people in Contra Costa County may achieve their full potential.

NON-DISCRIMINATION

All programs must comply with the California Fair Employment and Housing Act (FEHA), (Government Code, Title 2, Division 3, Part 2.8), which prohibits housing and employment discrimination based on certain characteristics, including race, color, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, national origin, ancestry, familial status, source of income, disability, veteran or military status, or genetic information. provides legal protection based on sexual orientation, gender identify and gender expression, marital status, medical condition, ancestry, source of income, age, genetic information, arbitrary discrimination.

All CoC- and ESG-funded programs must also comply with applicable civil rights laws, including the nondiscrimination and equal opportunity requirements in the [Fair Housing Act](#) (42 U.S.C. §§ 3601-3619), [Title VI of the Civil Rights Act of 1964](#) (42 U.S.C. § 2000d-1), [Section 504 of the Rehabilitation Act of 1973](#) (29 U.S.C. § 794), and [Title II of the Americans with Disabilities Act](#) (42 U.S.C. §§ 12131 – 12165). Further, in providing services and outreach activities related to such services, all programs within the CoC will not discriminate against a program participant or prospective program participant on the basis of race, color,

citizenship, national origin, ancestry, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or expression, marital status, source of income, genetic information, status as a survivor of domestic violence, or other reasons prohibited by law.

AFFIRMATIVELY FURTHERING FAIR HOUSING OUTREACH

- A. All programs will practice outreach to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability as detailed in 24 CFR 578.93(c) and employ additional efforts to establish effective communication with persons with disabilities and persons with limited English proficiency, working cooperatively with the Coordinated Entry System Manager.
- B. This outreach will consist of affirmative marketing of the program's housing opportunities and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or handicap who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities.
- C. If programs encounter a condition or action that impedes fair housing choice for current or prospective program participants, programs will provide such information to the CoC Board. Programs will also provide participants with information on rights and remedies available under applicable federal, state and local fair housing and civil rights laws.

EQUAL ACCESS

All CoC- and ESG-funded programs must provide equal access to housing, services, and accommodations in accordance with [24 CFR 5.105\(a\)](#). A determination of eligibility for housing that is assisted by HUD or subject to a mortgage insured by HUD shall be made in accordance with the eligibility requirements provided for such program by HUD, and such housing shall be made available without regard to actual or perceived sexual orientation, gender identity, or marital status.

CoC programs may exclude families without minor children if the project was funded solely to serve families with children. However, the project must serve all types of families with children that are otherwise eligible for assistance, including families with children headed by a single adult or consisting of multiple adults (with at least one child) who reside together.

CoC Programs may serve a single sex only if the project: 1) serves adults only (no minors), and 2) has a physical configuration such that privacy is a concern, specifically shared bathing areas or shared sleeping areas. Agency program policies and procedures must be updated to reflect these policies. Equal Access policies must be shared with program participants at intake.

REASONABLE ACCOMMODATION

The Fair Housing Act requires owners of housing facilities to provide reasonable accommodations to persons with disabilities. Reasonable accommodations are changes, exceptions, or adjustments to a program, service, or procedure that allow a person with a disability to have equal enjoyment of the housing program. There must be an identifiable relationship between the requested accommodation and the person's disability. Reasonable accommodations need not be provided if they would constitute an undue financial and/or administrative burden, or if they would be a fundamental alteration of the provider's program. When a person with a disability believes that they have been subjected to a discriminatory housing practice, including a provider's wrongful denial of a request for reasonable

accommodation, they may file a complaint with the CoC or [HUD's Office of Fair Housing and Equal Opportunity](#).³

SYSTEM REQUIREMENTS

The information provided in this section describes requirements by the Contra Costa CoC that all CoC participating providers are expected to follow.

ONBOARDING

Agencies who become a CoC participating provider are required to follow the CoC Onboarding process outlined below.

- A. **Introduction and Orientation** – The agency with the new project will be referred to the CoC Lead. The CoC lead will facilitate an introduction and orientation to the Contra Costa CoC.
- B. **Project Onboarding Meeting** – CoC Lead, CE, HMIS Lead staff and staff from the agency will meet to discuss the project and identify appropriate next steps. If it is determined this project needs to be set up with Coordinated Entry and in HMIS, the agency will be required to complete the HMIS application which will be reviewed internally by the HMIS Lead, CoC Lead and CE staff.
- C. **Project Set Up and Workflow with CE & HMIS** – A new project will work with HMIS Lead staff and CE staff to identify details for the project set up in HMIS. The agency will be required to complete a [New Project Set-Up Form](#) to complete this process. Staff will review the document with the provider to identify and clarify the project structure, components, and connection to CE. The CoC will coordinate this process and facilitate as needed.
 - a. HMIS lead will coordinate with the provider and CES team to finalize the HMIS project build out; organize the provider HMIS training and any necessary TA; and will notify the CoC Lead once TA and project build out are complete. The agency will be responsible for completing the MOU, HMIS training, and process for obtaining license.
 - b. CE staff will coordinate a meeting with the provider to identify CE coordination points and conduct the CE training which will include information on how the provider and project will request and receive referrals; participate in housing placement committee meetings; and participation in provider meetings.
- D. **Introduction to Community and Follow Up** –
 - a. The CoC Lead and HMIS Lead will facilitate introduction of the new provider and project at the HMIS Policy Committee meeting and other appropriate meetings so the community can be introduced to the new agency.
 - b. Once completed, the staff will follow up with the provider to make sure things are going well, answer outstanding questions, and gather feedback on the onboarding process.

³ U.S. Department of Housing and Urban Development. Reasonable Accommodations and Modifications. Retrieved from:
https://www.hud.gov/program_offices/fair_housing_equal_opp/reasonable_accommodations_and_modifications#_Examples_1

TRAINING REQUIREMENTS

CoC participating providers are expected to attend the annual trainings provided by the CoC. Regular annual trainings are listed below. Content may change to reflect changes in compliance requirements or current practice. Providers are expected to attend and participate in any additional trainings that the CoC Lead determines mandatory based on changes in local, federal or state requirements.

- **Housing First** – an overview of the Housing First approach, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers.
- **Fair Housing and Equal Access** – an overview on how providers can effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or HUD-Insured Housing; Covers how to effectively address discrimination based on any protected class under the Fair Housing Act.
- **Violence Against Women’s Act (VAWA)** – an overview of VAWA requirements for CoC-funded programs; confidentiality and privacy protections for survivors of domestic violence; and best practices for working with survivors.
- **Connecting Participants to Mainstream Benefits** – Information regarding projects to supplement CoC program funds with resources from other public and private funding sources, including mainstream programs that assist participants in apply for and receiving mainstream benefits including but not limited to food assistance, SSI, TANF, and substance use.
- **Increasing Employment** – An overview on how to connect program participants and people experiencing homelessness with education and job training opportunities; how to facilitate information and formal employment opportunities and how to facilitate volunteer opportunities.
- **Trauma Informed Care** – An overview of adoption of principles and practices that promote a culture of safety, empowerment, and healing. A trauma-informed approach reflects adherence to six key principles: 1) Safety, 2) trustworthiness and transparency, 3) peer support, 4) collaboration and mutuality, 5) empowerment, voice, and choice, and 6) cultural, historical, and gender issues.
- **Motivational Interviewing** – An overview of evidence-based practices focused on exploring and resolving ambivalence and centering on motivational processes within the individual that can facilitate change.
- **Harm Reduction** – An overview of an approach that emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social wellbeing of those served, and offer low-threshold options for accessing substance use disorder treatment and other health care services.

In addition, CoC participating providers are expected to have participant-facing staff complete the following trainings to protect the health and safety of staff and CoC participants.

- Mandated Reporter
- CPR
- NARCAN administration
- HIPAA and Confidentiality

MONITORING

Contra Costa County receives funding from the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program and is the Collaborative Applicant for the CoC. In this role, H3 is responsible for monitoring compliance and performance of all CoC/ESG-funded projects annually, as well as assessing program performance and effectiveness. As such, H3 monitors CoC-funded providers annually to ensure compliance with HUD regulations and to evaluate and ensure compliance with regulatory requirements.

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

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

The CoC is committed to implementing a regular monitoring process to:

- Improve system performance by identifying barriers to effective program performance;
- Increase knowledge and capacity among CoC-funded agencies regarding CoC compliance and financial management;
- Help agencies prepare for audits or monitoring from HUD; and
- Identify opportunities and gaps for additional technical assistance trainings or one-on-one meetings regarding areas of compliance impacting multiple agencies.

The monitoring process generally involves three phases: document review, site visits, and report drafting. A monitoring checklist that reflects HUD’s common monitoring categories is used to include the following categories:

- Organizational Policies and Procedures
- Project Policies and Procedures
- Financial Monitoring
- Participant Files

AGENCY LEVEL: POLICIES AND PROCEDURES

This section describes agency-level requirements for CoC-funded agencies.

PARTICIPATION IN COORDINATED ENTRY

The CoC has established a Coordinated Entry System in compliance with ESG regulations, 25 CCR 8409; HUD Coordinated Entry Notices CPD-17-01 and CPD-16-11; VAWA Reauthorization Act of 2013; and the CoC Program Interim Rule, 24 CFR Part 578. All CoC- and ESG-funded programs are required to participate in this system. All referrals to CoC- and ESG-funded programs, including screening for program eligibility and prioritization, occur according to Contra Costa County CoC’s Coordinated Entry System protocols. All programs that are not funded by CoC or ESG are highly encouraged to participate in the Coordinated Entry System. If a program chooses to participate, they will be required to adhere to the Contra Costa County CoC’s Coordinated Entry System protocols detailed in the CES Policies and Procedures.

PARTICIPATION IN HMIS

- A. All CoC- and ESG-funded projects must ensure that data on all persons served and all activities provided under these federally funded programs are entered into HMIS, in accordance with HUD’s standards on participation, data collection, and reporting under a local HMIS. Victim service providers may use a comparable database, independent from HMIS.
- B. Data associated with anyone who is fleeing or suffering from any form of domestic violence – including dating violence, stalking, trafficking, sexual assault, or youth with a perceived threat of violence due to their gender or sexual orientation-must receive additional safeguards. As required by the Violence Against Women Act (VAWA), Victim service providers and providers that receive funds from the Family Violence Prevention and Services Act (FVSPSA), Office for Victims of Crime (OVC), or Office on Violence Against Women (OVW) and use those funds agency-wide cannot use HMIS to collect data from survivors of domestic violence to protect this subpopulation's privacy and to ensure safety. Instead, victim service providers must use an HMIS comparable database maintained by trained users. This HMIS compatible database must meet all HMIS HUD requirements.
- C. Programs should additionally adhere to requirements outlined in Contra Costa County’s CoC HMIS Governance Charter and Policies & Procedures.

DOMESTIC VIOLENCE/PRIVACY POLICIES

Per HUD and Violence Against Women Act (VAWA) guidelines, policies around the specific needs of those fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking are maintained. In addition to access to services, including shelter and hotline support, designed specifically for survivors of domestic violence and trafficking, the CoC maintains an emergency transfer policy as outlined in the Written Standards.

EMERGENCY TRANSFERS

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

A. **Emergency Transfer Plan**

A participant qualifies for an emergency transfer if:

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

B. **Emergency Transfer Process**

A participant may submit an emergency transfer request directly to program staff. The program must communicate with the Coordinated Entry System Manager to inform them that an emergency transfer request has been made and whether the request is for an internal transfer (a transfer where the participant would not be categorized as a new applicant), external transfer, or both. A participant may

seek an internal and external emergency transfer at the same time if a safe unit is not immediately available. The program will take reasonable steps to support them in securing a new safe unit as soon as possible and a transfer may not be necessary.

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

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

C. Internal Transfer

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

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

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

D. External Transfer

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

E. Documentation and Record Keeping

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

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

COORDINATED ENTRY NON-EMERGENCY TRANSFER POLICY

PURPOSE

This policy outlines standards and principles for non-emergency transfers of households in supportive housing programs within the Coordinated Entry System (CES). The following policies and procedures are centered in Housing First principles and are designed to support housing retention and prioritize limited resources to meet the varied needs of participants.

APPLICABILITY & DEFINITION

The Non-Emergency Transfer policy applies to 1) transfers between supportive housing programs, which include Rapid Rehousing and Permanent Supportive Housing, within Coordinated Entry System, that 2) **do not** fall under the Emergency Transfer Policy, such as those for survivors of domestic violence or similar crises. The Non-Emergency Transfer policy applies to all Rapid Rehousing and Permanent Supportive Housing Programs that receive referrals and placements via the Coordinated Entry System. The Non-Emergency transfer policy **does not** apply to shallow subsidies, voucher programs, or shelter programs.

Non-Emergency Transfers fall within two general categories:

1. From one Housing Program to another Housing Program of the **same program type** (i.e. RRH to RRH and/or PSH to PSH), and;
2. From one Housing Program to another Housing program of a **different program type** (i.e. RRH to PSH).

PROCEDURE & APPROVAL PROCESS

All Non-Emergency Transfers must be approved by the Coordinated Entry System Manager or identified designee. If approved for a non-emergency transfer, participants are still required to meet program eligibility criteria and apply for the requested program. Transfer approvals are dependent on housing inventory and openings, require consent from the Head of Household, and will vary depending on the reason identified in the request. The CoC Lead Agency will prioritize and approve transfer requests based on the established prioritization process outlined in the CES P&P, with consideration for people on the community queue who are awaiting housing and currently experiencing homelessness.

Non-Emergency Transfers within the *Same Program Type* (RRH to RRH or PSH to PSH):

- **Internal:** Transferring from RRH to RRH or PSH to PSH within the same agency is considered an **internal transfer**. Internal transfers should be explored before requesting an external transfer.
- **External:** Transferring from RRH to RRH or PSH to PSH between two separate agencies is considered an **external transfer**. There are four different categories under which an external transfer can be requested: individual or environmental safety or accessibility; household composition; participant needs; and defunded projects. When requesting an external transfer, providers must explain why an internal transfer is not possible.

Non-Emergency Transfers within a *Different Program Type* (i.e. RRH to PSH):

- **External Transfer:** Transferring from RRH to PSH within the same agency or between two separate agencies is considered an **external transfer**. There are four different categories

under which an external transfer can be requested: individual or environmental safety or accessibility; household composition; participant needs; and defunded projects. When requesting an external transfer, providers must explain why an internal transfer is not possible. Approvals of External RRH to PSH transfers will be made with consideration for people on the community queue who are awaiting housing and currently experiencing homelessness.

- **Note: Projects Dedicated to People Experiencing Chronic Homelessness**

If the intended transfer location is dedicated to the chronically homeless:

- Program participants who met the definition of chronically homeless in effect at the time they entered the original PSH may transfer into a project dedicated to individuals and families experiencing chronic homelessness. Program participants who entered the original PSH project prior to January 16, 2016 are not required to meet the definition of chronically homeless established in HUD's Defining Chronically Homeless Final Rule.
- Program participants who did not meet the definition of chronically homeless that was in effect at the time of program intake maybe served by a CoC-funded PSH program that is not dedicated to serving individuals and families experiencing chronic homelessness (DedicatedPLUS).

DOCUMENTATION ROLES & RESPONSIBILITIES

To document Non-Emergency Transfers, housing providers must complete the Transfer Notification Form within two business days of deciding to request the transfer. This form should include the transfer date, if known or applicable, along with documentation verifying eligibility for the proposed transfer program. The documentation requirements may vary based on transfer reason and program. The Coordinated Entry System Manager or designee will communicate documentation requirements in the Transfer Request Form and/or to the requesting program once a Non-Emergency Transfer Request Form has been received.

Agencies submitting the transfer request must share eligibility documentation with the receiving provider. The receiving provider must verify participant eligibility criteria before enrolling the client into their project.

Both agencies are required to maintain documentation of the process and approval, including:

- Copies of all documentation used to determine eligibility into the original housing program (i.e. Homelessness Certification, Chronic Homelessness Certification, etc.).
- Transfer request as submitted by original housing provider.
- Notification email and HMIS records
- Providers submitting the transfer request must continue to provide services and support to the participant to be transferred, including support in attaining housing or maintaining housing, and to assist with the logistics of the transfer (transportation to appointments, etc.).

NON-EMERGENCY TRANSFER REQUEST REASONING

CONTRA COSTA WRITTEN STANDARDS FOR PROVIDING COC AND ESG ASSISTANCE

Reason for Transfer Request	Definition	Insufficient Reason
Category 1: Accessibility, Environment Safety, and Safety Concerns Outside of VAWA		
Conflict and Safety Concerns Outside of VAWA	The space has become unsafe for the household that does not qualify for emergency transfer criteria under VAWA Housing Protection. For example, there is violent activity taking place in the building that directly impacts the household or the participant is being harassed by other residents.	Crime in the neighborhood that is not specifically targeting the household or building.
Environmental Safety	The space has become unsafe for the household, including unsafe structural elements that have not or cannot be addressed by the housing provider. For example, building conditions that exacerbate an underlying medical condition.	Preference for a different unit unrelated to environmental safety.
Accessibility Modifications	The household requires accessibility features that cannot be made in the current unit. Examples include: needing a ground floor unit or elevator for wheelchair access, housing conditions that may aggravate a new or existing medical condition such as asthma, or needing an extra bedroom for a caregiver.	Feasible accessibility modifications that can be put into place in the current unit, such as grab bars or a lift.
Category 2: Household Composition		
Change in Household Composition	The household composition has changed, necessitating a larger or smaller unit. This category may include changes in unit size affecting the household's ability to retain or obtain custody of children, as well as changes for households that go from single-adult composition to a family with children. (See 24 CFR §578.75(c) for suitable dwelling size guidance).	Desire for a larger unit that is not required based on household size.
Category 3: Service Level or Participant Needs		
Service Level Needs	The current provider and additional community supports cannot meet the household's needs without a transfer. This option should only be considered after other interventions have been tried. This category may include the need to move from a scattered-site unit to a project-based location, or vice versa, to better accommodate service needs.	The current provider has trouble engaging the participant in services; ongoing conflicts between agency staff and participant; preference for a different provider.
Participant Needs	The household has service or geographical needs that cannot be met in the current housing placement. This may include better transportation access to facilitate employment or education.	Geographic preference that is unrelated to employment or education
Participant Needs Based on Age	Based on the participant's age, the household may be better served in another program. Examples include: a person who entered a TAY program as a transitional age youth may be transferred to an adult program when they "age out" of the TAY program, and a senior can be transferred into a senior living program that better meets their needs.	Preference for a different provider not related to age.
Category 4: Defunded Projects		

Defunded Projects	<p>H3 will collaborate with agencies with defunded projects to determine the next steps for all households and will inform providers of the necessary steps for transfer approval. At any given time, no more than five consecutive transfers can be made from defunded agencies. Once five matches are made, the next five transfers will exclude households from defunded projects.</p> <p>If a defunded project has a population eligible for a housing intervention where supply exceeds demand, such as having more HUD VASH vouchers available than eligible Veterans, CE will not limit consecutive referrals.</p> <p>Transfers related to fleeing violence will always be prioritized, even over transfers from defunded projects.</p>
--------------------------	--

NON-EMERGENCY TRANSFER REQUEST DENIAL REASONING

Reason	Definition
Insufficient Transfer Reasoning	The documentation submitted does not meet the threshold criteria demonstrating the need for a transfer to be approved.
No Community Capacity Currently	There are currently no projects within the CoC that have capacity or are expected to have capacity within the near future which could meet the needs outlined in the transfer request.
Current existing resources are not able to meet the request needs	There are currently no projects within the CoC which could meet the participant’s identified needs.

SYSTEM PERFORMANCE MEASURE POLICIES

It is the responsibility of all programs participating in the CoC to create and implement policies and procedures that support high achievement in HUD System Performance Measures. The CoC Program Models and Performance Standards outline service expectations including connecting participants to mainstream resources available for which they may qualify (e.g., Food Stamps, SSI, TANF, substance abuse programs), Reducing barriers to program enrollment, and ensuring timely response to Coordinated Entry.

EDUCATION POLICIES

Consistent with the CoC Program Interim Rule 24 CFR §578.23, all CoC and ESG programs, programs in HMIS, receiving funding from H3 or other service providers participating in the Continuum of Care assisting families with children or unaccompanied youth must:

- A. Take the educational needs of children into account when placing families in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education.
- B. Inform families with children and unaccompanied youth of their educational rights, including providing written materials, help with enrollment, and linkage to McKinney Vento Liaisons as part of intake procedures.
- C. Not require children and unaccompanied youth to enroll in a new school as a condition of receiving services.

CONTRA COSTA WRITTEN STANDARDS FOR PROVIDING COC AND ESG ASSISTANCE

- D. Allow parents or the youth (if unaccompanied) to make decisions about school placement.
- E. Not require children and unaccompanied youth to attend after-school or educational programs that would replace/interfere with regular day school or prohibit them from staying enrolled in their original school.
- F. Post notices of student's rights at each program site that serves homeless children and families in appropriate languages.
- G. Designate staff that will be responsible for:
 - 1. Ensuring that homeless children and youth in their programs are in school and are receiving all educational services they are entitled to.
 - 2. Coordinating with the CoC, the Department of Social Services, the County Office of Education, the McKinney Vento Coordinator, the McKinney Vento Educational Liaisons, and other mainstream providers as needed.
- H. To ensure compliance and assist providers in meeting these requirements, the CoC will provide training on these issues annually and will include these in the funding competition review and ranking process.

FAMILY ADMISSION/SEPARATION POLICIES

- A. Consistent with the CoC Program Interim Rule §578.93, neither CoC nor ESG program-funded projects may involuntarily separate families. The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that receives CoC or ESG funds. The gender and marital status of a parent or parents may also not be used as a basis for denying any family's admission to a project that receives CoC or ESG funds.
- B. The CoC will work closely with providers to ensure that placement efforts are coordinated to avoid involuntary family separation, including referring participants for the most appropriate services and housing to match their needs.
- C. Any participant that believes that they or a family member has experienced involuntary separation may report the issue to the CoC. The CoC will investigate the claim and take appropriate remedial action. [See CoC Complaint Process for additional details.](#)
- D. Programs not funded through CoC or ESG funding are strongly encouraged to follow the policies stated here to ensure consistent protocol throughout the Continuum of Care.

HOUSING FOR SPECIFIC SUBPOPULATIONS

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

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

- B. The housing may be limited to a specific subpopulation, so long as admission does not discriminate against any protected class under federal non-discrimination laws in 24 CFR 5.105 (e.g., the housing may be limited to homeless veterans, victims of domestic violence and their children, or chronically homeless persons and families).
- C. The housing may be limited to families with children.
- D. If the housing has in residence at least one family with a child under the age of 18, the housing may exclude **persons on the sex offender registry registered sex offenders** and or those with a criminal record involving violent crimes, as long as the child resides in the housing.
- E. If the housing is assisted with funds under a federal program that is limited by federal statute or Executive Order to a specific subpopulation, the housing may be limited to that sub-population (e.g., housing also assisted with funding from the Housing Opportunities for Persons with AIDS program under 24 CFR part 574 may be limited to persons with acquired immunodeficiency syndrome or related diseases).
- F. Programs may limit admission to or provide a preference for the housing to subpopulations of homeless persons and families who need the specialized supportive services that are provided in the housing (e.g., substance **abuse addictionuse disorder** treatment, domestic violence services, or a high intensity package designed to meet the needs of hard-to-reach homeless persons). While the housing may offer services for a particular type of disability, no otherwise eligible individuals with disabilities or families including an individual with a disability, who may benefit from the services provided may be excluded on the grounds that they do not have a particular disability.

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

PROGRAMS SERVING ONLY HOUSEHOLDS WITH CHILDREN

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

- i. Single male head of household with minor child(ren); and
- ii. Any household made up of two or more adults, regardless of sexual orientation, marital status, or gender identity, presenting with minor child(ren).

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

PARTICIPANT ELIGIBILITY AND DOCUMENTATION

- A. Literally Homeless

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

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

- ii. Written observation by an outreach worker; or
- iii. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter.

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

B. Imminent Risk of Homelessness

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

- i. A court order resulting from an eviction action notifying the individual or family that they must leave within 14 days; or
- ii. For individual and families leaving a hotel or motel – evidence that they lack the financial resources to stay; or
- iii. A documented and verified written or oral statement that the individual or family will be literally homeless within 14 days; and
- iv. Certification that no subsequent residence has been identified; and
- v. Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.

C. Homeless Under Other Federal Statute (Not applicable in the Contra Costa County Continuum of Care)

D. Experiencing Trauma or a Lack of Safety Related to Fleeing, Fleeing or /Attempting to Flee Domestic Violence)-(DVA)

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

For victim service providers:

- i. An oral statement by the individual or head of household seeking assistance which states: they are experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or family member in the individual or family member's current housing situation, including where the health and safety of children are jeopardized ("the condition"); fleeing; they have no subsequent other safe residence; and they lack resources to obtain other safe permanent housing. Statement must be documented by a self-certification or a certification by the intake worker.

For non-victim service providers:

- i. Oral statement by the individual or head of household seeking assistance that they are experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or family member in the individual or family member's current housing situation, including where the health and safety of children are jeopardized; they have no other safe residence; and they lack resources to obtain other safe permanent housing. ~~Oral statement by the individual or head of household seeking assistance that they are fleeing.~~ This statement is documented by a self-certification or by the caseworker. If safety would not be jeopardized, written third-party certification will be provided with the minimum amount of information necessary to document fleeing or attempting to flee the condition (one or more of the following):

A. Written observation by intake worker verifying the condition

B. Signed letter on letterhead from by a housing or service provider, social worker, health-care provider, law enforcement agency, legal assistance provider, pastoral counselor, or any other organization from whom the individual or head of household has sought assistance for the condition

~~i. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and~~

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

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

E. Chronically Homeless

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

- iv. Third party verification (HMIS print-out, or written referral/certification by another housing or service provider); or
- v. Written observation by an outreach worker; or
- vi. Certification by the individual or head of household seeking assistance stating that they were living on the streets or in shelter.

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

Disability eligibility should be documented in the following manner:

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

PROGRAM INTAKE

A. Distribution of Written Program Rules and Process for the Termination of Assistance

At intake (prior to the provision of financial assistance), all programs must ensure participants receive a written copy of program rules and the process for terminating assistance. To the greatest extent possible, documents should be available in other foreign languages and provided in the participant's language. Evidence of this should be preserved in the participant's file.

B. Required Violence Against Women Act (VAWA) Notifications for Participants

Programs responsible for the administration and/or oversight of VAWA protections (see “Covered housing provider” in [24 CFR 5.2005](#)) must provide each individual or family applying for CoC or ESG assistance the Notice of Occupancy Rights and the Certification Form described in [24 CFR 5.2005](#) at each of the following times:

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

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

PRIORITIZATION

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

A. Orders of Priority (HUD Notice CPD 16-11)

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

Order Of Priority in Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy By Persons Experiencing Chronic Homelessness

1. The Contra Costa County CoC adopts the recommended order of priority established in Notice CPD 16-11 to ensure that those persons experiencing chronic homelessness with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens, and with the most severe service needs are given first priority in PSH beds dedicated or prioritized for occupants by persons experiencing chronic homelessness. A chronically homeless individual or head of household must meet the definition stated in the Definition of Chronically Homeless final rule (see Participant Eligibility and Documentation Requirements section above).
2. A standardized Coordinated Entry assessment tool will be used by all providers with a focus on length of time homeless and severity of the individual’s or family’s service needs to establish priority. Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs will be given priority. Housing match and placement will be conducted in accordance with these established priorities and facilitated through the Coordinated Entry system.
3. Where there are no chronically homeless individuals and families within the CoC’s geographic area, CoCs and recipients of CoC Program-funded PSH are encouraged to follow the order of priority for non-prioritized, non-dedicated beds described below.

Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

1. **FIRST PRIORITY:** Homeless Individuals and Families with a Disability with a Long Period of Episodic Homelessness and Severe Service Needs.
An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.
2. **SECOND PRIORITY:** Homeless Individuals and Families with a Disability with Severe Service Needs.
An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.
3. **THIRD PRIORITY:** Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelters without Severe Service Needs.
An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.
4. **FOURTH PRIORITY:** Homeless Individuals and Families with a Disability Coming from Transitional Housing.
An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

B. Orders of Priority for ESG-Funded Activities

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

1. Are unsheltered and living in places not designed for human habitation, such as cars, parks, bus stations, and abandoned buildings;
2. Have experienced the longest amount of time homeless;
3. Have multiple and severe service needs that inhibit their ability to quickly identify and secure housing on their own; and

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

For a full description of prioritization and matching within the Coordinated Entry System, please see the Coordinated Entry System Policies and Procedures here: <https://cchealth.org/h3/coc/pdf/CES-P-and-P.pdf>.

Relocation Due to Program Closure

~~A. In the event that a program ceases business operations, the program should contact the local HUD field office. These entities should work together to develop a plan for transitioning the participants to other permanent housing. HUD expects that programs that are closing, in partnership with the CoC, will take a client-centered, proactive approach to ensure consistency of appropriate housing for program participants after the program closes. Programs that are not funded by HUD should contact the CoC Lead Agency to notify of the closing. These entities will work together to develop a plan for transitioning the participants to other permanent housing.~~

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

POLICIES AND PROCEDURES

All CoC- and ESG-funded programs will establish and maintain standard operating procedures that adhere to CoC and ESG requirements, including but not limited to recordkeeping, as outlined in 24 CFR §§ 578.103 and 576.500 respectively. Programs that do not receive CoC and ESG funding to establish and maintain standard operating procedures that adhere to these written standards to ensure an equitable standard of care throughout the Continuum of Care.

RECORDKEEPING REQUIREMENTS

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

CONTRA COSTA WRITTEN STANDARDS FOR PROVIDING COC AND ESG ASSISTANCE

- iii. Annual Income Verification and Rent Contribution Calculation for Participants receiving Housing Assistance
 - iv. Program Participant Records
 - v. Signed Occupancy Agreements or Leases
 - vi. Notice of Occupancy Rights and Certification Forms required by VAWA
 - vii. Housing Quality Standards Checklist
 - viii. Services Provided
 - ix. Other records required by HUD or individual programs
2. ESG Programs will maintain additional documentation to demonstrate:
 - i. The program participant met with a case manager at least once per month. 24 CFR 576.401(e)(1-2) and 24 CFR 576.500(f).
 - ii. The program used a plan to assist the program participant to retain permanent housing after the ESG assistance ends, 24 CFR 576.401(d)(1); 24 CFR 576.401(d)(2); 24 CFR 576.500(f).
 - iii. Programs made efforts to assist each program participant to obtain mainstream or other resources as needed. 24 CFR 576.401(d)(1); 24 CFR 576.401(d)(2); 24 CFR 576.500(f).
 - iv. Rental Assistance Agreements were entered into with each owner before providing the owner with rental assistance payments. 24 CFR 576.106(e), 24 CFR 576.500(h), 24 CFR 576.106(f).
 3. HUD may monitor projects as long as records are maintained(24 CFR 578.103(d)(1). All participant files are available for HUD monitoring, and will be reviewed during CoC monitoring visits.

PARTICIPATION TERMINATION AND APPEALS POLICY

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

- A. To terminate assistance, the minimum required formal process must consist of:
 1. A written notice to the participant containing a clear statement of the reasons for termination; and
 2. A review of the decision, in which the participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
 3. Prompt written notice of the final decision to the participant.
- B. Termination does not bar the program from providing further assistance at a later date to the same family or individual if they so wish.
- C. To file a complaint against an agency and staff providing housing of services to individuals experiencing homelessness in Contra Costa County, the Coordinated Entry System, or Homeless Information Management System, please refer to the [CoC Complaint Process](#).

COMPENSATION OF PEOPLE WITH LIVED EXPERIENCE OF HOMELESSNESS

To center the perspectives of people with a lived experience of homelessness in decision-making and to reduce barriers to their participation, the Contra Costa CoC commits to compensating people with lived experience (PWLE) of homelessness who participate in specific Contra Costa Continuum of Care (CoC) advisory roles, groups, events, or surveys. The amount and form of compensation amount will depend on several factors, including:

1. whether or not the participant is a member of the Council on Homelessness (COH);
2. whether the participant is performing duties on behalf of an agency;
3. whether the participant is representing themselves as a PWLE;
4. the amount of time spent participating;
5. and the nature of the activity.

Agencies are encouraged to adopt a PWLE Compensation policy.

OTHER APPLICABLE LAWS

DRUG-FREE WORKPLACE

All CoC- and ESG-funded programs will certify that they operate in accordance with the Drug-Free Workplace Act of 1988 (41 U.S.C. 701, *et. seq.*) and HUD’s implementing regulations at 2 CFR § 2429. All programs shall notify HUD about any employee’s conviction for a criminal drug offense pursuant to HUD-50070. Programs that are not HUD funded are strongly encouraged to adopt a Drug Free Workplace policy.

ANTI-LOBBYING

- A. All CoC- and ESG-funded programs are prohibited from using appropriated funds for lobbying the executive or legislative branches of the Federal Government in connection with a specific contract, grant, or loan.
- B. All CoC- and ESG-funded programs shall disclose, using Standard Form LLL (SFLLL), “Disclosure of Lobbying Activities,” any funds other than federally appropriated funds, that will be or have been used to influence federal employees, Members of Congress, or congressional staff regarding specific contract, grant, or loans.
- C. As an applicant for future funds, programs shall submit the SFLLL if it has used or intends to use federal funds for lobbying activities.

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

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

SOLID WASTE DISPOSAL ACT

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

1. Procure items designated in guidelines of the EPA at 40 CFR part 247 that contain the highest percentage of recovered materials practical, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired in the preceding fiscal year exceeded \$10,000;
 2. Procure solid waste management services in a manner that maximizes energy and resource recovery; and
- Establish an affirmative procurement program for the procurement of recovered materials identified in the EPA guidelines. Programs who are not funded through CoC or ESG funds are strongly encouraged to follow the requirements in this section to ensure consistency throughout the Continuum of Care.

NATIONAL ENVIRONMENTAL POLICY ACT (NEPA) – ENVIRONMENTAL REVIEWS

All CoC Program projects require environmental reviews. All HUD-assisted projects must ensure that the proposed project does not negatively impact the surrounding environment and that the property site itself will not have an adverse environmental or health effect on users. Every project must be in compliance with the National Environmental Policy Act (NEPA), and other related federal and state environmental laws. Specific guidance on environmental reviews is outlined under 24 CFR part 50 and 58.

LEVEL OF ENVIRONMENTAL REVIEW

Tenant Based Rental Assistance

Tenant-Based Rental Assistance is Categorically Excluded Not Subject to 58.5 (CENST) (see 24 CFR 50.19(b)(11), 58.35(b)(1)), because the rental assistance is attached to the program participant and not the unit. The Responsible Entity may conduct one “programmatic” CENST review to cover all tenant-based units for a program or county.

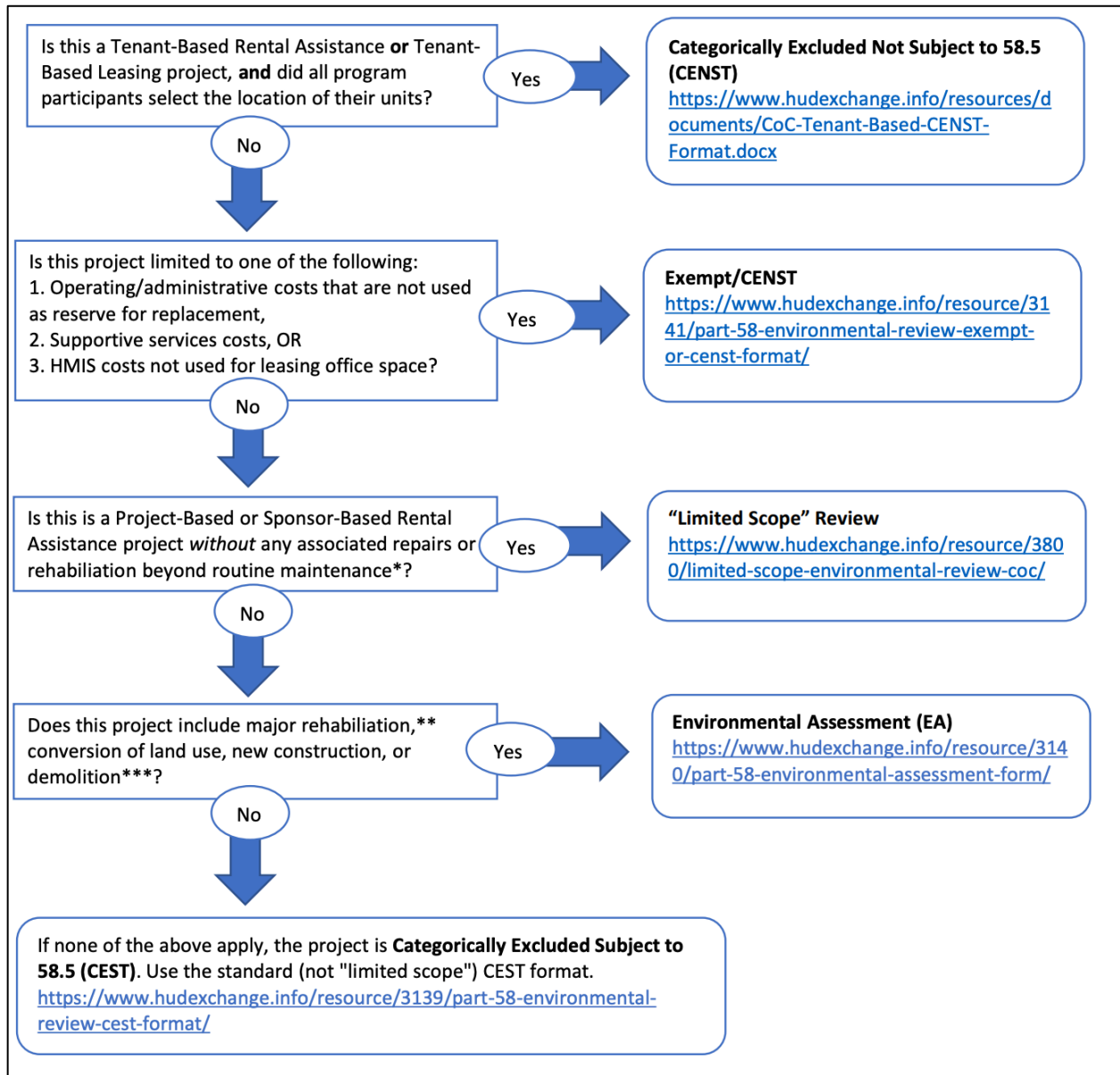
Leasing, Project Based Rental Assistance, Sponsor-Based Rental Assistance

Because the rental assistance is attached to the unit, CoC Program Leasing, Sponsor-Based Rental Assistance, and Project-Based Rental Assistance are subject to limited scope review known as Categorically Excluded Subject to 58.5 (CEST) (see 50.20(a)(4), 58.35(a)(5)).

Rehabilitation, Repairs, Construction or Demolition

Rehab, repairs, construction or demolition are subject to standard environmental assessment and review.

Environmental reviews should be completed before engaging in activities, funds are committed, and signing contracts and/or leases. Environmental reviews should cover the entire building or site, and are generally good for five years, unless environmental conditions change.



ENVIRONMENTAL REVIEW RESPONSIBILITIES

As a unit of local government, CCHS is known as a Responsible Entity (RE) and authorized under 24 CFR Part 58 to conduct environmental reviews for projects funded through the HUD CoC program. If CCHS does not have the capacity to conduct an environmental review, HUD may conduct the environmental review per Part 50.

APPENDICES

APPENDIX 1: LITERAL HOMELESSNESS DOCUMENTATION CHECKLIST

Client Name:	
Date:	
Current Residence: (Night Before Above Date)	
Staff Name:	
Program Name:	
Component Type: (ES, TH, RRH, PSH, etc.)	

NOTE: Written third-party documentation is always preferred to certify homelessness.

Applicable <input checked="" type="checkbox"/>	In File <input checked="" type="checkbox"/>	CATEGORY <input checked="" type="checkbox"/> Required Documentation in File
CATEGORY 1		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<p>PLACE NOT MEANT FOR HUMAN HABITATION, e.g., car, park, abandoned building, bus or train station, airport, camping ground (OK for CH-PSH, PSH, RRH, TH, SH, SSO)*</p> <p><input type="checkbox"/> Written Third-Party (one or more of the following) dated within 14 days prior to program entry:</p> <ul style="list-style-type: none"> <input type="checkbox"/> HMIS record of homeless street outreach contacts <input type="checkbox"/> Signed letter on letterhead from a homeless street outreach provider <input type="checkbox"/> Homelessness Certification (Form A) from a homeless street outreach provider <p>OR</p> <p><input type="checkbox"/> Written Second-Party (both of the following):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certification Based on Intake Conversation or Intake Staff Observation (Form G) AND <input type="checkbox"/> Staff Supplement to the Certification Based on Intake Conversation or Intake Staff Observation (Form G) describing attempts to secure third party verification <p>OR</p> <p><input type="checkbox"/> Written First-Party (both of the following):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) AND <input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<p>EMERGENCY SHELTER, SAFE HAVEN, HOTEL/MOTEL PAID BY CHARITABLE ORGANIZATION OR GOVERNMENT PROGRAM FOR LOW-INCOME INDIVIDUALS (OK for CH-PSH, PSH, RRH, TH, SH, SSO)*</p> <p><input type="checkbox"/> Written Third-Party (one or more of the following) dated within 14 days prior to program entry:</p> <ul style="list-style-type: none"> <input type="checkbox"/> HMIS record of stay in emergency shelter, safe haven, or hotel/motel paid for by charitable organization or government program

		<p><input type="checkbox"/> Signed letter on letterhead from emergency shelter or safe haven provider or organization paying for hotel/motel stay</p> <p><input type="checkbox"/> Homelessness Certification (Form A) from emergency shelter or safe haven provider or organization paying for hotel/motel stay</p> <p>OR</p> <p><input type="checkbox"/> Written Second-Party (both of the following):</p> <p><input type="checkbox"/> Certification Based on Intake Conversation or Intake Staff Observation (Form G) AND</p> <p><input type="checkbox"/> Staff Supplement to the Certification Based on Intake Conversation or Intake Staff Observation (Form G) describing attempts to secure third party verification</p> <p>OR</p> <p><input type="checkbox"/> Written First-Party (both of the following):</p> <p><input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) AND</p> <p><input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification</p>
<p>Applicable</p> <p><input checked="" type="checkbox"/></p>	<p>In File</p> <p><input checked="" type="checkbox"/></p>	<p>CATEGORY</p> <p><input checked="" type="checkbox"/> Required Documentation in File</p>
<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>HOSPITAL OR OTHER INSTITUTION if client's stay was 90 days or fewer <i>and</i> client was in emergency shelter or place not meant for human habitation prior to admission (OK for CH-PSH, PSH, some RRH, TH, SH, SSO)*</p> <p>Documentation of institutional stay</p> <p><input type="checkbox"/> Written Third-Party (one or more of the following):</p> <p><input type="checkbox"/> Discharge paperwork with admission and discharge dates</p> <p><input type="checkbox"/> Written (or oral, but recorded in writing) referral from social worker, case manager, or other official from institution with admission and discharge dates</p> <p>OR</p> <p><input type="checkbox"/> Written First-Party (both of the following):</p> <p><input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) AND</p> <p><input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification</p> <p>AND</p> <p>Documentation of client's homeless status immediately prior to institutional stay</p> <p><input type="checkbox"/> Written Third-Party (one or more of the following) dated within 14 days prior to institutionalization:</p> <p><input type="checkbox"/> HMIS record of shelter stay or homeless street outreach contacts</p> <p><input type="checkbox"/> Signed letter on letterhead from emergency shelter or homeless street outreach provider</p> <p><input type="checkbox"/> Homelessness Certification (Form A) from emergency shelter or homeless street outreach provider</p> <p>OR</p> <p><input type="checkbox"/> Written Second-Party (both of the following):</p> <p><input type="checkbox"/> Certification Based on Intake Conversation or Intake Staff Observation (Form G) AND</p> <p><input type="checkbox"/> Staff Supplement to the Certification Based on Intake Conversation or Intake Staff Observation (Form G) describing attempts to secure third party verification</p> <p>OR</p> <p><input type="checkbox"/> Written First-Party (both of the following):</p> <p><input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) AND</p>

		<input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<p>TRANSITIONAL HOUSING if graduating from or timing out of TH <i>and either</i> in emergency shelter or place not meant for human habitation prior to admission <i>or</i> fleeing or attempting to flee domestic violence including dating violence, sexual assault, stalking, human trafficking, and other dangerous/life-threatening conditions that relate to violence against the individual or a family member that make them afraid to return to primary nighttime residence (OK for PSH, some RRH, TH, SH, SSO)*</p> <input type="checkbox"/> Written Third-Party (one or more of the following) dated within 14 days prior to program entry: <ul style="list-style-type: none"> <input type="checkbox"/> HMIS records of transitional housing stay and entry from shelter or place not meant for human habitation <input type="checkbox"/> Signed letter on letterhead from transitional housing provider certifying residency and homeless living situation prior to admission <input type="checkbox"/> Homelessness Certification (Form A) signed by transitional housing provider <p>OR</p> <input type="checkbox"/> Written First-Party (both of the following): <ul style="list-style-type: none"> <input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) AND <input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification

Applicable <input checked="" type="checkbox"/>	In File <input checked="" type="checkbox"/>	CATEGORY <input checked="" type="checkbox"/> Required Documentation in File
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<p>TRANSITIONAL HOUSING if graduating from or timing out of TH <i>and neither</i> in emergency shelter or place not meant for human habitation prior to admission <i>nor</i> fleeing or attempting to flee domestic violence including dating violence, sexual assault, stalking, human trafficking, and other dangerous/life-threatening conditions that relate to violence against the individual or a family member that make them afraid to return to primary nighttime residence (OK for some RRH, TH, SSO)*</p> <input type="checkbox"/> Written Third-Party (one of the following) dated within 14 days prior to program entry: <ul style="list-style-type: none"> <input type="checkbox"/> HMIS records of transitional housing stay and homeless living situation prior to admission <input type="checkbox"/> Signed letter on letterhead from transitional housing provider certifying residency and homeless living situation prior to admission <input type="checkbox"/> Homelessness Certification (Form A) signed by transitional housing provider <p>OR</p> <input type="checkbox"/> Written First-Party (both of the following): <ul style="list-style-type: none"> <input type="checkbox"/> Client Self-Declaration of Homelessness (Form E) AND <input type="checkbox"/> Staff Supplement to Self-Declaration of Homelessness (Form E) describing attempts to secure third-party verification

CATEGORY 4	
<input type="checkbox"/> YES	<input type="checkbox"/>
<input type="checkbox"/> NO	<input type="checkbox"/>

EXPERIENCING TRAUMA OR A LACK OF SAFETY RELATED TO (OR FLEEING OR ATTEMPTING TO FLEE) DOMESTIC VIOLENCE, dating violence, sexual assault, stalking, human trafficking, or other dangerous, traumatic, or life-threatening conditions that relate to violence against the individual or a family member in the individual's or family's current housing situation (including where the health and safety of children are jeopardized) ("the condition") **(OK for PSH, some RRH, TH, SSO)***

The following:

Client Self-Declaration of Homelessness (Form E)

AND FOR NON-VICTIM SERVICE PROVIDERS

If safety would not be jeopardized, written third-party certification with minimum amount of information necessary to document fleeing or attempting to flee the condition (one or more of the following):







Written observation by intake worker verifying the condition

Signed letter on letterhead from a housing or service provider, social worker, health-care provider, law enforcement agency, legal assistance provider, pastoral counselor, or any other organization from whom the individual or head of household has sought assistance for the condition

APPENDIX 2: CHRONIC HOMELESS DOCUMENTATION CHECKLIST

Chronic Homelessness Definition

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

Recordkeeping Documentation Options Explained			
3 rd Party Documentation		Documentation from HMIS/Comparable Database <i>Records must show entries/exits at Shelters.</i> <i>An answer of "Yes" to the question as to whether the individual is chronically homeless (Universal Data Element 3.917) is not sufficient.</i>	
		Written observation by an outreach worker or Written referral by another housing or service provider	
		Documentation from Institutions like Hospitals, Correctional Facilities, etc. <i>Must include records about stay the length of stay, signed by Clinician or other appropriate staff.</i>	
Self Certification		Signed certification by the individual seeking assistance describing how they meet the definition, which must be accompanied by the intake worker's documentation of the living situation and the steps taken to obtain evidence to support it. Remember that for each Project:	
		<ul style="list-style-type: none"> • 100% of households served can use self-certification for 3 months of their 12 months, • 75% of households served need to use 3rd Party documentation for 9 months of their 12 months, and • 25% of households served can use self-certification as documentation for any and all months. 	
When do you need third party documentation?			
	Preferred to record all occasions of homelessness to document Chronic Homelessness.		
	Not necessary to record breaks in homelessness, these can be based on self reports.		

Chronic Homelessness Documentation Checklist

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

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

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

Part 3: Disability Status

The term homeless individual with a disability' means an individual who is homeless, as defined in section 103, and has a disability that

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

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

- Substance use disorder
- Serious mental illness
- Developmental disability
- Post-traumatic stress disorder
- Cognitive impairments resulting from brain injury
- Chronic physical illness or disability
- AIDS or HIV+ status
- Other:

Household member with disability:

- Head of household**
- Spouse**
- Child**
- Other _____

Part 3: Disability Status

The term homeless individual with a disability' means an individual who is homeless, as defined in section 103, and has a disability that

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

Documentation Attached:

- Written verification of the disability from a licensed professional;
- Written verification from the Social Security Administration;
- The receipt of a disability check; or
- Intake staff-recorded observation of disability that is, no later than 45 days from the application for assistance, accompanied by supporting evidence.

Disability Notes:

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

Part 4: Staff and Client Certifications

Client Certification:

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

Client Name: (Printed)

Client Signature:

Date:



CONTRA COSTA HOMELESS SYSTEM WRITTEN STANDARDS

Staff Certification:

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

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

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



APPENDIX 3: DISABILITY CERTIFICATION

1. Name of Client: _____

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

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

Other Definitions:

- Mental Health Problem - a mental health condition that is expected to be of long-continued and indefinite duration and may substantially impede a client's ability to live independently.
Chronic Health Condition - a diagnosed condition that is more than three months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance.
Physical/Medical - a physical impairment which is (a) expected to be of long, continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions.
Developmental - a severe, chronic disability that is attributed to a mental or physical impairment (or combination of physical and mental impairments) that occurs before 22 years of age and limits the capacity for independent living and economic self-sufficiency.

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

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

Signature 1 Date License No and License Type

Signature 2 Date License No and License Type



APPENDIX 43: REQUEST FOR REASONABLE ACCOMMODATION

Name _____ Phone _____

Address _____ City _____ ZIP _____

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

Name of Person with Disability _____

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

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

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

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

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

Name and Relationship _____

Address _____

Phone _____

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

Signature _____ Date _____



APPENDIX 54: REQUEST FOR CONSIDERATION OF MITIGATING CIRCUMSTANCES

Applicant/Tenant Name _____ Phone _____
Address _____ City _____ ZIP _____

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

1. Describe why you believe the problem was a result of the disability.
2. Describe why the problem is not likely to happen again.
 - The following circumstances have changed.
 - A request for reasonable accommodation has been approved. (Describe the accommodation or attach a request form.

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

Name and Relationship _____
 Address _____
 Phone _____

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

Name and Relationship _____
 Address _____
 Phone _____

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

Name and Relationship _____
 Address _____
 Phone _____

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

Signature _____ Date _____



APPENDIX 65: VERIFICATION OF MITIGATING CIRCUMSTANCES

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

Name _____

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

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

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

Name and Title _____

Relationship to Named Individual _____

Address _____ Phone _____



CONTRA COSTA HOMELESS SYSTEM WRITTEN STANDARDS

APPENDIX 7: COMMONLY USED ACRONYMS

Acronym	Definition
APR	Annual Performance Report (for HUD homeless programs)
CARE	Coordinated Assessment and Resource
CCYCS	Contra Costa Youth Continuum of Services
CDBG, CDBG-CV	Community Development Block Grant (federal and state programs) and the federal Community Development Block Grant CARES Act coronavirus allocation.
CESH	California Emergency Solutions and Housing program (state funding)
Continuum of Care (CoC)	Continuum of Care approach to assistance to the homeless. Federal grant program promoting and funding permanent solutions to homelessness.
Con Plan	Consolidated Plan, a locally developed plan for housing assistance and urban development under CDBG.
CORE	Coordinated Outreach Referral, Engagement program
COVID-19	Coronavirus
DOC	Department Operations Center
EHSD	(Contra Costa County) Employment and Human Services Division
EOC	Emergency Operations Center
ESG and ESG-CV	Emergency Solutions Grant (federal and state program) and the federal Emergency Solutions Grant CARES Act coronavirus allocation.
ESG-CV	Emergency Solutions Grant CARES
FMR	Fair Market Rent (maximum rent for Section 8 rental assistance/CoC grants)
HCD	Housing and Community Development (State office)
HEAP	Homeless Emergency Aid Program (State funding)
HEARTH	Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009
HHAP	Homeless Housing and Assistance Program
HMIS	Homeless Management Information System
HOME	Home Investment Partnerships (CPD program)
HUD	U.S. Department of Housing and Urban Development (federal)
MHSA	Mental Health Services Act
NOFA	Notice of Funding Availability
PHA	Public Housing Authority
PUI	Persons Under Investigation
SAMHSA	Substance Abuse & Mental Health Services Administration
SRO	Single-Room Occupancy housing units
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
TA	Technical Assistance
TAY	Transition Age Youth (usually ages 16-24)
VA	Veterans Affairs (U.S. Department of)
VASH	Veterans Affairs Supportive Housing
VI-SPDAT	Vulnerability Index – Service Prioritization Decision Assistance Tool

*Contra Costa County COVID-19 Resources:
Please see below for additional resources on COVID-19.*



Health Services COVID Data Dashboard - <https://www.coronavirus.cchealth.org/dashboard>
 Health Services Homeless Specific Data Dashboard - https://www.coronavirus.cchealth.org/homeless_dashboard
 Health Services COVID Updates - <https://www.coronavirus.cchealth.org/health-services-updates>
 Health Services Homeless Specific COVID Resources - <https://www.coronavirus.cchealth.org/for-the-homeless>

APPENDIX 8: EQUITY DEFINITIONS

(adapted from C4 Innovations and approved by COH on 8.3.23)

Term	Definition
Individual Racism	A person's beliefs and actions that serve to perpetuate racial oppression. This can be conscious and unconscious. This may be externalized or internalized
Institutional Racism	Policies and practices at the organization (or "sector") level that perpetuate oppression. It involves unjust policies, practices, procedures, and outcomes that work better for white people than people of color, whether intentional or not.
Interpersonal Racism	The interactions between people - both within and across racial groups
Microaggressions	Brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership
Race	A social construct created in the 17th century by white Europeans to justify the enslavement of Africans and the spread of colonialism. Understanding of race as a concept has changed over time, but the outcomes of discrimination based on race remain entrenched in our systems.
Race Equity Lens	A way of viewing the world in an integrated and holistic manner, taking into account past and present racial injustices and seeking to address them through more equitable practices and structures.
Racial Bias	Implicit and/or explicit bias that reinforces discriminatory attitudes and behaviors when interacting with people or situations
Racial Equity	The condition where one's racial identity does not predict their social, health, or economic outcomes. Racial equity is a process of eliminating racial disparities and improving outcomes for everyone. It is the intentional and continual practice of changing practices, systems, and structures by prioritizing the measurable change in the lives of people of color.
Racism	A system of institutional, systemic oppression, and practices of individuals and society that shape cultural beliefs and values that support racist policies and practices.
Structural Racism	How these effects interact and accumulate across institutions and across history. Structural racism highlights how racism operates as a system of power with multiple interconnected, reinforcing, and self-perpetuating components which result in racial inequities across all indicators for success.
Systemic Racism	infrastructure of rulings, ordinances or statutes adopted by a sovereign government or authoritative entity, whereas such ordinances and statutes entitles one racial group in a society certain rights and privileges, while denying other groups in that society these same rights and privileges because of long-established cultural prejudices, religious prejudices, fears, myths, and Xenophobia's held by the entitled group
White Fragility	White fragility refers to feelings of discomfort a white person experiences when they witness or engage in discussions around racial inequality and injustice. Their engagement in conversations about racism may trigger a range of defensive actions, feelings, and behaviors, such as anger, fear, and silence. These reactive behaviors reinforce continued white dominant culture.



APPENDIX 9: IMPORTANT LINKS

Contra Costa Continuum of Care Link

- **CoC Program Models and Performance Standards:**
<https://www.cchealth.org/home/showpublisheddocument/6567/638258163191470000>
- **CoC HMIS Governance Charter and HMIS Policies and Procedures:**
<https://www.cchealth.org/home/showpublisheddocument/29718/638459324318630000>
- **Coordinated Entry Policies and Procedures:**
<https://www.cchealth.org/home/showpublisheddocument/6393/638258160735770000>
- **CoC Complaint Process:**
<https://www.cchealth.org/home/showpublisheddocument/6399/638258160754030000>
- **Continuum of Care (CoC) Complaint Form:**
<https://forms.office.com/Pages/ResponsePage.aspx?id=3tkgKC3cY0OGJvKwA0OMRbtw-IB5t2FMpzyKPMkfbxZURDRMSziOM0FLWINHM0U5T1Y4UUUpOTDZaTS4u>
- **Council on Homelessness landing page:** <https://www.cchealth.org/about-contra-costa-health/leadership/commissions-advisory-groups/council-on-homelessness>
- **CoC Trainings:** <https://www.cchealth.org/services-and-programs/homeless-services/continuum-of-care/tools-for-partners/trainings>
- **Get Help landing page:** <https://www.cchealth.org/services-and-programs/homeless-services/get-help>
- **Housing Security Fund Policies and Procedures:**
<https://www.cchealth.org/home/showpublisheddocument/6543/638258162785430000>
- **HMIS Project Set-up Tool:**
<https://airtable.com/appPQ2J1HYacqanvL/shr07VkJUci0rE8Rqt>

HUD Links

- **CoC Program Interim Rule:**
<https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>
- **ESG Program:** <https://www.hudexchange.info/programs/esg/esg-requirements/>
- **HUD's Definition of At Risk of Homelessness:**
<https://files.hudexchange.info/resources/documents/AtRiskofHomelessnessDefinitionCriteria.pdf>
- **HUD Prioritization Notice: CPD-16-11:**
<https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/>
- **HUD's Equal Access Rule:**
https://www.hud.gov/program_offices/fair_housing_equal_opp/housing_discrimination_and_persons_identifying_lgbtq#:~:text=HUD's%20Equal%20Access%20Rule%20requirements,gender%20identity%2C%20or%20marital%20status.
- **HUD's Office of Fair Housing and Equal Opportunity:**
https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint



- **HUD FY 2022 Interactive HMIS Data Standards Tool:**
<https://www.hudexchange.info/programs/hmis/hmis-data-standards/>

Other Links

- **24 CFR 5.105(a):** <https://www.ecfr.gov/current/title-24/subtitle-A/part-5/subpart-A/section-5.105>
- **24 CFR Part 578 – Continuum of Care Program:** <https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-578?toc=1>
- **California Fair Employment and Housing Act, (Government Code, Title 2, Division 3, Part 2.8):**
https://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml?lawCode=GOV&division=3.&title=2.&part=2.8.&chapter=9.&article=&goUp=Y
- **Developmental Disability Assistance and Bill of Rights Act of 2000:**
https://acl.gov/sites/default/files/about-acl/2016-12/dd_act_2000.pdf
- **Fair Housing Act:** <https://tile.loc.gov/storage-services/service/ll/uscode/uscode1970-00904/uscode1970-009042045/uscode1970-009042045.pdf>
- **SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach:**
https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf
- **Section 504 of the Rehabilitation Act of 1973:**
<https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/statutes/section-504-rehabilitation-act-of-1973>
- **Title II of the Americans with Disabilities Act:** <https://www.ada.gov/law-and-regs/regulations/title-ii-2010-regulations/>
- **Title VI of the Civil Rights Act of 1964:**
https://www.hud.gov/program_offices/fair_housing_equal_opportunity/title_vi_civil_rights#:~:text=Title%20VI%20of%20the%20Civil%20Rights%20Act%20of%201964%20provides,activity%20receiving%20federal%20financial%20assistance



CONTRA COSTA COUNCIL ON
HOMELESSNESS
OVERSIGHT COMMITTEE MEETING

IN-PERSON COMMITTEE MEETING MINUTES

Thursday June 20, 2024, 11:30AM – 1:30PM

COMMITTEE PURPOSE:

The purpose of the Oversight Committee is to review and assess the development, implementation, and improvement of the CoC, Coordinated Entry System, HMIS Database, and system outcomes.

HOW TO JOIN THE MEETING VIA ZOOM:

COMMITTEE MEETING (IN-PERSON) Link to register: <https://tinyurl.com/yvt666hf>

How to Join the Meeting Via Call-In: 1- 669-900-6833 / Meeting ID: 892 1400 4649

CoH Attendance:

1. Alejandra Chamberlain – in person
2. Carolyn Foudy – in-person
3. Juno Hedrick – in-person
4. Gabriel Lemus – in-person
5. Leslie Gleason – in-person
6. Mia Fairbanks – virtual, using exemption
7. Wayne Earl – virtual, using exemption
8. Deanne Pearn – absent

TIME	AGENDA ITEM	PRESENTERS
11:30am (15 min)	Welcome, Introductions, & CoH Roll Call a. Welcome b. Review agenda c. Introductions & CoH Roll Call d. Mentimeter - Who's in the Room?	- Alejandra Chamberlain, <i>CoH</i> - Alex Michel, <i>HB</i> - Jamie Schecter, <i>H3</i>
Notes: <ul style="list-style-type: none"> • JS: Mentimeter is sometimes multi-select or one option only for racial identity. For future meetings, can we always have multiple select? <ul style="list-style-type: none"> ○ HB: will make it multi-select moving forward! 		
11:45am (5 min)	2024 Meeting Logistics	- Jamie Schecter, <i>H3</i>
Notes: <ul style="list-style-type: none"> • JS reviewed 2024 meeting logistics • No comments from the committee or community 		



CONTRA COSTA COUNCIL ON
HOMELESSNESS
OVERSIGHT COMMITTEE MEETING

11:50am (5min)	Public Comment a. Open period for public comment on items not listed on the agenda.	- Alejandra Chamberlain, <i>CoH</i> - Members of the public
Notes: <ul style="list-style-type: none"> No comments 		
11:55am (5 min)	Review February 15, 2024 Mtg. Key Takeaways & Approve Meeting Minutes a. Key takeaways from the February 15, 2024 meeting: <ul style="list-style-type: none"> Approved October 2023 meeting minutes Reviewed meeting logistics (committee vs. work group) Identified/approved Oversight committee chair (Alejandra Chamberlain) Reviewed/approved Oversight committee 2024 workplan Update on 2024 monitoring process & timeline Program Models & Performance Standards Updates Coordinated Entry Updates Written Standards Updates Reviewed Accountability Corner ACTION ITEM: Approve the meeting minutes from February 15, 2024	- Alex Michel, <i>HB</i>
Notes: <ul style="list-style-type: none"> Leslie made motion to approve meeting minutes from February Gabriel seconded motion to approve meeting minutes Roll call vote, meeting minutes from February 15, 2024 meeting approved 		
12pm (15min)	2024 Compliance Monitoring Process Update a. Provide overview of the 2024 monitoring process	- Alex Michel, <i>HB</i>
Notes: <ul style="list-style-type: none"> AM provided update on completed 2024 monitoring process Pause in meeting to resolve audio issues Question: Were people removed from PSH for late rental payments? <ul style="list-style-type: none"> AM: although common language in lease agreements, no project had evicted based on the grounds of multiple late rental payments JS: most likely to be a concern in scattered site projects, where landlords create the provision that late rental payments are grounds for eviction 		



CONTRA COSTA COUNCIL ON
HOMELESSNESS
OVERSIGHT COMMITTEE MEETING

<ul style="list-style-type: none"> ■ AM: agreed, that is what we was seen in the monitoring process ○ Question: to clarify, eviction based on late rental payments was written in some leases, but never found to be implemented? <ul style="list-style-type: none"> ■ AM: that is correct ○ Comment: still sounds like, “how permanent is permanent?” Concerned about this finding ○ AM: confirmed that during the monitoring process, Homebase let agency providers know that this is NOT housing first. Encouraging providers to have conversations with landlords to remove language because it is not housing first. Hope this leads to progress. Want to make these monitoring findings clear in VAWA and Housing First training. ○ Comment: our CoC should have an annual VAWA training with landlord/property management providers, not just service providers. Since those former providers are more likely to not know about VAWA ○ JS: we can do outreach for this next year; great idea ○ Question: Isn’t the housing first model changing? ○ JS: no CA legislation far along that would change housing first programs. But CoC programs are federally funded, thus would be unaffected by state legislation ○ AM: will keep everyone updated if HUD changed housing first standards 		
12:15pm (15min)	Program Models & Performance Standards Updates Link to Program Models & Performance Standards	- Jamie Schecter, H3
Notes: <ul style="list-style-type: none"> • JS stepped in for Shelby to provide updates on the participant satisfaction survey • Question: when are the adjustments to the survey taking effect? • JS: already implemented this year in the survey that is currently open 		
12:30pm (15min)	Coordinated Entry Updates Link to Coordinated Entry System Policies & Procedures	- Mary Juarez-Fitzgerald, H3
Notes: <ul style="list-style-type: none"> • MJF provided updates on coordinated entry assessment replacement project and P&Ps • Question: Will proposed changes to P&Ps only come from staff? or can a provider give input? <ul style="list-style-type: none"> ○ MJF: working with Homebase and HUD TA to resolve compliance issues. Also creating space at Oversight Cmte. and with providers to gather input ○ JS: expecting not a lot of updates. Next year will be a more robust set of changes after the assessment replacement project completes • Question: On the CE Policies - if folks outside the Oversight Committee have suggestions for changes, who should we direct those to? • MJF: direct question to me, to CE email, to CoC email, or anyone from H3 in general 		
12:45pm (5min)	Written Standards Revisions Link to Written Standards	- Jamie Schecter, H3



CONTRA COSTA COUNCIL ON
HOMELESSNESS
OVERSIGHT COMMITTEE MEETING

<p>Notes:</p> <ul style="list-style-type: none"> • JS provided brief overview of written standards revisions • no comments from committee or community 		
12:50pm (5min)	<p>Annual Report Update</p> <p>a. Provide brief update on the Annual Report</p>	- Jamie Schecter, H3
<p>Notes:</p> <ul style="list-style-type: none"> • JS provided brief update on 2023 annual report • No comments from the committee or community 		
12:55pm (4min)	<p>Accountability Corner</p> <p>a. Review 2024 Q1 & Q2</p>	- Jamie Schecter, H3
<p>Notes:</p> <ul style="list-style-type: none"> • JS: new needs to bring to the oversight committee? • Question: standards for transitional housing and Bridge Housing? <ul style="list-style-type: none"> ○ JS: how do folks feel about this? From H3 side, not many TH services in CoC. Interest in Bridge Housing, but would need a pilot before writing program standards • Question: thinking about the fentanyl crisis, could partner behavioral health? <ul style="list-style-type: none"> ○ JS: could include healthcare for the homeless and other providers to do NARCAN training • Comment: a lot of progress on youth system-building and grants work, could put on the backburner <ul style="list-style-type: none"> ○ JS: new work not identified in workplan, like applying YHDP. Could be making sure we are reporting on this at future Oversight Cmte meetings 		
12:59pm (1 min)	<p>Adjourn</p> <p>a. Review next steps</p> <p>b. Overview of upcoming meetings</p>	- Alex Michel, HB
<p>Notes:</p> <ul style="list-style-type: none"> • JS: will look into reserving a new meeting room to address technology issues 		



CONTRA COSTA COUNCIL ON
HOMELESSNESS
OVERSIGHT COMMITTEE MEETING

Oversight Committee Roll Call & Voting Record (June 20, 2024)

	Member	Seat / Affiliation	Attended y/n virtual or in-person	Approve [02/15/ 2024] Meeting Minutes
1.	Alejandra Chamberlain (she/her)	Education and Vocational Services Representative (CoCo Office of Education)	y - in person	Y
2.	Carolyn Foudy (she/her)	Employment and Human Services (EHSD) Representative (Employment and Human Services Dept.)	y- in person	Y
3.	Deanne Pearn (she/her)	Homeless Service Provider Representative (Hope Solutions)	n	
4.	Juno Hedrick	Lived Experience Advisor (YAC Member)	y- in person	Y
5.	Gabriel Lemus	Federal Homeless and Housing Funding Administration Representative (Contra Costa Department of Conservation and Development)	y - in person	Y
6.	Leslie Gleason (she/her)	CoC/ESG Program Grantee Representative (Trinity Center)	y - in person	A
7.	Mia Fairbanks	Health Care Representative (Healthcare for the Homeless)	y - virtual (exemption)	Y
8.	Wayne Earl (he/him)	Faith Community Representative (Rock Harbor Christian Fellowship)	y - virtual (exemption)	Y

Oversight Committee CoH Member Roll Call & Voting Record (06/20/2024)

Y = Yes (specify if virtual or in person)

N = No

A = Abstain

Quorum = 5



CONTRA COSTA COUNCIL ON
HOMELESSNESS
OVERSIGHT COMMITTEE MEETING

Acronym	Definition
APR	Annual Performance Report (for HUD homeless programs)
CARE	Coordinated Assessment and Resource
CCYCS	Contra Costa Youth Continuum of Services
CDBG, CDBG-CV	Community Development Block Grant (federal and state programs) and the federal Community Development Block Grant CARES Act coronavirus allocation.
CES	Coordinated Entry System
CESH	California Emergency Solutions and Housing program (state funding)
Continuum of Care (CoC)	Continuum of Care approach to assistance to the homeless. Federal grant program promoting and funding permanent solutions to homelessness.
Con Plan	Consolidated Plan, a locally developed plan for housing assistance and urban development under CDBG.
CORE	Coordinated Outreach Referral, Engagement program
COVID-19	Coronavirus
DOC	Department Operations Center
EHSD	(Contra Costa County) Employment and Human Services Division
EOC	Emergency Operations Center
ESG and ESG- CV	Emergency Solutions Grant (federal and state program) and the federal Emergency Solutions Grant CARES Act coronavirus allocation.
ESG-CV	Emergency Solutions Grant CARES
FMR	Fair Market Rent (maximum rent for Section 8 rental assistance/CoC grants)
HCD	Housing and Community Development (State office)
HEAP	Homeless Emergency Aid Program (State funding)
HEARTH	Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009
HHAP	Homeless Housing and Assistance Program
HMIS	Homeless Management Information System
HOME	Home Investment Partnerships (CPD program)
HUD	U.S. Department of Housing and Urban Development (federal)
MHSA	Mental Health Services Act
NOFA	Notice of Funding Availability
PHA	Public Housing Authority
PUI	Persons Under Investigation
SAMHSA	Substance Abuse & Mental Health Services Administration
SRO	Single-Room Occupancy housing units
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
TA	Technical Assistance
TAY	Transition Age Youth (usually ages 16-24)
VA	Veterans Affairs (U.S. Department of)



CONTRA COSTA COUNCIL ON
HOMELESSNESS
OVERSIGHT COMMITTEE MEETING

VASH	Veterans Affairs Supportive Housing
VI-SPDAT	Vulnerability Index – Service Prioritization Decision Assistance Tool

EQUITY DEFINITIONS

(adapted from C4 Innovations and approved by COH on 8.3.23)

Term	Definition
Individual Racism	A person's beliefs and actions that serve to perpetuate racial oppression. This can be conscious and unconscious. This may be externalized or internalized
Institutional Racism	Policies and practices at the organization (or "sector") level that perpetuate oppression. It involves unjust policies, practices, procedures, and outcomes that work better for white people than people of color, whether intentional or not.
Interpersonal Racism	The interactions between people - both within and across racial groups
Microaggressions	Brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership
Race	A social construct created in the 17th century by white Europeans to justify the enslavement of Africans and the spread of colonialism. Understanding of race as a concept has changed over time, but the outcomes of discrimination based on race remain entrenched in our systems.
Race Equity Lens	A way of viewing the world in an integrated and holistic manner, taking into account past and present racial injustices and seeking to address them through more equitable practices and structures.
Racial Bias	Implicit and/or explicit bias that reinforces discriminatory attitudes and behaviors when interacting with people or situations
Racial Equity	The condition where one's racial identity does not predict their social, health, or economic outcomes. Racial equity is a process of eliminating racial disparities and improving outcomes for everyone. It is the intentional and continual practice of changing practices, systems, and structures by prioritizing the measurable change in the lives of people of color.



CONTRA COSTA COUNCIL ON
HOMELESSNESS
OVERSIGHT COMMITTEE MEETING

Racism	A system of institutional, systemic oppression, and practices of individuals and society that shape cultural beliefs and values that support racist policies and practices.
Structural Racism	How these effects interact and accumulate across institutions and across history. Structural racism highlights how racism operates as a system of power with multiple interconnected, reinforcing, and self-perpetuating components which result in racial inequities across all indicators for success.
Systemic Racism	infrastructure of rulings, ordinances or statutes adopted by a sovereign government or authoritative entity, whereas such ordinances and statutes entitles one racial group in a society certain rights and privileges, while denying other groups in that society these same rights and privileges because of long-established cultural prejudices, religious prejudices, fears, myths, and Xenophobia's held by the entitled group
White Fragility	White fragility refers to feelings of discomfort a white person experiences when they witness or engage in discussions around racial inequality and injustice. Their engagement in conversations about racism may trigger a range of defensive actions, feelings, and behaviors, such as anger, fear, and silence. These reactive behaviors reinforce continued white dominant culture.



CONTRA COSTA COUNCIL ON
HOMELESSNESS
**OVERSIGHT COMMITTEE
WORKING GROUP**

VIRTUAL WORKING GROUP NOTES

Thursday August 15, 2024, 11:30AM – 1:30PM

COMMITTEE PURPOSE:

The purpose of the Oversight Committee is to review and assess the development, implementation, and improvement of the CoC, Coordinated Entry System, HMIS Database, and system outcomes.

HOW TO JOIN THE MEETING VIA ZOOM:

Working Group (VIRUTAL ONLY) Link to register: <http://tinyurl.com/yys6u27y>

How to Join the Meeting Via Call-In: 1 669 900 6833 / Meeting ID: 849 4424 3652

TIME	AGENDA ITEM	PRESENTERS
11:30am (10 min)	Welcome, Introductions, & CoH Roll Call a. Welcome b. Review agenda c. Introductions d. Mentimeter - Who's in the Room?	- Alex Michel, <i>HB</i>
Notes: <ul style="list-style-type: none"> ● Attendance: Shelby Ferguson, Mary Juarez-Fitzgerald, Mia Fairbanks, Carina Rodriguez-Pena, Carolyn Foudy, Courtney Pal, Deanne Pearn, Gabriel Lemus, Jo Bruno, Juno Hedrick, Leslie Gleason, Wayne Earl ● Homebase: Alex, Michele, Mark 		
11:40am (5 min)	2024 Meeting Logistics a. Cmte vs. Work Group Mtg b. 2024 Meeting Schedule	- Alex Michel, <i>HB</i>
Notes: <ul style="list-style-type: none"> ● none 		
11:45am (5min)	Announcements a. Open period for announcements on items not listed on the agenda.	- Alex Michel, <i>HB</i> - Members of the public



CONTRA COSTA COUNCIL ON
HOMELESSNESS
**OVERSIGHT COMMITTEE
WORKING GROUP**

<p>Notes:</p> <ul style="list-style-type: none"> ● Comment: Concord redesign RFP for range of potential project and programs - will be focused on people connected w/ Concord <ul style="list-style-type: none"> ○ nothing explicitly to CES, but nod to HF and HMIS ○ Oversight cmte needs to be aware of this because there might be some things that come up that might need some attention 		
11:50am (5 min)	June Meeting Recap	- Alex Michel, <i>HB</i>
<p>Notes:</p> <ul style="list-style-type: none"> ● none 		
11:55am (20min)	<p>Coordinated Entry Updates</p> <ul style="list-style-type: none"> a. Coordinated Entry Policies & Procedures Revisions update b. Link to current Coordinated Entry Policies & Procedures 	<ul style="list-style-type: none"> - Mark Mora, <i>HB</i> - Mary Juarez-Fitzgerald, <i>H3</i>
<p>Notes:</p> <p>CE P&PS</p> <ul style="list-style-type: none"> ● MM provided update on CE P&P revisions ● MJF: other examples: when funding opportunities (ERF) that would allow to utilize opportunities to allocate and distribute resources more effectively <p>Other Updates</p> <ul style="list-style-type: none"> ● MJF provided general CE updates ● Question: other than EHSD, what are the funding sources for each of the projects? <ul style="list-style-type: none"> ○ MJF: various funding sources, some HHAP, some Measure X ● Question: Do CES P&Ps apply to other non-HUD funded programs and funding sources? <ul style="list-style-type: none"> ○ MJF: Yes, all programs follow Program Models and Performance Standards; will also follow CES P&PS 		
12:15pm (10min)	<p>Written Standards Revisions Updates</p> <ul style="list-style-type: none"> a. Written Standards Revisions update b. Link to current Written Standards 	- Michele Byrnes, <i>HB</i>
<p>Notes:</p> <ul style="list-style-type: none"> ● MB provided update on written standards revisions ● Question: How much time will we have to review the materials before the October meeting (approval)? What if we need to propose revisions to the revisions, can we push back to another meeting for approval? 		



CONTRA COSTA COUNCIL ON
HOMELESSNESS
**OVERSIGHT COMMITTEE
WORKING GROUP**

<ul style="list-style-type: none"> ○ AM: We are going to distribute materials a bit earlier to give folx enough time to review, can also approve revisions + additional edits that will be completed for CoH to review 		
12:25pm (20min)	Program Models & Performance Standards Updates <ul style="list-style-type: none"> a. Participant Satisfaction Survey updates b. Link to current Program Models & Performance Standards 	- Shelby Ferguson, <i>H3</i>
Notes: <ul style="list-style-type: none"> ● SF provided update on satisfaction survey ● Question: what is the small word in the graphic? <ul style="list-style-type: none"> ○ SF: “more opportunities for feedback” - agree it is important to offer opportunities for feedback ● Strategies to address feedback: <ul style="list-style-type: none"> ○ comment: when we think about strategies it would be helpful to have disaggregated data; love idea of a CoC on-boarding packet that agencies can use for their staff ● Comment: Equity - on demographics, would be interested in knowing the portion of people who did not answer specific demographic questions, especially around gender identity and sexual orientation; sometimes folx just don’t want to answer especially if it’s on a piece of paper <ul style="list-style-type: none"> ○ SF: will add to the presentation for the Equity Cmte. 		
12:45pm (5min)	Annual Report Update	- Shelby Ferguson, <i>H3</i>
Notes: <ul style="list-style-type: none"> ● SF provided update on Annual Report 		
12:50pm (5 min)	Adjourn <ul style="list-style-type: none"> a. Review next steps b. Overview of upcoming meetings 	- Alex Michel, <i>HB</i>

Acronym	Definition
APR	Annual Performance Report (for HUD homeless programs)
CARE	Coordinated Assessment and Resource
CCYCS	Contra Costa Youth Continuum of Services



**CONTRA COSTA COUNCIL ON
 HOMELESSNESS
 OVERSIGHT COMMITTEE
 WORKING GROUP**

CDBG, CDBG-CV	Community Development Block Grant (federal and state programs) and the federal Community Development Block Grant CARES Act coronavirus allocation.
CES	Coordinated Entry System
CESH	California Emergency Solutions and Housing program (state funding)
Continuum of Care (CoC)	Continuum of Care approach to assistance to the homeless. Federal grant program promoting and funding permanent solutions to homelessness.
Con Plan	Consolidated Plan, a locally developed plan for housing assistance and urban development under CDBG.
CORE	Coordinated Outreach Referral, Engagement program
COVID-19	Coronavirus
DOC	Department Operations Center
EHSD	(Contra Costa County) Employment and Human Services Division
EOC	Emergency Operations Center
ESG and ESG-CV	Emergency Solutions Grant (federal and state program) and the federal Emergency Solutions Grant CARES Act coronavirus allocation.
ESG-CV	Emergency Solutions Grant CARES
FMR	Fair Market Rent (maximum rent for Section 8 rental assistance/CoC grants)
HCD	Housing and Community Development (State office)
HEAP	Homeless Emergency Aid Program (State funding)
HEARTH	Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009
HHAP	Homeless Housing and Assistance Program
HMIS	Homeless Management Information System
HOME	Home Investment Partnerships (CPD program)
HUD	U.S. Department of Housing and Urban Development (federal)
MHSA	Mental Health Services Act



CONTRA COSTA COUNCIL ON
HOMELESSNESS
**OVERSIGHT COMMITTEE
WORKING GROUP**

NOFA	Notice of Funding Availability
PHA	Public Housing Authority
PUI	Persons Under Investigation
SAMHSA	Substance Abuse & Mental Health Services Administration
SRO	Single-Room Occupancy housing units
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
TA	Technical Assistance
TAY	Transition Age Youth (usually ages 16-24)
VA	Veterans Affairs (U.S. Department of)
VASH	Veterans Affairs Supportive Housing
VI-SPDAT	Vulnerability Index – Service Prioritization Decision Assistance Tool

EQUITY DEFINITIONS

(adapted from C4 Innovations and approved by COH on 8.3.23)

Term	Definition
Individual Racism	A person's beliefs and actions that serve to perpetuate racial oppression. This can be conscious and unconscious. This may be externalized or internalized
Institutional Racism	Policies and practices at the organization (or "sector") level that perpetuate oppression. It involves unjust policies, practices, procedures, and outcomes that work better for white people than people of color, whether intentional or not.
Interpersonal Racism	The interactions between people - both within and across racial groups
Microaggressions	Brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership



**CONTRA COSTA COUNCIL ON
 HOMELESSNESS
 OVERSIGHT COMMITTEE
 WORKING GROUP**

Race	A social construct created in the 17th century by white Europeans to justify the enslavement of Africans and the spread of colonialism. Understanding of race as a concept has changed over time, but the outcomes of discrimination based on race remain entrenched in our systems.
Race Equity Lens	A way of viewing the world in an integrated and holistic manner, taking into account past and present racial injustices and seeking to address them through more equitable practices and structures.
Racial Bias	Implicit and/or explicit bias that reinforces discriminatory attitudes and behaviors when interacting with people or situations
Racial Equity	The condition where one's racial identity does not predict their social, health, or economic outcomes. Racial equity is a process of eliminating racial disparities and improving outcomes for everyone. It is the intentional and continual practice of changing practices, systems, and structures by prioritizing the measurable change in the lives of people of color.
Racism	A system of institutional, systemic oppression, and practices of individuals and society that shape cultural beliefs and values that support racist policies and practices.
Structural Racism	How these effects interact and accumulate across institutions and across history. Structural racism highlights how racism operates as a system of power with multiple interconnected, reinforcing, and self-perpetuating components which result in racial inequities across all indicators for success.
Systemic Racism	infrastructure of rulings, ordinances or statutes adopted by a sovereign government or authoritative entity, whereas such ordinances and statutes entitles one racial group in a society certain rights and privileges, while denying other groups in that society these same rights and privileges because of long-established cultural prejudices, religious prejudices, fears, myths, and Xenophobia's held by the entitled group



CONTRA COSTA COUNCIL ON
HOMELESSNESS
OVERSIGHT COMMITTEE
WORKING GROUP

White Fragility	White fragility refers to feelings of discomfort a white person experiences when they witness or engage in discussions around racial inequality and injustice. Their engagement in conversations about racism may trigger a range of defensive actions, feelings, and behaviors, such as anger, fear, and silence. These reactive behaviors reinforce continued white dominant culture.
------------------------	---