Homeless Coordinated Entry Systems: Guidance and Expectations for ECM and CS Providers

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Purpose

This document provides background and expectations for CalAIM-contracted Enhanced Care Management (ECM) and Community Supports (CS) providers serving members experiencing homelessness on the use of local coordinated entry systems (CES). CES is a federally mandated requirement from the United States Department of Housing and Urban Development (HUD) that requires continuums of care (CoCs) to develop a local system that seeks to ensure individuals, youth, and families experiencing homelessness can efficiently access the homeless response system and receive various housing resources. This guidance is specifically targeted to ECM providers serving the Individuals Experiencing Homelessness population of focus (POF) and CS Housing Transition Navigation Services providers.

In alignment with providing quality care and services, Anthem expects that all ECM providers serving the Individuals Experiencing Homelessness POF and CS Housing Transition Navigation Services providers participate in their local homeless CoC's coordinated entry system (CES). At this time, this document is guidance, this may be a requirement among providers in time. CES is the primary tool that allows members experiencing homelessness in a certain community to gain access to available housing resources (both temporary and permanent, depending on the CoC) through the homeless response system. CES is a critical avenue to support members experiencing homelessness with accessing housing and addressing health and other social needs.

Anthem guidance on the use of CES for ECM/CS providers

Contracted ECM providers serving the Individuals Experiencing Homelessness POF and CS Housing Transition Navigation Services providers are expected to use the local CES to support members in accessing available housing resources through the CoC. For ECM providers that may be serving a member experiencing homelessness, if the member is also receiving CS Housing Transition Navigation Services assistance, the ECM and CS provider will need to coordinate on who will take the lead with supporting the member with the CES process. However, if the member is receiving ECM services and experiencing homelessness, but not yet enrolled in CS Housing Transition Navigation, Anthem expects that the ECM provider make a referral for CS Housing Transition Navigation Services to support the member's housing needs and connection to the local CES.

While this guidance is specific to Anthem and its contracted ECM and CS providers, the Department of Health Care Services (DHCS) is also seeking alignment and expectations among ECM and CS providers to participate in local CES process. DHCS included CES as a priority metric within the Housing and Homelessness Incentive Program (HHIP) and required Managed Care Plans (MCP's) to develop partnerships with CoC's CES and identify how MCP's will support members with connecting to CES Access Points. CES is also highlighted in the operational guidance section for ECM Individuals Experiencing Homelessness POF POF services in the *DHCS ECM Policy Guide*, and CES is part of the eligibility criteria for CS Housing Transition Navigation Services and CS Housing Tenancy and Sustaining Services.

The following outlines Anthem guidance and expectations for use of CES in their respective CoCs:

1. **Understand local CoC processes:** Providers should familiarize themselves with the local CoC's CES processes. This includes learning about the CoC's unique practices and identifying areas where collaboration may be beneficial. Some CoCs may encourage organizations to serve as CES access points, conduct assessments, or participate in case conferencing. By understanding how the local CES operates, providers can effectively integrate into the system and support members' access to available housing resources.

2. **Serve as a CES access point:** ECM and CS Housing Transition Navigation Services providers will serve as a CES access point, allowing the member to access various housing and social services through the local homeless crisis response system. This includes engaging and building a relationship with the member, identifying their housing needs, including strengths and challenges, and starting the process toward gaining a permanent, stable place to live through CES. It will be critical that ECM and CS Housing Transition Navigation Services providers are well oriented to the local CoC, understand the various resources and partners in each community, and begin to link and support them through the local CES process. It is important to note that while each CES will have similar components, every CoC differs in its CES process. For example, some CoCs may use a single, centralized CES intake process that may be a physical walk-in location or hotline. Many, however, use a no-wrong-door approach, allowing for various organizations working with the member — street outreach, shelters, or others providing pre-housing assistance—to begin the process. Regardless of each CoC's process, contracted providers will either support the member with connecting to local CES access points or serve directly as an access point and begin the process with the member.

3. **Complete CES standardized assessment:** Every CoC across the country is required to use a standardized assessment tool to identify housing needs and vulnerabilities. ECM and CS Housing Transition Navigation Services providers will complete the CoC's CES standardized assessment or support the member to complete the assessment with a local CES access point depending on the CoC's process. In most CoCs, providers will need to be trained by the CoC to complete the CES assessment and subsequent data entry into the Homeless Management Information System (HMIS). To implement this guidance, it will be critical that providers have HMIS access in the community. Additionally, Anthem expects providers to ensure case managers and navigators participate in annual CES assessment training and strictly adhere to all local CES policies and procedures.

4. **Support member with collecting required CES documents:** During the CES process, the member will be required to obtain critical documents for housing placement. This may include an ID, social security card, birth certificate (as necessary), income statements (as necessary), disability verification (as necessary), voucher applications (as necessary), and other items. ECM and CS Housing Transition Navigation Services providers will support the member to gather all applicable documents during the CES process to be able to obtain permanent housing.

5. **Participate in CES case conferencing forums:** Depending on the CoC, there may be case conferencing forums as part of the CES during which individual cases are discussed, organizations coordinate with each other, and housing matches are discussed with the lead CoC/CES agency. It will be important for ECM/CS Housing Transition Navigation Services providers to understand the different CES case conferencing meetings that take place in a CoC and attend as applicable to support member coordination and access to housing resources.

6. **Coordinate with CES housing resource so member may be connected:** If a member is matched to a housing resource such as a permanent supportive housing unit, rapid re-housing, or other housing resource through CES, an ECM/CS Housing Transition Navigation provider will coordinate with the organization that is operating the housing resource to best support the member. This may include coordinating with the organization regarding who will continue to support the

member with finding a suitable housing unit, helping the member with move-in assistance, and determining post-housing placement coordination of services.

7. **Consider utilizing CES to receive referrals:** By partnering with the local lead CES agency, ECM/CS providers can develop referral pathways into ECM/CS services through CES. This approach strengthens real-time connections with vulnerable clients and expands the client's support network.

To support ECM/CS Housing Transition Navigation Services providers with implementing the above guidance, the following includes background information on CES, general processes, benefits of CES, and CoC-specific information on local CES processes.

Overview of CES

CES is a federally mandated requirement from HUD that requires CoCs to develop a local system that seeks to ensure vulnerable individuals and families experiencing homelessness can efficiently access the homeless response system. A CoC is a local or regional planning body that coordinates housing and services for individuals, families, and youth experiencing homelessness within the CoC's geography. CoCs are required to administer and oversee federal and state requirements, including applying for federal funding, organizing the homeless point-in-time (PIT) count, administering an HMIS, administering the CES, and other activities. CoCs designate a CES administrative organization, often the same organization that serves in the CoC lead agency role, which is responsible for various aspects and oversite of the CoC's CES.

At its core, CES streamlines participant access to the homeless response system, assesses each household's needs, prioritizes households based on level of need, and makes referrals for households to the most appropriate housing resource based on those needs. CES empowers service providers to equitably manage the high demand for housing resources and allows CoCs to prioritize preferences, meeting grant requirements for specific populations like those experiencing chronic homelessness. CES emphasizes tailoring interventions to individual needs, centralizing access to housing resources and shifting from a first-come, first-served approach to prioritization based on need. While HUD provides guidance, CES is tailored to the unique dynamics of each CoC. It is important to note that most CoCs use HMIS to track enrollments and match to housing resources. Thus, it is critical that ECM/CS providers gain access to HMIS in their respective CoC.

The following table identifies each county associated with CoC geographies as well as the local CoC lead agency, the HMIS lead agency, designated CES lead agency, and CES website.

Counties	CoC	CoC lead agency	HMIS lead agency	CES lead agency	CoC CES website
Alpine, Inyo, Mono	Eastern Sierra CoC	Inyo County Health and Human Services	Inyo County Health and Human Services	Inyo County Health and Human Services	In development
Amador, Calaveras, Tuolumne	Central Sierra CoC	Amador Tuolumne Community Action Agency	Amador Tuolumne Community Action Agency	Amador Tuolumne Community Action Agency	https://www.centralsierracoc.org/coordinated-entry

El Dorado	El Dorado Opportunity Knocks CoC	El Dorado County Health and Human Services	El Dorado County Health and Human Services	Tahoe Coalition for the Homeless	https://www.edokcoc.org/
Fresno, Madera	Fresno Madera CoC	Fresno County Social Services	Fresno Housing	Poverello House	https://fresnomaderahomeless.org/ces
Kern	Bakersfield Kern CoC	Bakersfield Kern Regional Homeless Collaborative	Kern Health Systems	Community Action Partnership of Kern	https://www.capk.org/programs/programs-coordinatedentrysystem/
Kings, Tulare	Kings Tulare CoC	Kings Tulare Homeless Alliance	Kings United Way	Kings Tulare Homeless Alliance	https://www.kthomelessalliance.org/coordinatedentry
Los Angeles	Los Angeles City County CoC	Los Angeles Homeless Services Authority	Los Angeles Homeless Services Authority	Los Angeles Homeless Services Authority	https://www.lahsa.org/ces
Sacramento	Sacramento City County CoC	Sacramento Steps Forward	Sacramento Steps Forward	Sacramento Steps Forward	https://sacramentostepsforward.org/system-overview-updates/
San Francisco	San Francisco City County CoC	San Francisco Department of Homelessness and Supportive Housing	San Francisco Department of Homelessness and Supportive Housing	San Francisco Department of Homelessness and Supportive Housing	https://hsh.sfgov.org/services/the-homelessness-response-system/coordinated-entry/
Santa Clara	Santa Clara CoC	Santa Clara Office of Supportive Housing	Santa Clara Office of Supportive Housing	Santa Clara Office of Supportive Housing	https://osh.sccgov.org/continuum-care/coordinated-entry

General process

HUD outlines four main components for a CES to which all CoCs must adhere. While each CoC and CES is structured differently based on local needs, they are all required to incorporate the following activities:

1. **Access:** The entry point into the homeless system, accessible through various channels like shelters, outreach, and hotlines, offers immediate assistance and guidance to start the re-housing process. Access points must cover the entire CoC's geography, be well-advertised, and ensure consistent decision-making. Street outreach should be linked to CES and access must be available during non-business hours.

2. **Assessment:** A standardized evaluation process and assessment tool helps to understand individuals' needs and strengths, informing prioritization decisions. Assessment should be person-centered, culturally appropriate, available in necessary languages, and developmentally accessible.

3. **Prioritization:** Assessment results are one of several criteria used to prioritize individuals based on vulnerability and need, managed through written policies and priority lists to allocate housing resources effectively. Other prioritization factors include length of time homeless, age, and medical conditions/status.

4. **Referral:** Matching individuals with appropriate housing interventions, primarily Rapid Re-Housing and Permanent Supportive Housing, based on their prioritization status, facilitates pathways to stability. Referral practices ensure equal access, offer choice, and employ case conferencing and/or housing navigators for efficient enrollment.

Community benefits of using CES

1. **Improved resource allocation and efficiency:** CES optimizes resource allocation by prioritizing individuals based on their vulnerability and needs. This targeted approach ensures limited resources are directed toward those who are most in need, maximizing the effectiveness of interventions and reducing the risk of individuals falling through the cracks.

2. **Increased access to services:** Centralized access points and standardized intake procedures through CES ensure equitable access to a comprehensive range of services for individuals, youth, and families experiencing homelessness. While CES does not increase the total resources available in the community, it helps prioritize limited resources for those with the greatest need, thereby enhancing the allocation of existing services. By reducing barriers to entry, CES makes it easier for participants to navigate the complex system of homeless services, ensuring they receive the support they need.

3. **Equitable and transparent service provision:** CES promotes fairness and transparency by establishing clear eligibility criteria and a standardized assessment process. This helps ensure assistance is distributed based on objective factors rather than subjective judgments, reducing the potential for discrimination or bias in service provision.

4. **Enhanced data collection and reporting:** CES facilitates comprehensive data collection and reporting, providing valuable insights into the scope and characteristics of homelessness within a community. By systematically capturing information on the needs and experiences of participants, CES enables policymakers, service providers, and advocates to better understand trends, evaluate the effectiveness of interventions, and identify gaps in service delivery.

5. **Stronger collaboration and coordination among members' providers:** CES fosters collaboration and coordination among diverse stakeholders, including many involved in a member's care team. By promoting information sharing, communication, and joint planning, CES enables providers to work together more effectively to serve the member. This approach allows for holistic care planning that can meet the complex needs of homeless individuals and families.

ECM/CS provider benefits of using CES

1. **Increased access to services for members:** Centralized access points increase opportunities for providers to connect their members to services and housing options. By utilizing the local CES system, providers can efficiently link members to available resources based on eligibility and appropriateness. Though CES doesn't expand the overall pool of resources within the community,

it prioritizes members with the greatest needs for the most appropriate services, ensuring those who require assistance the most are served first.

2. **Stronger collaboration and coordination among providers:** CES fosters collaboration and coordination among diverse stakeholders, including government agencies, non-profit organizations, faith-based groups, and community-based initiatives. By promoting information sharing, communication, and joint planning, CES enables providers to work together more effectively toward common goals. This collaborative approach creates a seamless network of services that can meet the complex needs of homeless individuals and families.

3. **Less burden on providers:** Referrals are made through CES for specialized services, allowing providers to leverage others' external knowledge and expertise. CES also reduces the administrative burden of creating operating procedures and managing processes, as providers are given specific procedures to follow and rely on CES leads' processes for consistency.

4. **Community-based referrals:** CES offers an opportunity for ECM/CS providers to receive referrals from clients engaging with CES access points. This approach reduces the administrative challenges and offers real-time opportunities to engage clients as they present for services.

How to use CES

1. **Initial contact and engagement:**

- **Outreach:** Contracted providers actively engage individuals experiencing homelessness through street outreach, drop-ins, or referrals from other agencies.
- **Access points:** Contracted providers serve as CES access points for individuals seeking assistance. These can be both at physical locations (navigation centers, day centers, or interim housing) or through street-based services (street outreach or street medicine).

2. **Enrollment in CES:**

- **Standardized assessment tool:** Providers can administer the CoC's standardized assessment tool to gather comprehensive information about the individual's housing history, needs, and vulnerabilities or support them with accessing a community access point to complete the CES assessment. Contracted providers can identify an individual's health insurance, support Medi-Cal enrollment/redetermination, and connect to CalAIM services.
- **HMIS data entry:** Information collected during the assessment is entered into the HMIS, ensuring data integrity and service tracking.
- **Consent and confidentiality:** Contracted providers obtain consent from individuals to share their information within the CES network while ensuring confidentiality and privacy.

3. **Prioritization and matching:**

- **Ranking:** CES utilizes a prioritization process to assess the urgency of housing needs based on factors such as vulnerability, acuity, length of homelessness, and other criteria.
- **Resource availability:** Contracted providers work within the CES framework to receive housing matches through the CES lead agency with available housing resources based on their prioritization score and available housing options.

4. **Connection to housing:**

- **Referrals:** Based on prioritization and resource availability, referrals are made from the CES lead agency to appropriate housing interventions, such as rapid rehousing, permanent supportive housing for members.
- **Housing navigation:** Contracted providers assist individuals in navigating the housing process, including completing applications, securing documentation, and communicating with landlords.
- **Ongoing support:** Even after placement in housing, providers offer ongoing support services, such as case management, access to resources, and assistance with maintaining housing stability.

How to join CES

Joining CES is not just about gaining entry into a system; it's about committing to a collaborative approach that prioritizes the well-being and dignity of individuals experiencing homelessness. Through ongoing engagement, training, and partnerships, providers can significantly enhance their ability to serve their participants effectively. This commitment is pivotal not only for accessing resources but also for ensuring the most successful outcomes for the individuals they support. By leveraging the collective resources and expertise of the entire system, organizations can provide holistic and comprehensive support.

1. **Connect with CoC:** ECM/CS Housing Transition Navigation Services providers should begin by reaching out to the CoC in their area, either by contacting the lead agency responsible for overseeing CES or by connecting with a designated point of contact within the CoC. They should introduce their organization, its mission, and the services they intend to provide to individuals experiencing homelessness. Establishing this initial connection is fundamental, as it sets the stage for further collaboration.

2. **Agreements and documentation:** Upon initiating contact with the CoC, ECM/CS Housing Transition Navigation Services providers will likely be required to complete certain agreements and documentation as necessary that may include contracts, memoranda of understanding (MOUs), or participation agreements outlining their organization's commitment to adhering to CES protocols and standards.

3. **Training and technical assistance:** ECM/CS Housing Transition Navigation Services providers should familiarize themselves with the local CES model, its principles, and operational procedures. The CoC may offer training sessions or provide access to online resources to help new providers understand how CES functions, including its eligibility criteria, assessment tools, prioritization methods, and data management systems.

4. **Ongoing participation and collaboration:** Once CES access is gained, ECM/CS Housing Transition Navigation providers should maintain active participation and foster collaborative relationships within the CoC. This can be done by attending meetings, workgroups, and trainings organized by the CoC to stay informed about CES updates, policy changes, and/or best practices in service delivery. Engaging in regular communication with the CoC, other service providers, community stakeholders, and individuals with lived experience of homelessness will help enhance coordination and resource sharing.

County/CoC specific information

The following information includes a high-level overview of specific CES information for each of Anthem's current CoC's.

Alpine, Inyo, and Mono Counties (Eastern Sierra CoC)

CES general information:

- Lead agency: Inyo County Health and Human Services Department
- Address: 1360 N. Main Street Suite 201 Bishop, CA 93514
- Contact: **760-873-3305**

CES Overview:

- CES name: Eastern Sierra CoC Coordinated Entry System
- Geographic coverage: Covers Alpine, Inyo, and Mono counties, providing services to individuals and families experiencing or at-risk of homelessness
- Lead entity: Inyo County Health and Human Services Department
- Access points: Utilizes a no-wrong-door approach, meaning multiple access points are available, and all households experiencing or at risk of homelessness will be entered into CES and offered appropriate referrals
- Assessment tool: VI-SPDAT (Vulnerability Index — Service Prioritization Decision Assistance Tool), which is used to collect history of housing and homelessness, vulnerability and risk of harm, socialization, daily functioning, and wellness

How to join CES

Initial connection:

- Connect with the CoC: Express interest and confirm the process with the Eastern Sierra Continuum of Care.

Staff roles and participation:

- CES coordinator: Designate a CES coordinator at your agency to ensure agreements are signed, data is complete, and typically fulfill the role of CHO Administrator.
- Compliance monitoring: Coordinate with the HMIS Administrator who monitors CES performance and ensures compliance with policies and procedures.

Agreements and documentation:

- *Covered Housing Organization (CHO) Agreement:* Sign an HMIS agency agreement for access to and participation in the HMIS database. Any agency, organization, or group who has signed an HMIS agency agreement and is allowed access and contributes data to the HMIS database. CHOs are places where individuals experiencing homelessness or at risk of homelessness can go to be entered into the coordinated entry system.

- Data management: Adhere to data management practices, including secure storage, limited access, proper retention, and destruction protocols, ensuring personal information is shared only with consent and in compliance with privacy protections.

Training:

- Undergo HMIS and CES training offered by the Eastern Sierra Continuum of Care, including:
  - Review of HMIS and CES policies and procedures
  - Instruction on CES intake and VI-SPDAT survey
  - Establishing uniform referral and decision-making criteria
  - Best practices based on trauma-informed care (TIC)
  - Participant confidentiality and best practices for visits/appointments

Service provision:

- Referral and intake process: Participate in the CES intake process using standardized questions to screen for housing needs, establish family units, identify barriers, and collect necessary participant information to determine eligibility for housing projects and mainstream services.

How to use CES

Initial contact and engagement:

- Outreach: Service providers should conduct outreach to engage with homeless individuals and families, directing them to access points.
- Access points: Participants can be enrolled into CES through in-person, phone, or video appointments at designated access points.
- CES intake process: Determine the housing status of the individual or family to ensure they fall under one of the categories defined by HUD (homeless, at imminent risk of losing housing). Collect necessary participant information, including address history, income, and medical insurance.

Enrollment into CES and assessment:

- Standardized assessment tool: The CES intake involves using a set of standard questions to screen for housing needs and collect participant information. If the intake indicates potential eligibility for housing placement, administer the VI-SPDAT survey within three days of entry into CES. The VI-SPDAT survey is conducted within three days of CES entry to assess vulnerability and prioritize individuals based on risk and need.
- HMIS data entry: Data collected during intake must be entered into the HMIS system by trained end users.
- Data management and privacy: Ensure personal information is collected only as necessary and is protected according to privacy standards. Access to physical documents is limited to those who need the information to pursue referrals, and documents must be securely stored and destroyed when no longer needed.

Prioritization and matching:

- Ranking and prioritization: Scores are generated automatically, considering factors like risk of harm, socialization issues, wellness, and length of homelessness. Households are placed on a housing connection list accordingly.

Referral process and housing navigation:

- Warm handoff: Providers should use a person-centered approach, ensuring a warm handoff to partner agencies.
- Acceptance of referrals: Providers are encouraged to accept referrals using the CES system and are prioritized based on the household's preferences and eligibility criteria.
- Housing navigation: Providers must assist participants in locating housing, verifying eligibility and documenting the referral process in HMIS.

Amador, Calaveras, and Tuolumne Counties (Central Sierra CoC)

CES general information:

- Lead Agency: Amador Tuolumne Community Action Agency (ATCAA)
- Address: 427 N. Highway 49, Sonora, CA 95370
- Contact: **209-223-1485 ext. 243**
- Central Sierra CoC CES Policies and Procedures

CES overview:

- CES name: Central Sierra Continuum of Care (CSCoC) Coordinated Entry System
- Geographic coverage: Amador, Calaveras, Mariposa, and Tuolumne counties
- Lead entity: ATCAA
- Access points: The system utilizes multiple access points, including mobile access and designated centralized hub stations in Amador, Calaveras, Mariposa, and Tuolumne counties. Among these, the CSCoC designates separate access points for all households within the given subpopulations: adults without children, adults accompanied by children, unaccompanied youth, households fleeing domestic violence, households at risk of homelessness, and homeless veterans.
- Assessment tool: Modified VI-SPDAT (Vulnerability Index — Service Prioritization Decision Assistance Tool)

How to join CES

Initial Connection:

- Connect with the CoC: Express interest and confirm the process with the CSCoC.

Staff roles and participation:

- Designated coordinator: Each service provider must have an identified staff member to coordinate with the designated CES trainer.
- Mandatory participation: All CSCoC and ESG-funded projects must participate in the CSCoC coordinated entry system.

Agreements and documentation:

- Confidentiality documents: New projects must sign all confidentiality documents before accessing the CSCoC CES.
- Housing-first agreement: Service providers must agree to use a housing-first approach.
- Policies and procedures: Adherence to the policies and procedures established by the CSCoC is required.

Training:

- CES training participation: New projects must participate in CES training before accessing the CES.

- Annual training opportunities: CSCoC provides at least one annual training opportunity for service providers. Training can be in-person, live or recorded online sessions, or self-administered. Training includes materials on administering assessments according to CES policies and procedures.

Service provision:

- Wide array of housing options: Service providers must be aware of and know how to access a wide array of housing options directly or through the CSCoC's CES.

How to use CES

Initial contact and engagement:

- Households engage: Households engage with designated access points for assessment and connection to necessary services.
- Overview provided: Service providers at access points offer a comprehensive overview of the CES and explain the assessment, prioritization, and matching process.
- Complete required forms: Households must complete an *HMIS Release of Information Form* and provide answers to *Universal Data Elements* intake questions.
- Data entry: The collected information is entered into the HMIS.

Enrollment into CES and assessment:

- Assessment conducted: Service providers assess households using the modified VI-SPDAT to determine vulnerability and immediate needs.
- Enter data into HMIS: Assessment data is entered into the HMIS for further processing.
- Conduct assessments privately: Assessments are conducted using trauma-informed, household-centered methods in private and secure settings to ensure confidentiality.
- Collect essential information: The assessment process collects vital information to ascertain immediate needs and connect households to appropriate interventions.
- Separate populations: The modified VI-SPDAT separates households into two categories — households with only adults and households with children.
- Phased assessments: Assessments can occur in phases, including screening for diversion or prevention, assessing shelter and other emergency needs, identifying housing resources and barriers, and evaluating vulnerability to prioritize assistance.

Prioritization and matching:

- Prioritize households: Households are prioritized based on their assessed vulnerability and service needs as determined by the assessment tool and CoC and ESG written standards.
- High scores get priority: Those with the highest modified VI-SPDAT scores, along with other factors, are given the highest priority for permanent supportive housing solutions. Program admission is prioritized for individuals with the most severe needs.
- Use prioritization criteria: The CoC's prioritization criteria include health and behavioral health challenges, high usage of crisis emergency services, unsheltered status, vulnerability and risk factors, and community-determined factors.

- Manage prioritization list: The Housing Determination Committee (HDC) is responsible for managing the prioritization list.

Referral process and housing navigation:

- Multiple referral points: Referrals can occur at various points, including initial triage, after assessment, while in an emergency shelter, or after enrollment in a project, throughout their involvement with the homeless system.
- Conduct weekly meetings: The HDC conducts regular case conferencing meetings to discuss active households seeking housing and determine appropriate referrals and placements.
- Warm handoff process: Households are referred to available housing and services through a warm handoff process, which is supported by Housing Navigators to ensure smooth transitions and address potential barriers.
- Refer to eligible resources: Based on the assessment, service providers refer households to available resources for which they are eligible.
- Return for further assistance: If a referral is made to a program targeting specific populations (like veterans) but the household does not qualify, they are returned to the CES for further assistance and support.

El Dorado County (El Dorado Opportunity Knocks CoC)

CES general information:

- Lead agency: Tahoe Coalition for the Homeless (TCH)
- Address: 1137 Emerald Bay, South Lake Tahoe, CA 96150
- Contact: **530-600-2822**; Frontdoor@tahoehomeless.org
- El Dorado CoC CES Policies and Procedures

CES overview:

- CES name: Front Door
- Geographic coverage: El Dorado County
- Lead entity: Tahoe Coalition for the Homeless (TCH)
- Access points: The system has designated geographically disbursed entry points, a main entry point (CES operator), and assessors, who are trained to perform participant assessments but are not designated CES entry points.
- Assessment Tool: VI-SPDAT (Vulnerability Index — Service Prioritization Decision Assistance Tool)

How to join CES

Initial connection:

- Connect with the CoC: Express interest and confirm the process with the Tahoe Coalition for the Homeless.
  - Consideration: Access to CES may be expanded based on the following considerations:
    - Geographic area expansion
    - Ability to meet the needs of specific subpopulations
    - Whether the CES and other agencies have the capacity to expand.

Staff roles and participation:

- Entry point: Places — either virtual or physical — where an individual or family in need of assistance accesses the CES.
- Assessor: Individuals who have been trained and authorized to conduct VI-SPDAT assessments for their participants.

Agreements and documentation:

- Policies and procedures: Adherence to the policies and procedures established by the THC is required.
- HMIS: Enter participant data into HMIS.
- Conduct VI-SPDAT with participants, provide Privacy Notice to participants, and submit referrals on participants' behalf to CES operator for prioritization and further referrals.

Training:

- Training and mentorship: Training, mentorship, and coordination offered to new entry points by EDOK CoC.
- Assessment training: At least once annually, training opportunities for all agencies and persons authorized by the CoC to serve as entry points or assessors will be available.

Service provision:

- Gather Universal Data Elements, assess participants for shelter or service needs, conduct prevention and diversion conversations, conduct VI-SPDAT assessments, explain the CES process, explain personal information collection and sharing processes, and refer participants to CES operator. In all applicable instances, submit referrals accordingly.

How to use CES

Initial contact and engagement:

- Contact methods: Individuals contact the CES lead agency through self-referral, partner referral, or outreach efforts.
- Information gathering: CES staff gather initial information about the household and may schedule a follow-up appointment for assessment.
- Eligibility assessment: Individuals are assessed for homelessness prevention eligibility and provided services, assistance, or referrals as needed.

Enrollment into CES and assessment:

- Full assessment: If the individual cannot be assisted through homelessness prevention, CES staff conduct a full VI-SPDAT assessment.
- By-name list placement: The individual is placed on the by-name list by the CES operator based on their vulnerability score.

Prioritization and matching:

- Prioritization criteria: Participants on the by-name list are prioritized based on severity of need, vulnerability scores, and additional criteria such as chronic homelessness and length of time homeless.
- Organizing participants: The CES operator uses these prioritizations to organize participants and ensure those with the greatest need are served first.

Referral process and housing navigation:

- Agency referrals: The CES lead agency refers participants to appropriate agencies that provide services or housing.
- Case conferences: Regular case conference meetings are held to review the by-name list, share information, and address complex participant needs.
- Participant assistance: CES staff assist participants in navigating the referral process, collecting necessary documentation, and connecting with housing and services.

Fresno and Madera Counties (Fresno Madera CoC)

CES general information:

- Lead agency: Poverello House
- Address: 412 F Street Fresno, CA 93706
- Contact: info@FresnoMaderaHomeless.org
- Fresno Madera CoC CES Policies and Procedures

CES overview:

- CES name: Fresno Madera Continuum of Care Coordinated Entry System
- Geographic coverage: Fresno and Madera Counties
- Lead entity: Poverello House
- Access points: The system utilizes a multiple access point approach, including physical access sites, street outreach programs, and other participating programs.
- Assessment Tool: Vulnerability Index — Service Prioritization Decision Assistance Tool (VI-SPDAT)

How to join CES

Initial connection:

- Connect with the CoC: Express interest and confirm the process with the Fresno Madera Continuum of Care.

Staff roles and participation:

- Follow policies and procedures: Adhere to CES policies and procedures consistently.
- User access to HMIS: Ensure compliance with data privacy policies and have at least one trained assessor authorized to use HMIS and conduct the VI-SPDAT assessment.
- Access sites requirements:
  - Be located near public transportation and in proximity to known homeless populations.
  - Ensure all physical sites are handicap accessible.
  - Coordinate with the appropriate victim services provider around safety planning.
  - Participate in any training provided regarding how to carry out appropriate safety planning and ensure trauma-informed, culturally appropriate services.

Agreements and documentation:

- Sign participation agreement: Sign a Fresno Madera Continuum of Care (FMCoC) Coordinated Entry Participation Agreement, agreeing to the operational guidelines of the coordinated entry process.
- Data collection and entry: Enter completed *Data Collection Forms* in the HMIS (or a comparable database for victim service providers) immediately and ensure no referrals for homeless services are made without first completing the *Data Collection Form*.

Training:

- CES training for all-access staff: All-access staff must receive training on CES to ensure consistent application of policies and procedures and high-quality service delivery.
- Annual training opportunities: Provide training opportunities at least once annually to organizations and staff that serve as FMCoC-approved access sites.

Service provision:

- Follow CES policies: Adhere to CES policies and procedures, including community guidelines for conducting assessments and communicating about CES.
- Provide additional referrals: Offer additional referrals to other community services as appropriate for individuals completing the assessment.

How to use CES

Initial contact and engagement:

- Access points: Homeless individuals or families can access the CES by walking into or calling any participating program or through street outreach. The initial contact should involve assessing the individual's immediate needs and providing information on CES rights and responsibilities.
- Service provider procedures:
  - Identify housing crisis: Staff identify the housing crisis faced by the household.
  - Complete data collection form: Empower households to identify possible housing crisis solutions through prevention, diversion, or rapid exit strategies.
  - Inform consumers of CES rights: Provide information on CES rights and responsibilities and complete the HMIS release of information.
- Data entry process: Enter the completed data collection form into HMIS immediately.
- Emergency shelter connection: If no viable housing solution is identified, connect the household to available emergency shelter and continue working with shelter staff to identify housing solutions.
- Street outreach referral: If the household does not enter shelter, refer them to street outreach for follow-up.
- Training and compliance requirement: Ensure all staff are trained in CES procedures and comply with CES policies.

Enrollment into CES and assessment:

- Assessment tool: The VI-SPDAT is used to assess and prioritize individuals and families for housing services. The assessment can only be conducted by trained and authorized assessors.
- Data entry in HMIS: All data collected during the assessment must be entered into HMIS immediately to ensure accurate tracking and prioritization.
- Consent and confidentiality: Participants must provide informed consent to share and store their information for CES purposes. Confidentiality must be maintained in line with HMIS data standards.

Prioritization and matching:

- Prioritization based on scores: Individuals and families are prioritized based on their VI-SPDAT scores, with the most vulnerable receiving higher priority for housing placements. The community coordinator oversees the matching process, ensuring participants are connected to appropriate housing options.

Referral process and housing navigation:

- Facilitation of housing process: Once a match is made, the Housing Matcher works with the participant and relevant agencies to facilitate the housing application process and ensure all necessary documentation is in place. Housing navigators provide support and advocacy throughout this process.

Kern County (Bakersfield/Kern CoC)

CES general information:

- Lead agency: Community Action Partnership of Kern (CAPK)
- Address: 5005 Business Park North Bakersfield, CA 93309
- Contact: **661-336-5236**

CES overview:

- CES name: Bakersfield-Kern Regional Homeless Collaborative Coordinated Entry System
- Geographic coverage: Kern County
- Lead entity: Bakersfield-Kern Regional Homeless Collaborative (BKRHC)
- Access points: Every BKRHC member (CoC funded or not) has an open-door policy; (must be available by telephone and in-person and accessible by public transportation and other services for participant access)
- Assessment tool: VI-SPDAT version 3.0 (Vulnerability Index — Service Prioritization Decision Assistance Tool)

How to join CES

Initial connection:

- Connect with the CoC: Express interest and confirm the process with the Community Action Partnership of Kern.

Staff roles and participations:

- HMIS: Each access point must participate in HMIS and follow all HMIS user agreement requirements.

Agreements and documentation:

- Documentation: Complete necessary agreements and documentation to ensure compliance with CES and HMIS policies and procedures.

Training:

- Training: Each access point must receive training on the intake and triage process:
  - Scheduled one-on-one with each access point.
  - Initial and quarterly training courses for all participating agencies are scheduled.
- VI-SPDAT: VI-SPDAT training available through CoC every other month.
- HMIS: HMIS policies and procedures.

Service provision:

- Provide services: Provide services or housing as part of the CES and agree to use the standardized assessment tools and data collection processes.

- Ensure access: Ensure participant access via telephone and/or in-person (and be available by public transportation).

How to use CES

Initial contact and engagement:

- Homelessness intake and triage: The Quick Referral Tool (QRT) screens and refers people to assessment points.
- Prevention and diversion triage: The Diversion Tool is to be used for people who are present at a CES access point and seeking shelter or prevention services.
- Emergency services triage: Crisis response agencies available outside of typical CES business hours:
  - Bakersfield MET Team
  - The Open Door Network
  - Women's Center High Desert
  - 9-1-1 Domestic Hotline

Enrollment into CES and assessment:

- Assessment points: Assessment point to complete HMIS Intake.
- Referrals: Referral to appropriate housing options that will help them more quickly and stably move into permanent housing is made.
- Incorporating mainstream services: Provide resources that can meet immediate needs — shelter, food, and healthcare. Assessment points make referrals to mainstream services directly.

Prioritization and matching:

- Cross-reference by-name lists:
  - Homeless Prioritization Housing List: Community Action Partnership of Kern (CAPK).
  - At Risk Prioritization Housing List: Community Action Partnership of Kern.
  - By-Name List: Each agency according to subpopulation they encounter and serve.
- Prioritization factors: Individual vulnerability (according to VI-SPDAT).
- Prioritization process: Supplemental data not aggregated in HMIS report length of time homeless, disability status, qualified for RRH).
- Prioritization order: Homeless list prioritization
  - PSH-1:
    - Chronically homeless (disabled) score 9 or higher
    - Disabled non-chronically homeless score 9 or higher
    - Disabled homeless score 8 or lower
    - Disabled homeless from transitional housing score 9 or higher

    - Non-disabled homeless score 9 or higher
- RRH-1:
    - Fleeing domestic violence
    - Literally homeless
    - Temporary shelter
    - Graduating/timing out of transitional housing program
- Bridge housing:
    - PSH matches
    - RRH matches
- Transitional housing:
    - Individuals not eligible to match for PSH or RRH
    - Individuals who decline PSH or RRH offer

Referral process and housing navigation:

- Submit referrals: The referral process involves submitting referrals through HMIS; matches to housing programs are facilitated by CE staff.
- Support housing navigation: Housing navigation support is provided by BKRHC to help participants move into permanent housing (functions vary from agency to agency).
- Participate in matching process: Case managers working with participants should be available every Wednesday at 3 p.m. for matching calls.

Kings and Tulare Counties (Kings Tulare CoC)

CES general information:

- Lead Agency: Kings Tulare Homeless Alliance
- Address: PO Box 1742, Visalia, CA 93729
- Contact: **559-738-8733**, info@kthomelessalliance.org
- Kings Tulare CoC CES Policies and Procedures

CES overview:

- CES Name: Every Door Open
- Geographic Coverage: Kings and Tulare Counties
- Lead entity: Kings/Tulare Homeless Alliance
- Access points: Every Door Open operates a no-wrong-door approach, allowing access to the system through various points including housing navigators, partner agencies, and the 2-1-1 information and referral hotline.
- Assessment tool: VI-SPDAT and F-VI-SPDAT

How to join CES

Initial connection:

- Connect with the CoC: Express interest and confirm the process with the Kings/Tulare Homeless Alliance

Staff roles and participation:

- Ongoing participation: Ensure participation in the CES by following the written standards and procedures established by the Kings/Tulare Homeless Alliance.

Agreements and documentation:

- Documentation: Complete necessary agreements and documentation to ensure compliance with CES policies and procedures.

Training:

- Training and technical assistance: Receive training and technical assistance to integrate into the CES.

Service provision:

- Provide services: Provide services or housing as part of the CES and agree to use the standardized assessment tools and data collection processes.

How to use CES

Initial contact and engagement:

- Access points: Participants can access the CES through designated access points, including the housing navigator, partner agency, street outreach, or the 2-1-1 hotline. These access points are

designed to be accessible and ensure that all individuals, regardless of location, can connect with CES services.

Enrollment into CES and assessment:

- Assessment tools: Assessment is conducted using the VI-SPDAT or F-VI-SPDAT tools to gather information on the participant's vulnerability, risk factors, and service needs. This standardized assessment ensures consistency and helps determine eligibility and prioritization for various housing and support services.

Prioritization and matching:

- Prioritization criteria: Based on the scores from the VI-SPDAT and F-VI-SPDAT assessments, as well as other factors such as length of time homeless, age, and medical conditions/status, households are prioritized on the Housing Priority List. The housing navigator manages this list and ensures those with the highest vulnerability and need are prioritized for available housing and services.
- Matching process: Matching involves considering specific criteria such as disability status, mental health needs, and other special needs.

Referral process and housing navigation:

- Referral coordination: The housing navigator coordinates the referral process by working with households on the housing priority list to become document-ready and facilitating their placement into suitable housing.
- Ongoing support: This includes verifying eligibility, contacting potential housing providers, and ensuring participants are informed and supported throughout the process. The housing navigator also ensures participants who are not immediately housed remain engaged and updated on their status.

Los Angeles County (Los Angeles CoC)

CES general information:

- Lead agency: Los Angeles Homeless Service Authority (LAHSA)
- Address: 707 Wilshire Blvd, Suite 1000, Los Angeles, CA 90017
- Contact: **213-223-6581**; CES@lahsa.org
- LAHSA CES Guidance and Resources

CES overview:

- CES name: Los Angeles Coordinated Entry System (CES)
- Geographic coverage: Los Angeles County, including all four CoCs within L.A. County (excluding Long Beach's Adult System, which is operated by Long Beach CoC)
- Service planning areas (SPAs): Geographic divisions used to organize and deliver services effectively within Los Angeles County. Each SPA has designated access centers and outreach programs to serve the homeless population. CES is split into three systems that serve adults, families with children, and youth across the eight SPAs.
  - SPA 1: Antelope Valley:
    - Adults, families, and youth: Valley Oasis
  - SPA 2: San Fernando Valley:
    - Adults and families: LA Family Housing
    - Youth: The Village Family Services
  - SPA 3: San Gabriel Valley:
    - Adult and families: Union Station Homeless Services
    - Youth: Hathaway-Sycamores
  - SPA 4: Central Los Angeles:
    - Adults: The People Concern
    - Families: PATH
    - Youth: LGBT Center
  - SPA 5: West Los Angeles:
    - Adults and families: St. Joseph Center
    - Youth: Safe Place for Youth
  - SPA 6: South Los Angeles:
    - Adults and families: SSG HOPICS
    - Youth: CRDC
  - SPA 7: East Los Angeles:

    - Adults: PATH
    - Families: The Whole Child
    - Youth: Jovenes
  - SPA 8: South Bay/Harbor:
    - Adults, families, and youth: Harbor Interfaith
- Lead entity: Los Angeles Homeless Services Authority (LAHSA)
- Access points: Multiple points of entry
- Assessment tools: (CES triage tools) VI-FSPDAT for families, CES survey for adults, Next Step Tool for youth; (PSH assessment) Housing Acuity Index

How to join CES

Initial connection:

- Connect with CoC: Contact LAHSA or the relevant CoC to express interest in joining CES. Emails should be sent directly to CES@lahsa.org to begin the process.
- Engage with coordinators: Initial discussions with CES coordinators to understand requirements and expectations.

Staff roles and participation:

- Case conferencing: Regular participation in case conferencing and CES meetings.
- Quality improvement: Engage in continuous quality-improvement practices to enhance service delivery and outcomes.
- Outreach efforts: Participate in coordinated outreach and engagement efforts to identify and assist individuals experiencing homelessness.

Agreements and documentation:

- Sign agreements: Sign necessary agreements, such as data-sharing agreements.

Training:

- Mandatory training: Participate in mandatory training sessions on CES processes, including the use of HMIS and CES assessment tools.
- Technical assistance: Receive ongoing technical assistance from LAHSA or other CoC entities to ensure compliance and effectiveness.

Service provision:

- Adhere to policies: Adhere to CES policies and procedures.
- Data entry compliance: Ensure compliance with data entry and reporting requirements in HMIS.
- Collaborate with agencies: Collaborate with other CES participating agencies to ensure seamless service delivery and support for participants.

How to use CES

Initial contact and engagement:

- Problem-solving conversations: Engage participants in discussions to explore immediate solutions outside of CES, such as mediation and one-time financial assistance.
- Trauma-informed care: Build meaningful relationships with participants through individualized support and trauma-informed practices.
- Needs evaluation: Quickly assess the participant's needs and safety and connect them to the most appropriate resources.

Enrollment into CES and assessment:

- Standardized assessment tools: Use CES triage tools (CES survey for adults, VI-FSPDAT for families, Next Step Tool for youth) to evaluate participant needs and determine prioritization.
- HMIS data entry: Enter participant data into HMIS to ensure accurate tracking and reporting of services provided.
- Document readiness: Assist participants in obtaining necessary documentation (identification, social security number) and uploading it into HMIS.

Prioritization and matching:

- Prioritization criteria: Factors include length of homelessness, acuity score, and document readiness. Prioritization from certain programs is also considered (from Interim Housing to Housing Navigation).
- Ranking: Use of CES triage tools to determine vulnerability and prioritize housing resources.
- Matching: Resources are matched with participants based on the program(s) in which they're enrolled as they are received.

Referral process and housing navigation:

- Housing navigation: Support participants through the housing process, providing assistance with obtaining documentation, navigating housing applications, and ensuring continuous follow-up.
- Time-limited subsidies: Refer participants from Housing Navigation to time-limited subsidy programs based on housing availability (with the help of Housing Navigation) and immediate housing needs.
- Permanent Supportive Housing (PSH): Support participants with the match process (ensuring document readiness or assisting with the housing application).
- Ongoing support: Provide continuous support to ensure participants move through the housing process efficiently.
- Documentation assistance: Help participants obtain necessary documents and navigate the housing application process.
    - Coordination: Ensure seamless coordination with other CES participating agencies to support participant needs.

Sacramento County (Sacramento CoC)

CES general information:

- Lead agency: Sacramento Steps Forward
- Address: 2150 River Plaza Drive, Suite 385, Sacramento, CA 95833
- Contact: **916-577-97700**; cas@sacstepforward.org
- Sacramento CoC CES Policies and Procedures

CES overview:

- CES name: Coordinated Access System (CAS)
- Geographic coverage: Sacramento County
- Lead Entity: Sacramento Steps Forward (SSF)
- Access points: The system uses a 2-1-1 hotline operated 24/7/365 with plans to offer physical access points soon. Additionally, trained CAS assessors can conduct assessments on behalf of CAS alongside agency activities (shelter, outreach).
- Assessment tool: Housing Conversation Tool (2025). The VISPDAT (Vulnerability Index — Service Prioritization Decision Assistance Tool) will be phased out by the end of 2024.

How to join CAS

Initial connection:

- Contact SSF: To become part of the CAS, ECM/CS providers should contact Sacramento Steps Forward (SSF).

Staff roles and participations:

- Case conferencing meetings: Ongoing participation requires regular attendance at case conferencing meetings and HMIS access.
- Participant information maintenance: Maintain up-to-date participant information in HMIS.
- Feedback and reporting: Regularly seek feedback and report on activities to SSF and the broader CoC community.

Agreements and documentation:

- Sign agreements: Providers must sign agreements to adhere to CAS policies and procedures.
- Provide documentation: May need to provide documentation, such as agency certifications and service descriptions.

Training:

- CAS processes training: New providers will receive training on CAS processes, including HMIS data entry, assessment tools, and referral procedures.
- Technical assistance: SSF offers technical assistance to ensure providers can effectively participate in the CAS.

Service provision:

- Adhere to policies: Providers are expected to adhere to CAS policies and procedures in their service provision.

How to use CAS

Initial contact and engagement:

- Engage participants: Direct clients to contact 2-1-1 and press 8. Alternatively, trained CAS assessors engage participants through outreach and assist with initial assessments and system navigation.

Enrollment into CAS and assessment:

- Complete housing assessment: Participants are enrolled into CAS through the completion of the housing assessment. Providers must enter data into the HMIS and obtain participant consent for data sharing.
- Ensure confidentiality: Confidentiality and informed consent are critical components of this process.
- Triage and problem-solve: Engage in triage and problem-solving conversations to determine the individual's risk level and appropriate resources. In Sacramento, clients can be connected to an emergency shelter through CAS by completing the crisis assessment.
- Prioritize for housing: Assessments like the Housing Conversation Tool are used to prioritize individuals for housing programs.

Prioritization and matching:

- Determine priority: Participants are prioritized based on their vulnerability and housing barriers.
- Manage matching: SSF manages the priority list and matches participants to available resources.
- Extremely vulnerable households (EVH): EVHs represent approximately the top 10% of most vulnerable households and are immediately prioritized for shelter and housing services. CAS assessors who engage an EVH should escalate appropriately and follow CAS policies and procedures.

Referral process and housing navigation:

- Shelter referrals: 2-1-1 will contact the client directly when an opening becomes available. If the client cannot be reached, 2-1-1 will contact staff listed on the client's care team.
- Housing referrals: SSF will contact staff listed on the client's care team when the client has been identified as prioritized for an open housing unit. CAS assessors must support the client in getting document-ready and submit all appropriate paperwork before the referral can be completed. EVH clients should be preemptively supported with document readiness.
- Support housing navigation: Housing navigation support is limited and Community Supports should be leveraged to support by identifying vacant units.

San Francisco City and County (San Francisco CoC)

CES general information:

- Lead agency: San Fransisco Department of Homelessness and Supportive Housing
- Address: 440 Turk Street, San Francisco, CA 94102
- Contact: **628-652-7700**; dhsh@sfgov.org
- San Francisco CoC CES Policies and Procedures

CES overview:

- CES name: San Francisco Coordinated Entry System
- Geographic coverage: San Francisco Continuum of Care (CoC)
- Lead entity: Department of Homelessness and Supportive Housing (HSH)
- Access points: Separate access points for adults, families, and youth. The system uses multiple physical access points designed to provide comfortable and supportive settings for those seeking assistance. These points ensure maximum accessibility and provide warm hand-offs to other services.
- Assessment tool: Housing Primary Assessment

How to join CES

Initial connection:

- Reach out to the CoC: Providers should contact the Department of Homelessness and Supportive Housing (HSH) for guidance on the process.

Staff roles and participation:

- Ongoing participation: Providers must adhere to CES policies and procedures, participate in regular evaluations, and engage in continuous quality-improvement processes.

Agreements and documentation:

- Compliance: Providers must comply with specific requirements and provide necessary documentation as outlined by the HSH.

Training:

- Training and technical assistance: New providers need to undergo training on the CES process, the use of the ONE system, and data-management protocols.

Service provision:

- Continuous quality improvement: Providers are expected to collect accurate data, maintain compliance with non-discrimination policies, and actively participate in the CES evaluation and feedback processes.

How to use CES

Initial contact and engagement:

- Access points: Serve as the initial contact.
- Engagement methods: Households can engage by calling 3-1-1, visiting an access point, or engaging with an outreach worker or the mobile access point outreach team.

Enrollment into CES and assessment:

- Housing Primary Assessment: Conducted to gather information on housing vulnerability, barriers to housing, and chronicity of homelessness.
- Safe space: Assessments are conducted in a safe and private space.
- Assessment validity: Active for six months and can be updated as needed.
- Active enrollment: All households must have an active enrollment in CES and a Housing Primary Assessment.

Prioritization and matching:

- Referral status: Housing referral status or problem-solving status assigned based on the Housing Primary Assessment score.
- ONE system management: The Housing Referral Status list is managed in the ONE system.
- Review outcomes: Clinical review and case review outcomes considered during prioritization.
- Document independence: Prioritization is not influenced by willingness or ability to provide documents.

Referral process and housing navigation:

- Matching participants: Access points match participants to available housing based on their housing referral status.
- Participant contact: Staff contacts participants to inform them of available housing interventions and maintain contact until the referral is made.
- Screening policy: Participants are not screened out for perceived low barriers but matched based on eligibility and assessment results.
- Eligibility criteria: Housing programs must publicly disclose specific eligibility criteria for enrollment determinations.
- Enrollment and move-in: Housing providers are expected to enroll referred households and conduct move-in within 60 days of referral receipt.
- Ongoing assistance: If a participant is found ineligible, access points continue to assist with the housing navigation process.

Santa Clara County (Santa Clara CoC)

CES general information:

- Lead agency: County of Santa Clara, Office of Supportive Housing
- Address: 150 W. Tasman Drive, San Jose, CA 95134
- Contact: **408-278-6400**
- Santa Clara CoC CES Policies and Procedures

CES overview:

- CES name: Santa Clara County Coordinated Entry System
- Geographic coverage: Santa Clara County
- Lead entity: Santa Clara County Office of Supportive Housing (OSH)
- Access points: Santa Clara County's coordinated entry process takes a no-wrong-door approach and encompasses multiple access points, including shelters, service centers, and outreach programs. A list of access points is available through Santa Clara County.
- Assessment tool: Vulnerability Index — Service Prioritization Decision Assistance Tool 2.0 (VI-SPDAT). This assessment is integrated into the standard HMIS intake process and conducted at various partner agencies, including shelters, service centers, transitional housing programs, and outreach programs. A list of partner agencies and their capacity in coordinated entry is available through Santa Clara County.

How to join CES

Initial connection:

- Complete a screening questionnaire: Complete an initial screening questionnaire.
- Requirements for access points: Organizations must have a current, signed HMIS partner agency agreement, meet the security and compliance requirements, and complete mandated trainings. Information on requirements and how to apply as an HMIS partner agency is available through Santa Clara County. Those interested in also administering the VI-SPDAT are required to complete additional trainings.

Staff roles and participation:

- Participation requirement: Provider participation may differ depending on program, project type, and funding requirements.
- HMIS participation: Organizations must participate in HMIS and follow all HMIS user agency requirements. Information on requirements is available through Santa Clara County.
- Staff training and authorization: HMIS partner agencies have required trainings and mandates. If an agency administers the VI-SPDAT, required trainings and information are available through Santa Clara County.

Agreements and documentation:

- HMIS user agreement: All users must follow HMIS user agency requirements and have signed agreements. Information regarding requirements and how to apply as an HMIS partner agency is available through Santa Clara County.
- Quality assurance and monitoring: OSH staff, in partnership with HMIS vendor Bitfocus, monitor systemwide data quality and adherence to HMIS partner agency requirements and may revoke participation rights if policies are violated.

Training:

- VI-SPDAT training: Staff or volunteers who conduct the VI-SPDAT must complete training and be authorized by the CoC.
- HMIS training: All HMIS users must complete the trainings as outlined by Santa Clara County.

Service provision:

- Conducting assessments: The VI-SPDAT is administered to determine the most appropriate intervention for each person or household experiencing homelessness.
- Referrals and prioritization: The CoC, as coordinated entry system lead, matches open supportive housing resources from a community housing queue that prioritizes households based on acuity.
- Accessibility: Ensure accessibility for individuals with disabilities, including wheelchair users, and provide effective communication and auxiliary aids as necessary.
- Ongoing compliance and collaboration: Regular consultations and evaluations ensure compliance with the coordinated entry system policies and procedures.

How to use CES

Initial contact and engagement:

- No wrong door: Santa Clara County coordinated entry process takes a no-wrong-door approach and encompasses multiple access points, including shelters, service centers, and outreach programs. A list of access points is available through Santa Clara County.
- Multilingual support: Outreach is available in Spanish, Vietnamese, Tagalog, and Mandarin.

Enrollment into CES and assessment:

- Assessment tool: VI-SPDAT conducted during standard HMIS intake; must be done in person with the release of information uploaded into HMIS.
- Data entry requirements: All data must be entered into HMIS following the completion of VI-SPDAT.
- Consent procedures: Participants must sign a *Release of Information (ROI)* form before their information can be entered into HMIS.
- Confidentiality assurance: CoC ensures confidentiality and allows participants to refuse sharing their data without limiting their access to services.

Prioritization and matching:

- Community housing queue: The Santa Clara County Continuum of Care uses a community housing queue (CHQ) to expedite housing placements for transitional housing (TH), rapid rehousing (RRH), and permanent supportive housing (PSH) programs. When a housing resource is available, the CHQ is generated through referrals from the VI-SPDAT — the standard assessment tool that considers a household's situation and identifies the best type of housing intervention to address their situation. This assessment and the CoC's prioritization policies determine how referrals are completed (see more in the CoC's Quality Assurance Standards).

Referral process and housing navigation:

- Referral process: Referrals are made from the community housing queue to appropriate housing programs as resources become available.
- Housing navigation support: Agencies assist participants with navigating housing options, providing support throughout the process to ensure effective placement and follow-up.

Frequently asked questions

1. What is the purpose of this guidance document?

This document provides background information and expectations for CalAIM contracted ECM providers serving the homeless population of focus and CS Housing Transition Navigation Services providers on the use of the coordinated entry system (CES) to serve members experiencing homelessness or at risk of homelessness.

2. What is the coordinated entry system (CES)?

CES is a federally mandated requirement ensuring individuals and families experiencing homelessness can efficiently access housing resources. It involves a standardized process for access, assessment, prioritization, and referrals.

3. Who should use CES?

ECM and CS providers serving individuals experiencing homelessness or at risk of homelessness are expected to participate in their local CES.

4. What are the core components of CES?

The core components of CES include access, assessment, prioritization, and referral.

5. What are the benefits of using CES?

Benefits include improved resource allocation and efficiency, increased access to services, equitable and transparent service provision, enhanced data collection and reporting, and stronger collaboration among providers.

6. How can providers access CES?

Providers can access CES by connecting with their local Continuum of Care (CoC), completing necessary agreements and documentation, participating in training and technical assistance, and maintaining ongoing participation and collaboration.

7. What are the steps for enrolling participants into CES?

The steps include initial contact and engagement, administering standardized assessments, entering data into HMIS, prioritizing participants based on need, and connecting participants to housing and support services.

8. How do providers connect with their local CoC?

Providers should reach out to the lead agency of their local CoC to express interest, understand requirements, and initiate the process of accessing CES.

9. What training is required for providers to use CES?

Providers must participate in training sessions on CES processes, HMIS data entry, assessment tools, and referral procedures offered by their local CoC.

10. How is prioritization determined in CES?

Prioritization is based on assessment results, typically using tools like VI-SPDAT, which consider factors such as vulnerability, acuity, length of homelessness, and other criteria.

11. What is the role of the Homeless Management Information System (HMIS) in CES?

HMIS is used to enter and manage participant data, ensuring data integrity, tracking services, and facilitating coordinated entry processes.

12. How do referrals work in CES?

Referrals are made based on prioritization scores and resource availability, matching participants to appropriate housing interventions and support services.

13. What should providers do if they encounter issues accessing CES?

Providers should contact their local CoC for support, training, or technical assistance to address any issues related to accessing and using CES.

14. What are the confidentiality and consent requirements in CES?

Providers must obtain consent from individuals to share their information within the CES network while ensuring confidentiality and privacy according to HMIS data standards.

15. How do specific counties implement CES?

Each county or CoC has specific guidelines, access points, assessment tools, and processes for implementing CES, detailed in the county/CoC-specific sections of the document.

16. Can providers join CES without being funded by CoC or ESG?

Providers can contact their local CoC to understand the requirements and processes for joining CES, even if they are not funded by CoC or ESG.

17. What is the Housing First model mentioned in the document?

The Housing First model is an approach that prioritizes providing permanent housing to people experiencing homelessness, serving as a foundation for other necessary services to achieve stability.

18. What role do outreach teams play in CES?

Outreach teams engage with individuals experiencing homelessness, facilitate access to CES, conduct assessments, and provide support in navigating housing and services.

19. How are access points determined and managed in CES?

Access points are strategically located and managed by the CoC to ensure they cover the entire geography of the CoC, are well-advertised, and provide consistent decision-making and support.

20. What should providers do if a participant declines a referral?

Providers should respect the participant's choice and continue to offer support and other referral options that meet the participant's needs.