



SAN DIEGO
Regional Task Force
on Homelessness

COORDINATED ENTRY SYSTEM POLICIES & PROCEDURES



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PURPOSE OF THIS DOCUMENT

A Coordinated Entry System (CES) is an evidence-based strategy that focuses on housing and service coordination designed to link homeless people to the most appropriate housing solution based on their needs. The policies and procedures outlined in this document support the San Diego Continuum of Care (CoC) in identifying people who are experiencing a housing crisis including homelessness, preventing homelessness whenever possible, appropriately assessing clients' needs, and providing connections to housing and services quickly.

Specifically, the Coordinated Entry System (CES) Policies and Procedures provide:

1. Policies that govern and provide continuity and consistency on CES practices and what key stakeholders and participants should expect from the process; and
2. A framework for service providers, federal/state/city and county partners along with private funders and community voices to align their operational processes and procedures whenever possible.

This document breaks down the CES process based on the following key CES components as outlined by the United States Department of Housing and Urban Development (HUD): 1) Access, 2) Assessment, 3) Prioritization, 4) Referral, 5) Compliance, 6) Data Systems, and 7) Evaluation. The CES Policies and Procedures provide detail on San Diego CoC's response and practices for reducing homelessness throughout the community within each of these key components of CES.

This document addresses each of the CES requirements established by HUD and details local policies and practices as they relate to the San Diego CoC CES. Please note that while HUD has allowed each CoC to be flexible in their design and implementation of Coordinated Entry policies and practices, every community is bound by federal, state, and local policies that drive our work and ensure fair and equitable access to all households in need.

As the lead agency for the CoC, the Regional Task Force on the Homeless (RTFH), is responsible for CES planning, implementation, and monitoring.

SAN DIEGO COC COMMUNITY STANDARDS

The San Diego CoC Community Standards outline key system and project standards to ensure that homelessness is rare, brief, and non-recurring in San Diego. At minimum, the Community Standards apply to all CoC, ESG, and RTFH funded projects regardless of project type. The CES Policies and Procedures align with expectations outlined in the broader San Diego CoC Community Standards and expect that all programs participate in CES while adhering to the system and project standards. CoC System Standards are the foundation for a high-performing CES. These include but not limited to:

- *Housing Focused*- utilizing housing as the key to ending homelessness.

- *Housing First*- offering housing resources with low barriers, as quickly as possible, with flexible and voluntary supportive services.
- *Trauma Informed*-recognizing the impact of trauma and actively working to reduce future re-traumatization.

As the lead agency for the CoC, the RTFH, is responsible for developing, updating, implementing, and monitoring the Community Standards.

HOMELESS MANAGEMENT INFORMATION SYSTEM

HUD requires communities to utilize a Homeless Management Information System (HMIS) to track and report data on persons experiencing homelessness and their participation in services. HMIS is a local web-based information technology system that the San Diego CoC uses to collect client-level data on the provision of housing and services to individuals and families through the homeless response system. The CoC uses the software Clarity for its HMIS installation. RTFH serves as the CoC's HMIS Lead Agency. In this role, RTFH sets policy, performs executive functions and provides strategic direction and oversight for San Diego's HMIS. This includes oversight of technical design, implementation and operation of the HMIS, managing the day-to-day system operations, and providing training and technical support for all HMIS users. In San Diego, HMIS is intricately woven into the design and implementation of CES and is referenced throughout this document.

The HEARTH Act requires that all CoC and Emergency Solution Grant (ESG)-funded projects participate in the HMIS and comply with HUD's standards on participation, data collection, and reporting under a local HMIS and the San Diego [HMIS Policies and Procedures](#). All other HMIS participating projects, regardless of their funding source, need to adhere to the [San Diego HMIS Policy and Procedure](#). The CoC strongly encourages non-HUD funded organizations to participate in San Diego's HMIS.

DECLARED EMERGENCIES

RTFH in accordance with the San Diego CoC reserves the right to adjust San Diego CES practices, in response to a federal, state or locally declared emergency. RTFH on behalf of the San Diego CoC may align CES practices in accordance with federal, state and local guidelines during such declarations.

COORDINATED ENTRY SYSTEM OVERVIEW

CES Mission Statement:

The San Diego Coordinated Entry System is an efficient network of care, helping individuals and families resolve their housing crises by accessing valuable resources in an equitable, person-centered, and transparent manner. – San Diego CES Workgroup, August 2018

BACKGROUND

In accordance with federal regulations, [HUD requires](#) communities awarded CoC and ESG program funding to develop and participate in a “coordinated entry process designed to coordinate program participant intake, assessment, and provision of referrals, with the goal of increasing the efficiency of local crisis response systems and improve fairness and ease of access to housing resources, including supportive services and mainstream resources.” HUD has designated these efforts a key responsibility of each community’s Continuum of Care (CoC) under [24 CFR 578 \(a\)\(8\)](#).

Furthermore, HUD requires projects funded under [Continuums of Care \(CoC\) and Emergency Solutions Grant \(ESG\) programs](#) to utilize CES. The goals of an effective CES are to quickly identify households experiencing homelessness, resolve homelessness whenever possible through diversion, appropriately assess the needs of households that request help, and connect them to housing and services quickly. CES is designed and intended to be an evolving process equipped to change and adapt based on the needs of a community and the households experiencing housing crises.

CORE COMPONENTS OF THE COORDINATED ENTRY SYSTEM

HUD’s CoC Program Interim Rule has established minimum requirements and components for all CES. As per the requirements of [24 CFR 567](#) and [24 CFR 578](#) a CoC’s CES must:

- Cover the entire geographic area claimed by the CoC;
- Be easily accessed by individuals and families seeking housing or services;
- Be well advertised;
- Include a comprehensive and standardized assessment tool;
- Provide an initial, comprehensive assessment of individuals and families for housing and services; and
- Include a specific policy to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, human trafficking, or stalking, but who are seeking shelter or services from non-victim specific providers.

KEY OBJECTIVES OF SAN DIEGO'S CES

The following are key objectives of the San Diego' CES, as established by the San Diego City and County CoC and RTFH:

1. Operate a person-centric system of care.
2. Commit to a comprehensive crisis response system that assesses people, prioritizes them based on need, and connects them to housing quickly.
3. Expand diversion and permanent housing solutions based on community need.
4. Include thoughtful approaches to reducing the stress of the experience of being homeless through case conferencing and problem solving.
5. Implement standard assessment tools and practices that capture the limited information necessary to determine the severity of a household's needs and the best referral strategy to quickly remedy their housing crisis.
6. Utilize HMIS for the purpose of centralizing CES household's information and facilitating quick access to available housing solutions across the San Diego geographic area.
7. Regularly evaluate CES through facilitation, planning, and stakeholder consultation concerning the implementation and effectiveness of coordinated entry.

COORDINATED ENTRY IN SAN DIEGO

The RTFH is the Collaborative Applicant for the San Diego City and County Continuum of Care (CoC), CA-601. In addition to maintaining responsibility as the lead agency for the San Diego CoC, RTFH is the program applicant and lead agency for the administration of both the [Homeless Management Information System \(HMIS\)](#) and [Coordinated Entry System \(CES\)](#) as outlined in [HUD's regulatory requirements](#). As program lead, the RTFH is responsible for the day-to-day administration of the CES, coordination with community partners and housing providers, documentation of CES services and resources, and oversight of the system and tracking performance. However, this responsibility is not held by RTFH alone. While RTFH is the CES project award agency responsible for the administration of San Diego's CES Policies and Procedures, support and decisions are facilitated through the San Diego CoC and its CES working group. The CES working group is composed of members of the San Diego CoC that include homeless service providers, local government partners and funders, and persons with lived experience. The CES working group holds regularly scheduled meetings and is open to new membership annually.

The San Diego CoC CES is designed to:

- Identify the most vulnerable households experiencing homelessness in the CoC.
- Connect prioritized vulnerable households to available community resources with as few barriers as possible.

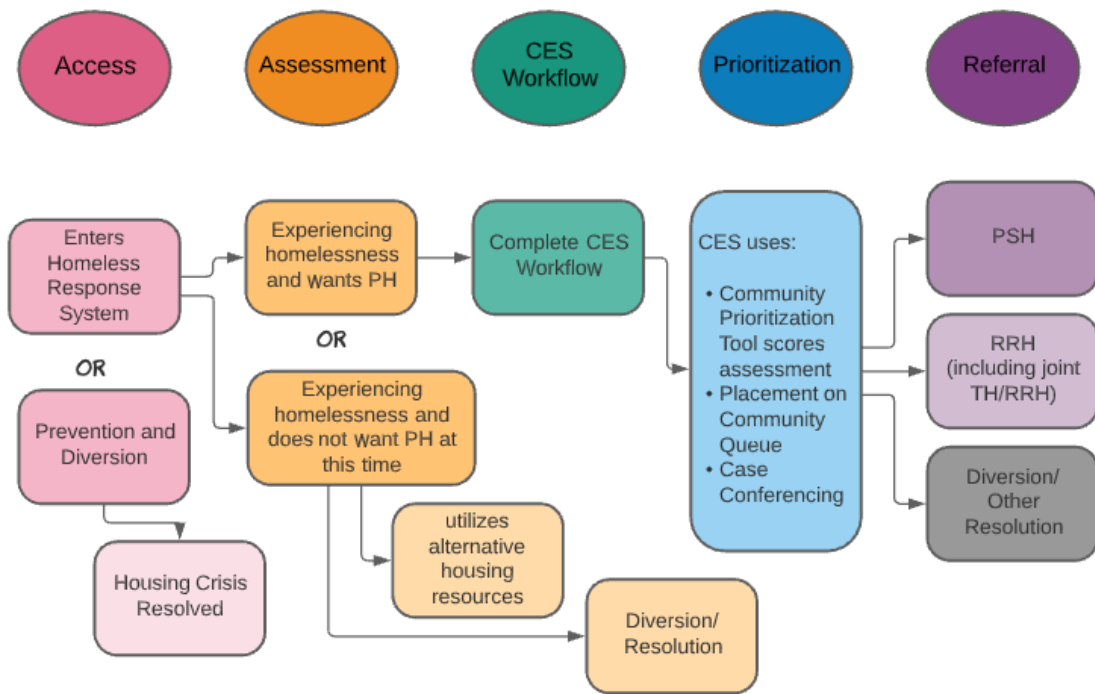
CES is:

- A centralized system for identifying, assessing and prioritizing vulnerable households.
- A match and referral process for connecting prioritized households with Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH) resources targeted to ending a household's homelessness.

CES is NOT:

- A guarantee of housing.
- A housing or program waitlist.
- A determination of housing eligibility.
- A referral process for emergency shelter or transitional housing beds.

San Diego CES is designed to connect vulnerable households to available resources through a streamlined system of access, assessment, data collection, prioritization, and referrals. The chart below provides a view of when and how CES is used.



Households may be enrolled in CES when:

- Diversion strategies were unsuccessful in resolving the household’s housing crisis **AND**
- The household is currently experiencing homelessness **AND**
- The household needs permanent housing resources - Permanent Supportive Housing (PSH) or Rapid Re-Housing (RRH)

PARTICIPATION IN COORDINATED ENTRY SYSTEM

Each CoC and ESG recipient operating within the CoC’s geographic area must work together to ensure the CoC’s coordinated entry process allows for coordinated screening, assessment, and referrals for ESG-funded and CoC-funded projects. CoC Program interim rule: 24 CFR 578.7 (a)(9); ESG interim rule: 24 CFR 576.400(d) and (c).

All agencies serving households experiencing homelessness are encouraged to use CES for referrals, however all agencies receiving HUD CoC and ESG funds operating within a CoC are required to utilize CES in accordance with their funding award. Additionally, grantees receiving funding through the state and local agencies may also be required to use the CoC’s CES process.

COORDINATED ENTRY SYSTEM PARTICIPATION REQUIREMENTS

The San Diego CoC believes that a coordinated service approach is the most effective way to end homelessness. This includes a process of outreach, assessment, homeless response system navigation, matching, and referring to appropriate housing resources, and placement, all of which prioritizes the most acute homeless individuals and households for housing and services. In alignment with this local commitment to the efficient and effective use of CES as a key component of the homeless response system, the CoC has developed the following CES participation requirements:

- Attendance at required trainings and CES alignment meetings
- Adherence to the progressive engagement process
- Use of Diversion conversations throughout all stages of engagement with households
- Use of the SD CES project in HMIS as per [SD CES workflow](#).
- Participation and data entry in the Homeless Management Information System (HMIS)
- Adherence to all CES policies and procedures
- For programs operating PSH and RRH Programs - Receive referrals and fill program vacancies through CES.

The intent of this participation language is to further define each agency’s dedication to this collaborative effort, and increase the efficacy and scope of CES through additional housing resources, navigation, retention, support, and leadership. As well, it should contribute toward reaching the community’s goal of ending homelessness in the San Diego region.

CES CORE COMPONENTS



ACCESS

“Access Points are the places- either virtual or physical- where an individual or family in need of assistance accesses the coordinated entry process.” [HUD Coordinated Entry Notice](#) Section I.C.3

Access is the entry point or process that allows persons experiencing homelessness entrance into the CES. Access Points can provide the following:

- Triage in identifying a household’s immediate needs;
- Information on emergency assistance and community resources;
- Progressive engagement to remedy a current housing crisis as quickly and efficiently as possible;
- Diversion assistance to support households to prevent entering the homeless response system;
- Referrals to community-based services and supports; and
- Enrollment into CES when appropriate.

CES provides standardized assessment tools to begin the process of resolving a person's housing crisis regardless of which Access Point a household receives assistance.

The San Diego CoC has multiple Access Points to provide full coverage to the geographic region. CES services are embedded in the work direct service providers offer at Access Points throughout the Continuum. This can include homeless dedicated sites that offer emergency shelter, meals, laundry services, day centers, and support. Given the large geographic area that is being covered, there are multiple ways for these Access Points to be utilized:

- **Walk-in:** Households in need of assistance are able to walk in to any of the approved Access Point locations and receive assistance as listed above. Current Access Point locations can be [found here](#).
- **Phone-based system:** Individuals and families experiencing a housing crisis should contact 2-1-1. 2-1-1 is a free, confidential, phone service and searchable on-line database, that provides information on emergency assistance and community resources, including homeless prevention resources as well as location and hours of agencies trained to assist households experiencing homelessness and in need of permanent housing, known as Access Points. All CES Access Point

locations are accessible by phone and callers can complete an assessment without having to physically be present at the location.

- **Street Outreach:** Street outreach services are available to connect with households in the geographic location where individuals and families experiencing homelessness reside, including streets, parks, campsites, abandoned buildings, cars, other places not meant for human habitation, or those in more rural areas where physical Access Points are limited. Street-based outreach teams act as mobile Access Points and have the capability of conducting assessments and assess their need for services in the same way as those who connect to services via phone or walk-in.

The San Diego CoC has developed [Street Outreach Standards](#) through a collaborative effort between agencies conducting street outreach, community members, and stakeholders. This plan provides a framework to enhance and expand coordination and collaboration between outreach and engagement teams to connect the target population to permanent housing and other appropriate services.

SPECIAL POPULATIONS

Understanding the complexities among different households experiencing housing crisis, the San Diego CoC CES has designed specific Access Points and assessment tools to meet the needs of the following populations: adults without children; adults accompanied by children, Transitional Aged Youth (TAY), households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking). Households may present at any Access Point, despite a specific population designation, at which time the household can easily access an appropriate assessment process that provides the CES with enough information to make a prioritized decision about that household.

Regardless of which Access Point a CES participant enters, all Access Points must offer the same coordinated entry process including:

- Utilization of the same assessment approach and tools;
- Accessible to all people who may be experiencing homelessness or at risk of homelessness; and
- Coordination to alternative Access Point designed to serve a specific population if appropriate.

AFTER HOURS AND EMERGENCY ACCESS

San Diego's CES is designed to prioritize our community's most vulnerable households experiencing homelessness and ensure access to available resources. The San Diego CES does not operate as part of an emergency response system. Access Point services are available during open hours of business and

each site's hours may vary. Please see [Access Point flier](#) for hours of availability. Information on community resources is available 24 hours a day by dialing 2-1-1 or visiting [2-1-1's on-line directory](#).

DIVERSION SERVICES

Many persons attempting to enter shelter or complete a housing assessment are experiencing an immediate housing crisis that can be resolved without shelter entry or common assessment if the system is oriented towards diversion and facilitating connections to mainstream resources, while reserving shelter/common assessment as an option of last resort. Such support requires staff trained in diversion who are strong problem solvers and knowledgeable in community resources, while understanding that their goal is to figure out safe and feasible housing alternatives for people seeking shelter/assessment.

Diversion: Diversion strategies occur at any point throughout the homeless service response system. Access Point staff assist households in resolving their immediate housing crisis by accessing alternatives to entering emergency shelters or entering into an unsheltered living situation. Diversion practices are guided by focused conversations aimed at helping a household identify safe and immediate housing options. Options may be temporary, but provide time to further resolve one's housing crisis and explore alternative and longer-term housing options to avoid the experience of being in a shelter or unsheltered. Diversion conversations may occur at any time during the start of a household's housing crisis.

Connection to Mainstream Resources: Access Points will have information on an array of services and mainstream resources to assist in resolving the immediate needs of a household and potentially end an episode of homelessness. This may include information on diversion opportunities, employment, education, transportation, public benefits, access to healthcare and legal services, among other resources.

To maximize the use of homeless system resources through connections to mainstream resources, robust diversion training and a partnership with San Diego's 2-1-1 system has been integrated into the work of CES. This allows Access Point staff to provide a full array of community resources and support to households whose housing crisis may be resolved prior to entering the homeless response system, regardless of circumstances.

If diversion strategies are not enough to remedy the housing crisis, and the household is experiencing homelessness and needs permanent housing resources, enrollment into CES, including completion of the housing triage tool may be the next step.

CES ENROLLMENT

The [2020 HMIS Data Standard](#) requires households to be enrolled in a CES program and collect CES specific data elements; the San Diego CoC under its HMIS and CES project awards, implemented this process in HMIS. Homeless providers who are working with households experiencing homelessness and in need of permanent housing resources are now required to complete the [outlined steps](#) to ensure households get onto the Community Queue to be prioritized for available permanent housing resource referral and matching process.

Enrollment in SD CES should occur if:

- Diversion strategies were unsuccessful in resolving the household’s housing crisis **AND**
- The household is currently experiencing homelessness **AND**
- The household is in need of permanent housing resources (PSH, RRH, TH/RRH joint components).

All Clarity users who enroll households in CES are trained in using the San Diego CES Workflow guide, available [here](#). If you require HMIS access to SD CES please email support@rtfhdsd.org.



ASSESSMENT

“Assessment is the use of one or more standardized assessment tools(s) to determine a household’s current housing situation, housing and service needs, risk of harm, risk of future or continued homelessness and other adverse outcomes.” [HUD CE Notice Section 1.C.4](#)

THE ROLE OF ASSESSMENT

Assessment is the process of gathering information about a household presenting to CES. Assessment includes documenting information about the barriers a household is facing to being rapidly housed and any characteristics that might increase their vulnerability while experiencing homelessness. The assessment process is used to ensure that participants are provided with the intervention most useful given the current situation and that no unnecessary services are provided when other less intensive services are appropriate and available.

CES aims to reduce the number of assessments a household must complete before an offer of housing resources becomes available. Assessments may be completed in one visit or over several interactions with a household. All conversations with households completing assessments should be conducted using trauma-informed practices. In addition to identifying a household’s overall housing needs and

preferences, the assessment tool is also meant to triage more urgent needs, including physical and behavioral health requiring immediate attention. The San Diego CES assessment tool is designed to evaluate a household's vulnerability and barriers to housing while providing information to assist in making appropriate referrals.

CoC and ESG projects are prohibited from screening people out of the CES assessment process due to perceived barriers to housing or services, including, but not limited to, 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 record.

Additionally, assessments are designed for the sole purpose of documenting a household's current experience and vulnerabilities during their housing crisis. CES assessments do not determine eligibility or acuity as part of a tenant selection review.

CES TRIAGE TOOL

The San Diego CoC CES utilizes a combination of assessments and data elements to identify the full scope of a household's housing crisis and vulnerabilities. The CES Triage Tool includes both a housing assessment built into the SD CES project along with data collected as part of a household's Clarity profile, for the sole purpose of determining a household's current housing crisis and vulnerabilities. The housing triage tool is not designed to replace clinical, medical, or housing eligibility assessments.

CES Triage Tools are designed to identify experiences and vulnerabilities of the following populations:

- **Single:** Adults 25 years of age or older, not pregnant, with no children under the age of 18
- **Family:** Pregnant women; Men, Women, or Couples with Children under the age of 18
- **Transition Age Youth 18-24 (TAY):** Youth, not pregnant, no children, between the ages of 18-24

All households entered into SD CES are strongly encouraged to complete a CES triage assessment. Information collected from CES Triage tool is then used in the scoring of a household's vulnerability level for community prioritization purposes as well as in promoting appropriate matches to available housing resources when appropriate. Incomplete CES triage tools delay matching and referring households to available permanent housing resources.

COMPLETING THE CES TRIAGE TOOL

CES referral and prioritization only function well if assessment data is collected appropriately and correctly. In order for the assessment to capture participant information correctly, assessors must be designated and given the right tools.

A detailed CES [workflow guide](#) has been created to assist in the completion of the CES Triage Tool.

All assessments will be conducted in a safe and private space to ensure all participants' sensitive information is protected and held confidential. Requirements to complete the CES Triage Tool have been implemented as an appropriate measure to improve data quality and uniform messaging to the client. Requirements include the following:

- Assessor must be under the supervision a service organization that has a current HMIS Participation Agreement;
- Assessor must have successfully completed [CES new user](#) training in addition to [HMIS new user training](#); and
- Assessor must participate in regular CES assessor training as provided by the RTFH.

UPDATING THE CES TRIAGE TOOL

Having the most up to date information on a household's experience assists CES in properly assessing and prioritizing a household based on their current vulnerabilities.

A household's current living situation is to be updated in the SD CES project when:

- the household's current living situation changes;
- there is a life changing event that increases the vulnerability of the household;
- It has been a year since it was last updated (housing triage tools must be updated at least every 365 days.)

Reassessing the client from their original assessment may change the client's score and prioritization, and in some cases their eligibility for certain types of housing. If you have questions about updating the housing triage tool or when it is appropriate to do so, email support@rtfhsd.org

PARTICIPANT AUTONOMY IN THE ASSESSMENT PROCESS

The San Diego CoC CES respects the privacy and autonomy of all households seeking assistance. RTFH understands that some households completing the assessment tool may decline providing responses to assessment questions. While full completion of the assessment process assists CES staff in making appropriate referrals, no household will be denied participation in the San Diego CES or limited in their access to assistance due to an inability or refusal to complete the assessment process.

Participants are not required to disclose specific disabilities or diagnoses during the assessment process. Specific diagnosis or disability information will only be obtained for purposes of matching to program eligibility to make appropriate referrals.

Assessors will respect the autonomy and choices of households seeking assistance but will continue to build trust and rapport with households that decline to respond to assessment questions in order to complete the assessment process to the greatest extent possible to most accurately prioritize households.

PRIORITIZATION

“The Coordinated Entry process must, to the maximum extent feasible, ensure that people with more severe needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability.” [HUD CE Notice CPD-17-01](#)

Upon completion of the CES workflow, households enrolled in SD CES are prioritized based on a number of vulnerability factors established by the San Diego CoC through the use of a community prioritization tool. This prioritization process helps to ensure that the region’s limited housing resources are reaching households with the greatest vulnerability in a timely and consistent manner.

San Diego CES prioritizes households by:

1. The longest history of experiencing homelessness and most needs.
2. The longest history of experiencing homelessness
3. The most needs, particularly mental illness or substance use disorder
4. All other: Non-Chronically homeless individuals, youth and families

Understanding that the youth experience of homelessness may look different from adult or family households, the San Diego CES has designed prioritization tools tailored to the experiences of households aged 18-24. Similar to the adult and family prioritization tools, youth aged households are prioritized based on vulnerabilities determined by San Diego youth providers and persons with lived experience. RTFH reserves the right to operationally recognize the correct and appropriate alternative prioritization processes in the community as an extension of the Coordinated Entry approach to ending homelessness in a centralized and efficient manner

Note: CES prioritization is based on the determination of a household’s vulnerabilities, not acuity.

- **Acuity:** *the measurement on the level of care or services a household may need to stabilize their housing crisis.*
- **Vulnerability:** *identifies and prioritizes housing based on the fragility of one’ health and assesses what households are most at risk of dying on the streets.*

When households indicate similar vulnerability or level of need, the CoC uses case conferencing to identify and recommend the most appropriate housing interventions.

<https://www.rtfhsd.org/about-coc/coordinated-entry-system-ces/>

SD CES COMMUNITY QUEUE

Once a CES Triage Tool is completed and a household is enrolled in SD CES, the household should be placed on the Community Queue in HMIS. Enrollment on the Community Queue requires an additional step of completing an assessment and referring the households to the Community Queue after enrollment in SD CES. CES uses the Community Queue in identifying prioritized households and matching to available resources.

Providers must update household information at least once every 90 days in SD CES to remain active on the Community Queue. Households whose SD CES enrollments are inactive for 90 days or more will be automatically removed by the HMIS system from the Community Queue and ineligible for match/referral to housing resources. For further information on the Community Queue and the [SD CES workflow](#).

MATCH AND REFERRAL

“The coordinated entry process must implement a uniform and coordinated referral process for all beds, units, and services available at participating projects.” [HUD CE Notice Section 2.B.3](#)

CES staff conduct the housing referral process with the help of the Community Queue, in identifying and prioritizing the most vulnerable households in our CoC. CES staff sort the Community Queue using the community prioritization criteria described in the proceeding section.

When a permanent housing resource becomes available, CES will identify the next eligible households on the Community Queue based on CES community prioritization criteria and make a 1:1 referral for that opening based on:

- **Appropriate / Best match:** Client reported experience aligns with program eligibility
- **Client choice:** CES emphasizes client choice in all referrals. When no specific preference is indicated, clients are referred to the most restrictive or most abundant housing resource that they are eligible for. For example, a Veteran eligible for Veterans Affairs Supportive Housing (VASH) most likely would be matched to that program, rather than one utilizing CoC funding.

Referral Request Process

Once an opening is identified by the provider/ program, a referral request can be submitted to support@rtfhsd.org. The request should include the name of the provider's program, eligibility criteria, number of referrals, and any other pertinent match information to ensure viability of requested referrals.

In addition, lists of households pertaining to specific subpopulations may be used to identify and prioritize families, Transition Age Youth, households fleeing for safety (DV), or other sub-populations who qualify for programs oriented towards their needs. On each of these lists, CES will identify a resource appropriate for the highest priority household using CES Community Prioritization tool to

determine whether a program providing PSH, RRH, or no intervention/diversion services are most appropriate.

Note: A CES referral is not a guarantee that a household meets the program eligibility requirements and is NOT a guarantee of housing.

CASE CONFERENCING

Case conferencing is a targeted discussion where homeless response providers including street outreach, CES, and housing providers, work together in meeting the needs of the most vulnerable households experiencing homelessness across the San Diego CoC geographic region. These households are identified by the CES team from the prioritized Community Queue (CQ). The discussion of households includes:

- Current engagement with the identified provider/s;
- Current steps that are being taken to resolve their homelessness;
- Description of current barriers to housing;
- Diversion strategies have been utilized, etc.;
- Service provider collaboration and support; and
- Specific housing needs/ interventions to support the household's on-going stability.

Providers share what diversion strategies have been explored, which documents a client currently has and which ones they are currently working to obtain, and which programs they have applied to outside of CES resources (i.e transitional housing, affordable housing, and others). Providers are encouraged to document all information in HMIS. The CES team uses this information while matching to available housing resources.

- Attendance is crucial. If you cannot attend, please send another representative from your agency or provide a written update. If a provider does not attend 3 consecutive Case Conferences and provides no updates, written or otherwise, their client may be removed from discussion until an update is provided by the entity rendering services.
- Updates and conversations should be housing focused, pointed, and focused on the following: Last contact with client, barriers, action steps, projected move in, and successes with your client (3-5 minutes).
- Give this process space to succeed. We are in this together and are learning as we go. Don't be afraid to suggest changes or bring ideas to the table.
- Be collaborative and share resource knowledge. If a particular client is experiencing a barrier that we can tackle together, bring it to the table.
- Celebrate victories. When a client is housed, we all want to know. Share your client's journey with the group.

Case Conferencing Attendance Policy

If you are unable to attend case conferencing, another representative from your program may attend to provide information on your client(s). You can also provide an email update about your client by sending an email update to support@rtfhsd.org

Note: If a provider does not attend 3 consecutive Case Conferences and provides no updates, written or otherwise, their client may be removed from discussion until an update is provided by the entity rendering services.

Please use the following format when submitting a written update (“Case conferencing update” _Client UID_Date)

If providing a written update, please answer the following questions:

- Last Client Contact
- Current Barrier
- Action Step (What action are you taking this week to move them along?)
- Action Step Completion Date (When will the action step be completed?)
- Follow Up: What progress has been made on previous action steps from prior case conferencing(s)?

- [Case Conferencing Guidelines and Procedures.docx](#)

REFERRAL POLICY

Housing programs that receive CoC/ESG and some state and local funding are required under their funding awards, to receive referrals through the CoC’s CES as the only referral source from which to fill program vacancies.

The following referral policy applies to all housing referrals made through CES in the San Diego CoC:

1. All referrals are made based on a household’s vulnerability/prioritization and case conferencing discussions.
2. Referrals are prioritized by the community prioritization tool in the following order:

Adults and Family Households

- (1) Chronic Homeless
- (2) Current Living Situation
- (3) Most Needs
- (4) Sub-population
- (5) Housing Intervention

Transitional-Aged Youth Households

- (1) Current Living Situation
 - (2) Most Needs
 - (3) Sub-population
 - (4) Housing Intervention
2. CES staff will notify both the housing provider and service providers associated with the referred household of a referral both via email and in Clarity.
 3. The housing provider must make initial contact with the household **within 2 business days** of receiving the referral, using all contact information listed in HMIS. The housing provider is required at minimum to make five (5) unique attempts to reach the household within five (5) business days of receiving the referral.
 4. Supporting the need for community collaboration, housing providers must also contact the service provider/s currently working with the household and listed on the referral. The housing provider is required at minimum to make five (5) unique attempts to reach the service provider/s connected with the referred household within five (5) business days of receiving the referral.
 5. All attempts to contact referred households and service providers must be documented in Clarity. All contact and attempts to contact household and service providers should be documented in the Clarity referral notes section.
 6. Supportive service providers connected to referred households are encouraged to contact housing providers on behalf of the household in an effort to coordinate efforts and secure housing resources as quickly as possible.
 7. If a household cannot be contacted, or if the household is not interested in the available housing resource, the housing provider must decline the referral in HMIS and request an additional referral from RTFH, and move to the next client referral sent. Requests for referrals are sent to supoort@rtfhsd.org.
 8. Once a household is accepted into a program, the housing provider should enroll the household into their project in HMIS and schedule a move-in date with the appropriate entities.

REMATCH POLICY

If a referral is denied, a provider has an opportunity to request a rematch within 30 days of the denial date to reconnect with the original referral. The purpose of this policy is to allow for maximum exposure to housing resources for those individuals prioritized for referral. If a rematch is requested beyond 30 days of the original denial, it will not be fulfilled. This is to allow for equitable access to other prioritized individuals to have access to resources as well. Reasons for a rematch can include:

- An erroneous denial
- Change in circumstance for referred participants
- Reconnection with participants who were otherwise unable to be contacted

- Key components of eligibility determined after the fact i.e. a change in household composition or changes to other pertinent, required, eligibility.

Procedure to request a rematch:

A support ticket should be submitted to support@rtfhsd.org titled “rematch request” and contents of the original match notification should be included. Please allow for up to 72 hours for a rematch to be fulfilled.

SELF-REFERRAL OR EXTERNAL FILL POLICY

The [HUD Coordinated Entry Notice](#) states CoC- and ESG-program recipients and subrecipients use the coordinated entry process established by the CoC as the only referral source from which to consider filling vacancies in housing and/or services funded by CoC and ESG programs.

San Diego has a number of permanent housing programs that are designated as *Other Permanent Housing (OPH)*. These projects utilize CES for placement, but leverage funding outside of HUD CoC, HUD ESG, HEAP, and CESH. Very often these projects receive funding through other homeless partners such as the San Diego Housing Commission, the County of San Diego’s Department of Behavioral Health or Housing and Development Services. For projects designated as OPH, the CES team will work with funders on a case by case basis to understand program eligibility and supportive service availability to determine the appropriate eligibility criteria based on target population along with contractual obligations of funding.

Regardless of funding type, all housing resources utilizing CES to connect vulnerable households with housing resources are required to follow the practices listed in this document including but not limited to: enrollment in CES, placement on the community queue, assessment, prioritization and HMIS standards and practices.

ACCEPTING OR REJECTING REFERRALS- HOUSEHOLDS

When a household accepts a referral for either a RRH, TH/RRH joint component or PSH, the agency who enrolled the household into CES will help the household navigate the housing process for submitting completed applications that comply with the housing program’s eligibility requirements and facilitate a “warm” introduction between the household and the housing program provider.

For participants who accept a referral while in the shelter, shelter staff will also assist the household with housing navigation. In the event a household turns down a housing referral, Access Point, Shelter

Provider and/or Street Outreach staff are responsible for communicating with the household next steps in the CES process including a possible delay in referrals to subsequent housing resources.

The San Diego CES utilizes a client-centered, trauma informed approach when matching/referring vulnerable households to available housing resources. While CES matchers make every attempt to identify appropriate matches, households experiencing homeless have the option to decline the housing resource they have been matched to. CES will continue to work on behalf of prioritized households through case conferencing, program check-ins, and collaboration with San Diego homeless response providers to best match/refer households who may have declined previous referrals.

ACCEPTING OR REJECTING REFERRALS- PROVIDERS

In accordance with the CoC Community Standards, housing programs need to use a Housing First orientation. This includes having minimal barriers to program entry and accepting any referred adult and/or family who meet the program’s eligibility criteria regardless of challenges the household may have such as health or behavioral health issues, little or no income, criminal justice histories, and others. However, programs may decline a household referred by CES if they are ineligible to participate in the program or accepting the client would pose a safety concern. Whenever a program rejects a referral, the program must decline the referral in HMIS and include the reason for denial. Housing providers are required to follow the [SD CES workflow](#) when accepting or rejecting CES referrals. The rejection must also be communicated verbally and in writing to the client in accordance with the housing providers policies and procedures including a process for appealing a denial decision.

HOUSING TRANSFER REQUESTS

Transfers between programs occur when a household needs to move from one housing intervention to another. A variety of reasons may exist for a household transfer, but the priority is to prevent returns to homelessness and to keep the household stably housed.

Transfers are typically a “net zero” for the housing system. A housing resource is opened as the transferring household moves to the new project or program; however, the housing resources may not always be equivalent in the level of support or program eligibility.

A set of policies related to transfers cannot anticipate every circumstance where a transfer may be necessary; however, the following guidelines will be used by CES to determine the appropriateness of a transfer. Requests for transfer may include:

- Household size changes and the current unit is no longer appropriate.
- A geographic change will result in a higher likelihood of success in housing than the current placement.
- Client requires a transfer due to safety reasons related to domestic violence, dating violence, sexual assault, or stalking (in accordance with the RTFH’s Emergency Transfer Plan).

- The household’s physical or medical needs can no longer be met in the current housing unit.

Transfer requests for participants of RRH programs follow the [RRH Operating Standards](#).

TRANSFER REQUEST PROCEDURE

Note: San Diego CES is NOT an emergency response system. If a household is experiencing a health or safety concern, the housing provider must follow agency protocol for ensuring the safety of the household participating in your program.

Transfer requests should attempt to be resolved internally with the housing provider and be completed in accordance with agency policies and procedures. If a transfer cannot be resolved internally, the provider should deny the request in writing and include the agency’s appeal process. Households may file an appeal with the provider if they disagree with this decision. Transfers that are satisfied internally should be reported in HMIS and CES can be notified at support@rtfhsd.org

If an issue cannot be remedied internally through the housing provider, a request for transfer assistance can be submitted in writing to RTFH at support@rtfhsd.org

If a request for transfer assistance is submitted, CES will work to identify available resources in accordance with the household’s needs and timeline. This information will be shared with the requestor to facilitate a conversation between the requestor and a potential housing provider to determine if the transfer will meet the housing providers eligibility criteria. If a participant was originally prioritized through CES for the original referral, then a transfer to another housing provider that requires CES connection, does not need RTFH approval. It is at the discretion of the requestor and the housing provider if accepting a transfer is in the best interest of the participant.

Note: If the participant was not originally prioritized through CES, RTFH cannot facilitate a transfer to a housing provider that requires CES participation.

PROCESS FOR PEOPLE FLEEING DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT OR STALKING

As provided in section 578.2(c)(9), HUD’s Office of Community Planning and Development Notice CPD-17-01, and as outlined in the San Diego CoC Community standards, a victim services provider may choose not to use the CoC’s coordinated entry process if victim services providers in the area use a coordinated entry process that meets HUD’s requirement and the victim services provider uses that system instead.

Victims of domestic violence are individuals and families who qualify under paragraph (4) of HUD's definition of homeless. This means any individual or family who:

- 1) Is fleeing, or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence¹; and
- 2) Has no other residence; and
- 3) Lacks the resources or support networks to obtain other permanent housing.

Individuals and families that are fleeing or are attempting to flee domestic violence shall have safe and confidential access to the coordinated entry system and domestic violence supportive services, including access to emergency domestic violence hotlines and shelters.

DOMESTIC VIOLENCE

CES appropriately addresses the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking. When a household is identified by CES to need domestic violence services, that household is immediately referred to the appropriate domestic violence provider. If the household does not wish to seek domestic violence specific services, the household will have full access to the CES, in accordance with all protocols described in these policies and procedures. If the domestic violence provider the client is referred to determines that the household seeking domestic violence specific services is either not eligible for, or cannot be accommodated by the domestic violence-specific system, the provider will refer the client to an Access Point for assessment in accordance with all protocols described in these policies and procedures.

The CES process shall not impede access to emergency services and shall allow emergency services to operate with as few barriers to entry as possible. Clients seeking domestic violence shelter shall be able to access emergency services independent of the operating hours of the CES intake, assessment processes, and matching process.

Victims of domestic violence have the right to refuse to share their information among providers within HMIS, the continuum of care, or service providers outside of the trusted network; moreover, individuals or families refusing to share their information retain the right to access housing and service resources. In the instance where some information is needed for a specific project in order to determine eligibility for housing or services, or to assess needed services, information must be collected. In cases where a client

¹ This includes human trafficking.

does not consent to have their information shared, the information must be collected in order to determine eligibility, but it must not be shared via HMIS.

The RTFH on behalf of the San Diego CoC, strives to forge strong collaboration with our community partners and recognizes that their input is invaluable to the development of a comprehensive and coordinated effort in ending homelessness for all individuals, families, and special populations. The RTFH has done the following to meet both HUD guidelines and the needs of the community:

- Requested input from domestic violence service providers through community meetings, conference calls, and one-on-one visits
- Consultation with HUD technical assistance, experts within the community, and other CoCs.
- Attendance at national trainings

The RTFH is continuing these efforts by working with domestic violence service providers within the San Diego region, in accordance with HUD requirements, and through recommendations from the Community Standards.

SAFETY PLANNING

The safety of the victims of domestic violence is of the utmost importance. Individuals or families with safety concerns can call 1(800)799-SAFE (800-799-7233) to speak with a confidential advocate or be referred to an agency that specializes in domestic violence. Domestic violence service hotlines can also support safety planning. The National DV Hotline has a website for safety planning ideas and steps for internet safety.

Because the safety of victims of domestic violence is so critical, ongoing communication and real-time recommendations from domestic violence community partners are required to meet the safety needs of the domestic violence victim population. To facilitate this, providers should feel free to contact the appropriate CES staff and/or attend quarterly regional meetings with community partners and CES staff.

ADDITIONAL SAFEGUARDS FOR VICTIMS OF DOMESTIC VIOLENCE

In addition to the safeguards described above, additional safeguards must be taken with any data associated with anyone who is known to be fleeing or suffering from any form of domestic violence, including dating violence, stalking, trafficking, and/or sexual assault, regardless of whether such people are seeking shelter or services from non-victim-specific providers.

Any data collected from households fleeing for safety, must not be entered into HMIS. Instead, the data can be entered into a parallel comparable database that is only accessible to users who are trained in responding to domestic violence and who have passed a higher level of background checks and/or investigation. If no such database exists, then the data should be recorded and protected on-site by

individual victim service providers, using all appropriate safeguards, including, where necessary to keep clients safe, the total anonymization of all incoming data on potential victims of domestic violence.

If necessary to ensure the safety of potential victims of domestic violence, victim service providers are allowed to establish an alternative CES 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 CES requirements, i.e., nondiscrimination, full coverage, easy accessibility, adequate advertisement, standardized assessment based on written procedures, comprehensive assessment based on client need and vulnerability, and a unified effort to refer clients to housing and services across the entire geographic region according to the priority assigned by the CES and the needs of the household fleeing for safety.

FAIR HOUSING, NONDISCRIMINATION, AND MARKETING

NONDISCRIMINATION IN COORDINATED ENTRY

The San Diego CES collects household information for the purpose of identifying households in need of housing resources and prioritizing housing vulnerability for the sole purpose of prioritizing households with the greatest needs and ensuring connection to available housing resources. CES is not designed to and is not used to determine a household's program eligibility or ability to complete future processes related to housing resources. While the San Diego CoC recognizes that many of the housing resources within the San Diego CES portfolio require verification of eligibility, it is the sole responsibility of the agency providing the housing resource to determine eligibility and to collect required documentation.

Additionally, all programs receiving Federal and State funds will comply with applicable civil rights, fair housing and disability laws and requirements, and recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws.

FEDERAL FAIR HOUSING

The San Diego CES does not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

LOW BARRIER

The San Diego CoC prohibits screening people out at any step in the CES process due to perceived barriers to housing or services, including, but not limited to:

- too little or no income;
- active or previous substance abuse;
- domestic violence history;
- resistance to receiving services;
- 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 record.

The San Diego CES assessment process does not require disclosure of specific disabilities or diagnoses. When necessary, specific diagnosis or disability information may only be requested via self-disclosure, solely for the purposes of CES matching/referring to housing resources that have identified such requirements in writing.

FAMILY COMPOSITION-EQUAL ACCESS TO HOUSING

In accordance with HUD's [Equal Access to Housing](#), a recipient or subrecipient receiving funds under the ESG or CoC Programs cannot discriminate against;

- a group of people presenting as a family based on the composition of the family (e.g., adults and children or just adults);
- the age of any members of the family;
- the disability status of any member of the family;
- marital status;
- actual or perceived sexual orientation, or gender identity; or
- a child who is temporarily away from the home because of placement in foster care is also considered a member of the family.

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.

For example, an emergency shelter, transitional housing project, or permanent housing projects that serve families with children, may not limit assistance to only women with children. Under HUD's [Equal Access rule](#), the aforementioned projects must serve the following family types:

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

Two adults presenting together as a family will not be required to provide proof of marriage as enrollment into ESG and CoC funded projects. This policy applies to any recipients or sub-recipients of funding under ESG or the CoC program, including faith-based organizations.

CULTURAL AND LINGUISTIC BARRIERS

San Diego's CES strives to effectively communicate with individuals and households with disabilities. CoC and ESG programs, along with some state funded agencies are required to provide appropriate auxiliary aids and services necessary to ensure effective communication (e.g. Braille, audio, large type, assistive listening devices, and sign language interpreters). CES participating agencies must take reasonable steps to offer CES materials and participant instructions in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency (LEP).

HOUSEHOLDS WITH DISABILITIES

San Diego's CES serves all households experiencing homelessness and in need of housing resources. Such households may include persons with physical and/or behavioral health disabilities. The following policies have been implemented to ensure households with disabilities have full access to the shelter, housing, and services offered through CES:

- **ADA Compliance:** CES Access Points are fully ADA-compliant and accessible to people with mobility impairments. Agencies providing Access Point services must make all services available and accessible to all households presenting to their agencies.
- **Aids and Services:** CES will utilize mainstream services and partners to ensure that people with disabilities seeking services are connected with auxiliary aids and services as needed, to ensure clear and effective communication including, but not limited to, materials available in Braille, large-type printed materials, assistive listening devices, sign language interpreters, and other tools.
- **Disclosure:** People with disabilities are not required to disclose a specific disability or the diagnosis of a disability to be assessed for a housing opportunity. Such information is only obtained for the purposes of making referrals and matches to permanent housing resources.

DISCRIMINATION COMPLAINTS

CES participants have the right to file discrimination complaints. All locations where persons are likely to access or attempt to access CES (such as Access Points, emergency shelter and street outreach) 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.

When a discrimination complaint is received, the CES Director, or their designee, will complete an investigation of the complaint within 60 days by attempting to contact and interview a reasonable number of persons who are likely to have relevant knowledge, and by attempting to collect any documents that are likely to be relevant to the investigation.

Within 30 days after completing the investigation, the CES Director, or their designee, will develop a written report of the investigation's findings, including the investigator's opinion about whether inappropriate discrimination occurred and the action(s) recommended by the investigator to prevent discrimination from occurring in the future.

The findings of the investigation will be shared with the San Diego CoC Executive Committee and in alignment with RTFH policy and procedures. If appropriate, the investigator may recommend that the complainant be re-assessed or re-prioritized for housing or services. The report will be kept on file at RTFH in accordance with agency protocol.

GRIEVANCE POLICY

Client concerns and grievances should be resolved promptly and fairly. Grievances about experience(s) with homeless housing programs should be directed to the program and follow the grievance policies and procedures of that organization. Agencies shall maintain internal documentation of all complaints received.

Grievances about CES policies and procedures or a participating program's screening or program participation practices which appear to have a discriminatory impact shall be directed to the RTFH. A first-person written and/or documented complaint will be considered a grievance. A verbal, secondhand or hearsay complaint will be considered a complaint. Each situation will be treated seriously and with sensitivity, and will be documented for the record with date, time, program name, and nature of the complaint, as well as with any action taken towards resolution. All complaints or grievances involving vulnerable adults or children will be immediately turned over to the appropriate authorities.

Any and all grievances will be resolved in alignment with RTFH and CoC policies.

AFFIRMATIVE MARKETING AND ADVERTISING STRATEGY

CES processes are widely marketed and advertised to ensure all San Diego households have fair and equal access regardless of the location or method by which they access the system.

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 region's demographics and census data. Marketing materials will clearly convey the location of Access Points and the populations that may be served at those locations.

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

- Brochures / Flyers

- Announcements at Community Events
- Newspapers / Magazines
- Radio
- Television
- Social Media / Websites
- Direct outreach / Peer Outreach

CES marketing campaigns will be designed to ensure that the CES 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 identify, or marital status. Similarly, CES marketing campaigns 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 CES.

The CES staff engages mainstream partners and supporting agencies with whom they conduct outreach, education, referrals, and training to help market and advertise CES to eligible households across San Diego Continuum. Scheduled meetings, trainings and capacity building sessions are listed on the [RTFH Events page](#).

COMPLIANCE & MONITORING

RTFH, as the lead agency for the San Diego CoC, establishes and maintains standard operating procedures for ensuring the regions CoC Program funds are used in accordance with the requirement established in 24 CFR Part 578. All CoC funded programs must be monitored for compliance with federal regulations, rules, guidelines, CPD Notices and should also adhere to national best practices.

The goal of the RTFH’s monitoring process is to ensure that agencies are reaching their performance targets including participation in CES and provide continuous quality improvement, quality assurance, to assist organizations with technical assistance, and necessary to use corrective action and/or to report serious issues to the U.S Department of Housing and Urban Development (HUD). Through monitoring, RTFH will address and help resolve performance concerns related to policies, procedures and outcomes. For additional information on CoC/CES monitoring see the [RTFH CoC’s page](#).

TRAINING

RTFH will provide training opportunities at least once annually to organizations and/or staff people at organizations that serve as access points or administer assessments. The purpose of the training is to provide all staff who administer assessments with access to materials that clearly describe the methods by which assessments are to be conducted, with fidelity to the CES’s written policies and procedures.

San Diego [HMIS Policy and Procedures](#) require that users be trained in order to access HMIS. That training must be authorized by a prospective user's HMIS Agency Administrator, and then scheduled by RTFH's team of Project Analysts. Once trained, a user receives an HMIS license, username, and password.

In order to access CES, users must complete additional training modules tailored to their intended use of the system. For additional information on CES/HMIS training requirements please email support@rtfhsd.org.

EVALUATION

ONGOING PLANNING AND STAKEHOLDER CONSULTATION

The San Diego CoC uses community input in its planning and continued development of its CES. A CoC led CES Workgroup composed of CoC/ESG funded program staff, youth, veteran and DV providers, local and regional funders, and persons with lived experience meets regularly to evaluate, monitor, and enhance the San Diego CES to best serve our community.

CES Policies and Procedures are reviewed on an annual basis to ensure that they are implemented as intended and to comply with changes in legislation and potential service developments that involve a change in structure that impacts current policies. In addition, the Community Prioritization and CES Triage Tool are reviewed and revised if necessary with the support of RTFH and the CES Workgroup.

EVALUATION

At least annually, the CES team, in coordination with the CES Workgroup, will consult with participating projects, and with a random sample of project participants, to evaluate the intake, assessment, and referral processes associated with CES. Feedback will be solicited addressing the quality and effectiveness of the entire CES experience for both participating projects and for households. All feedback collected will be private and will be protected as confidential information.

The evaluation will employ multiple feedback methodologies to ensure that participating projects and households have frequent and meaningful opportunities for feedback.

The annual evaluation will use one or more of the following methods:

- Surveys designed to reach at least a representative sample of participating providers and households;
- Focus groups of five or more participants that approximate the diversity of the participating providers and households;

- Individual interviews with enough participating providers and households to approximate the diversity of participating households.

As part of the evaluation process, the CES Director and/or their designees in collaboration with the CoC lead, will examine how the CES is affecting the system performance measures, CES Dashboards, and the System Framework.

At the completion of the evaluation period, the CES Director and/or their designees will present the final evaluation with recommendations to RTFH Leadership and the CoC Evaluation Committee.

APPENDIX: GLOSSARY OF TERMS

Access Point – Locations such as, phone screenings, fixed locations, & street outreach, where eligible households can connect to CES. A list of Access Points can be found on [RTFH website](#).

Acuity - The measurement of the level of care or services a household may need to stabilize their housing crisis.

Bridge Housing - Housing intervention designed to provide temporary shelter, pending a more permanent housing placement, for people experiencing homelessness.

Case Conferencing- The process for CES staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including households enrolled on the Community Queue. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers and to reduce duplication.

Clarity – San Diego’s Homeless Information Management System (HMIS) maintained by the Regional Task Force on the Homeless, as appointed by the San Diego Continuum of Care. Clarity is a product of Bitfocus Software Company.

Chronic Homeless (as defined by HUD) - As of January 2016, HUD’s Chronic Homeless definition is a homeless individual with a disability who:

- 1) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and has been homeless continuously for at least 12 months or at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months (occasions separated by at least 7 nights).
- 2) Stay in institution fewer than 90 days does not constitute a break.
- 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 paragraphs 1 or 2 of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Community Queue - formerly known as the By-Name-List, it is a data tracking method used to monitor and keep track of all people experiencing homelessness **AND** currently in need of permanent housing resources. The Community Queue contains critical information on each person who has been enrolled as per the [CES Workflow](#).

Continuum of Care (CoC)- A group responsible for the implementation of the requirements of [HUD’s CoC Program interim rule](#). The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve

homeless and formerly homeless veterans, and homeless and formerly homeless persons. The Regional Task Force on the Homeless (RTFH) is the designated lead agency for the San Diego CoC.

Continuum of Care (CoC) Program - HUD funding source to (1) promote community wide commitment to the goal of ending homelessness; (2) provide funding for 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; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness. RTFH is the Collaborative Applicant for the San Diego CoC's annual Notice of Funding Availability (NoFA) competition.

Coordinated Entry System (CES) - A client centered process which streamlines access to the most appropriate housing interventions for each homeless individual or family. CES is a data driven and real time system for prioritizing and tracking housing referrals and placements for homeless people that use the common assessment tool.

Emergency Solutions Grant (ESG) - HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.

Family - For the purposes of CES, a family is a head of household (HOH) with at least one minor dependent. A HOH and their partner (spouse, etc.) should be treated as two adult singles who are willing to cohabitate (and assessed accordingly using the CES Triage Tool for individuals, rather than families).

Housing and Community Development (HCD) – California Department of Housing and Community Development.

Housing Inventory Count (HIC) - An annual count of the homeless housing resources in the region managed by RTFH and required under HUD CoC reporting.

Homeless Individual/Family – HUD defines four categories of homelessness.

- 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 35 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) 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.
 - 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;
 - 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 time due to special needs or barriers.
 - 4) Fleeing/attempting to flee domestic violence; 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.

Homeless Management Information System (HMIS) - Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. RTFH has been selected by the San Diego CoC as it's HMIS lead and is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards using Bitfocus's software, Clarity.

Housing Provider – Agency or program that manages programs meant to house persons experiencing homelessness.

[Housing and Urban Development \(HUD\)](#) – United States Department of Housing and Urban Development, the federal department that is responsible for the CoC and ESG Programs, in addition to hundreds of other initiatives.

Initial Triage – Process of identifying a household's immediate safety needs, services, and/or if diversion strategies could be successful in remedy a household's housing crisis.

Joint component (TH/RRH) programs- A housing intervention designed to allow for client-choice and flow between two designated housing interventions by offering both rapid rehousing and transitional housing within one project.

Matcher – CES staff responsible for maintaining a list of housing resources and pairing households on the Community Queue to available housing resources within CES.

Multi-Party Authorization (MPA) - A consent form that authorizes the use or disclosure of client information by identified service organizations in order to provide the client with coordinated housing and comprehensive services.

Permanent Supportive Housing (PSH) – Permanent supportive housing is community-based housing with indefinite leasing or rental assistance paired with wraparound supportive services to help people with disabilities who are experiencing homelessness, especially chronic homelessness, achieve housing stability, live independently, decrease public costs, and improve their overall quality of life.

Program Check-in- Coordination between CES staff and housing resources who have received CES referrals. Program check-ins are designed to ensure that households matched through CES are enrolled and moved-in to referred housing resources.

Protected Health Information (PHI) - Data to an individual’s medical record that is considered confidential under HIPAA.

Point in Time Count (PIT-C) – An annual snapshot count of all sheltered and unsheltered homeless people in a community, PIT counts are performed nationwide the last 10 days of January. .

Rapid Re-housing (RRH) – Rapid re-housing is a Housing First intervention designed to help individuals and families quickly exit homelessness, return to housing in the community, and not become homeless again in the near future. The core components of rapid re-housing include housing identification, move-in and rental assistance, and housing stabilization case management and services designed to increase the household’s income so that the household can fully take on the cost of the rent at program termination.

[Regional Task Force on the Homeless \(RTFH\)](#) – A local non-profit dedicated to ending homelessness in San Diego and assigned as the lead agency for the San Diego CoC including, HMIS lead, CES lead, PIT/HIC activity and CoC Collaborative Applicant.

Release of Information (ROI) – A consent form signed by clients which authorize the sharing of client information and are completed in Clarity as part of CES/HMIS practices.

Safe Haven - Form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services.

Street outreach - A set of strategies of outreach and engagement, in the geographical location where individuals and families are experiencing homelessness, including streets, parks, campsites, abandoned buildings, cars, and other places not meant for human habitation with the intention to establish relationships, build trust and rapport, provide basic necessities, and begin the process to link households to housing and support services. Outreach is a process rather than an outcome.

Trust Network – Group of homeless service providers utilizing HMIS according to established policies, procedures, and protocols designed to foster collaboration, enhance service delivery, and safeguard information.

Unique Client Identifier (UCI) – Number assigned to a client in Clarity; used to identify clients in HMIS and the CES system.

Universal Data Elements (UDE) - Client information that all HMIS Continuum projects are required to complete/obtain.

Violence Against Women Act (VAWA) – Legislation that codifies core protection across HUD's covered programs ensuring survivors are not denied assistance as an applicant, or evicted or have assistance terminated due to having been a victim of domestic violence, dating violence, sexual assault, and stalking, or for being affiliated with a victim.

Vulnerability - Identifies and prioritizes housing based on the fragility of one' health and assesses what households are most at risk of dying on the streets.