



Meeting Agenda
Special Continuum of Care (CoC) Board
Wednesday, October 9, 2024
2:00-4:00pm
Ventura County Office of Education
5100 Adolfo Road, Camarillo
Oxnard Room

Zoom Meeting ID: 838 0635 1730

<https://us02web.zoom.us/j/83806351730>

1. Call to Order
2. Board Comments
3. CoC Staff Comments
4. Public Comments: An opportunity for the public to participate in public meetings by addressing the Ventura County Continuum of Care Board in connection with one or more agenda or non-agenda items. Public comment is limited to 3 minutes per person during the opening part of the meeting and per item. The time allotment can be increased or decreased by the Chair depending on the number of speakers. This meeting is subject to the Brown Act and public comments may be submitted by using one of the following options:

Email in advance of the meeting: If you wish to make a written public comment, the comment must be submitted via email no later than 4:30pm on the day prior to the Board meeting. Send emails to: venturacoc@ventura.org Please indicate the agenda item you would like to speak on if relevant and whether you would like your message read by staff or if you will be participating in person.

During the meeting: Participants attending online may use the chat function in zoom to indicate they would like to make a comment. Participants attending in-person can complete a public comment card indicating which item they would like to comment on and submit to the Board Chair. Staff will call on participants during the public comment section of the meeting or during specific items following staff presentation of the item.

Continuum of Care Governance Board Business

5. Approval of Board Minutes from September 11, 2024.
6. Approval of FY24 HUD CoC project rankings for new and renewal applications, Authorization for Staff to submit the FY24 HUD CoC Consolidated Application, and Authorization for Staff to open a Request for Proposals for Rapid Re-Housing upon award from HUD (*Presenter Alicia Morales-McKinney*)
7. Receive a notice of two (2) upcoming Board Member vacancies, receive nominations to fill Board seats, and approve three (3) Board Members to serve as the VC CoC Nominations Committee (*Presenter Felipe Flores*).
8. Approval of the 2025 Homeless Count Implementation Plan (*Presenter Alicia Morales-McKinney*)
9. Approval of the updated VC CoC Coordinated Entry System Pathways to Home Policies and Procedures (*Presenter: Chris Russell*)
10. Approval of the Updated 2024 Governance Charter (*Presenter Felipe Flores*)
11. Receive and File HMIS/CES Quarterly Updates (*Presenter Chris Russell*)



**Meeting Minutes
Special Continuum of Care (CoC) Board
Wednesday, September 11, 2024
2:00-3:30pm
Ventura County Office of Education
5189 Verdugo Way Camarillo, California 93012
Simi Room at the Administrative Services Center**

- 1. Call to Order:** Manuel Minjares, Vice Board Chair, called the meeting to order at 2:01pm

Board Members: Jack Edelstein, Michael Minjares, Mara Malch, Manuel Minjares, Paul Drevenstedt, Emilio Ramirez, Kevin Clerici, Stefany Gonzalez, Dr. Sevet Johnson, Ingrid Hardy, Katherine Aguilar

Absent: Dawn Dyer, Pauline Preciado

- 2. Board Comments:** none

- 3. CoC Staff Comments:** Alicia Morales-McKinney shared that Downtown Ventura Partners along with Kevin Clerici, United Way, Health Care Agency Whole Person Care, Salvation Army SSVF, Gold Coast Veterans, US Vets, the Ventura Housing Authority, and CoC Staff all met last month to launch a documentation clinic for Project Room Key clients to get them prioritized for permanent supportive housing opportunities (PSH). Alicia also thanked hotel management and staff at Ventura Vagabond and Best Western for hosting the clinic. Kevin Clerici highlighted the success of the clinic to agency partnership and the development of new permanent supportive housing units in the County.

Christy Madden also shared that an update on housing and homelessness will be shared with the County Board of Supervisors at the upcoming meeting on September 24th.

- 4. Public Comments:** none

Continuum of Care Governance Board Business

- 5. Approval of Board Minutes from August 26, 2024.**

Emilio Ramirez moved to approve; Michael Nigh was second; all in favor.

- 6. Authorization for Staff to Release the 2024 Request for Proposals for New Projects for the 2024 Housing and Urban Development (HUD) Continuum of Care (CoC) Builds Grant (Presenter Alicia Morales-McKinney and Tracy McAulay)**

Alicia Morales-McKinney and Ventura County Housing Solutions Director Tracy McAulay shared with the Board that the CoC Builds Grant is intended to bring new PSH units to our community to address unsheltered homelessness through new construction, acquisition, and rehabilitation. Other eligible activities include project based rental assistance limited to 24 months, supportive services, operating costs, and project administrative costs. Alicia shared that our CoC is eligible to apply for up to 5 million with a 25% match requirement. Alicia shared that this is a competitive grant, the first of its kind, and 25 CoCs will be awarded. The full CoC Builds Application can be viewed in the September Board Packet on the CoC Website. Alicia requested CoC Board approval to release an RFP to be due by October 11th, meet with VC CoC Data Committee on November 6th, and return to the CoC Board with funding recommendations for review and approval on November 13th, 2024.

Mara Malch inquired if we currently have any projects already in our County that would be viable options for this grant. Tracy McAulay shared that there are several projects in development throughout the County and that due to the tight timelines, this grant would target projects that have begun the development process and/or have gaps in funding. Michael Nigh inquired if the potential 5 million would be awarded to one project or multiple. Alicia shared that one project from the RFP process would be selected and submitted to HUD.

Kevin Clerici moved to approve; Jack Edelstein was second; all in favor.

7. Authorization for the Ventura County CoC's Administrative Entity to contract with Simtech Solutions for the 2025 Homeless Point In Time Count (Presenter Alicia Morales-McKinney)

Alicia requested Board approval to contract with Simtech Solutions for the 2025 Homeless Point in Time Count. Alicia shared that with the utilization of Simtech's technology in 2024, the CoC was able to use a sheltered based mobile survey which allowed for non-HMIS providers such as the Rescue Mission and the Lighthouse to provide more accurate sheltered data. Alicia further shared that through the contract with Simtech, we increased volunteer registration, increased training, and simplified the de-duplication process. CoC staff has proposed to allocate \$15,747 of HUD CoC Planning grant dollars to contract with Simtech Solutions to utilize their mobile app and professional services for the 2025 count. The full draft contract is available in the September Board Packet on the CoC website.

Mara Malch suggested CoC staff reach out to city leads for feedback before the survey and app is finalized. Dr. Sevet Johnson inquired if Simtech has technology that is comparable to HMIS. Alicia shared that Simtech has an outreach app and CoC staff is exploring options on integrating that system with Wellsky and HMIS.

Michael Nigh moved to approve; Dr. Sevet Johnson was second; all in favor.

8. Approval of the updated 2024 Ventura County CoC Written Standards (Presenter Alicia Morales-McKinney).

Alicia reviewed the updated 2024 CoC Written Standards with the Board. Alicia highlighted some major changes including the incorporation of all HHAP policies, activity types, eligibility criteria, and outcome goals. Updates were made to the Violence Against Women Act (VAWA) policies and procedures and the Emergency Transfer Plan. Further additions to the Written Standards include a VAWA lease addendum, housing stability plan, expansion of Housing First definition, and mitigation plans for individuals or families at risk of returning to homelessness when placed in Permanent Supportive Housing or Permanent Housing (PSH/PH) through the Coordinated Entry System. Alicia shared that CoC staff will update providers of all policy changes and provide further training when needed. The full Written Standards can be found on the CoC Website.

Manuel Minjares inquired if there is a need to establish monthly mitigation plan meetings to meet client needs in a timely manner. Alicia explained that the CES team currently holds meetings twice a month and have had conversations about increasing to weekly meetings. Alicia further explained that all CoC funded agencies are encouraged to notify CES and CoC staff immediately when a mitigation plan is needed.

Jack Edelstein moved to approve; Emilio Ramirez was second; all in favor.

Additional items not on the agenda: none.

Next meeting set for October 9th, 2024
Meeting adjourned at 2:30pm

October 9, 2024

VC CoC Governance Board

SUBJECT: Approval of Ventura County Continuum of Care (VC CoC) project rankings and funding recommendations from the VC CoC Data, Performance & Evaluation Committee to be included in the FY24 HUD CoC Consolidated Application. Authorize VC CoC staff to submit the FY24 HUD CoC Consolidated Application on or before October 30, 2024 and notify all applicants of accepted or rejected project applications for the final submission. Authorize VC CoC staff to open a Request for Proposals (RFP) for the County Executive Office Rapid Re-Housing Program upon award notification from HUD.

BACKGROUND: The VC CoC Data, Performance & Evaluation Committee met on October 2, 2024, to review the scoring and make recommendations for the ranking of new and renewal CoC project applications for the FY24 U.S. Housing and Urban Development (HUD) Continuum of Care (CoC) Notice of Funding Opportunity (NOFO). All project applications were reviewed and scored with the 2024 Ventura County CoC Ranking and Selection Policy tool and ranked by highest score and local priorities in accordance with HUD's emphasis on performance-based decisions in the prioritization and reallocation process. The scoring of project applications factored in the following categories:

- 1) Compliance and Experience with Grants and Financial Management including HUD threshold criteria for new & renewal projects (10 points);
- 2) Program Design and Best Practices including Housing First (20 points);
- 3) Timeliness to achieve project goals by grant deadlines (10 points)
- 4) Serving Vulnerable Populations and tailoring services to target population (10 points)
- 5) Cost Effectiveness (10 points);
- 6) Alignment with local System Performance Goals, CoC priorities and plans to achieve objectives (20 points)

Discussion:

All renewal projects scored above 75 points which is the adopted threshold, projects below would be considered for reallocation. Majority of renewal projects continue to meet community needs and priorities. Per the locally adopted policy, projects are ranked in order of their scores from highest to lowest. The HMIS and Coordinated Entry projects are ranked in Tier 1 to fulfill the HUD mandates of those systemwide services. With regard to projects ranked in Tier 2, it is the recommendation from Data Performance and Evaluation Committee to open Request for Proposals to select new sub-recipients for County Executive Office Rapid Re-Housing Projects (\$233,295) and (\$58,842) upon award notification from HUD. Concerns were raised on the CoC PSH grants of Salvation Army PSH which scored 81% due to HUD grant compliance issues, low project performance and minimal CoC participation. While still recommending funding for their project, the committee recommends CoC staff work closely with these

lower performing projects since they are utilizing CoC PSH for the targeted population of chronically homeless adults with mental disabilities.

HUD CoC Bonus Funding

The VC CoC is eligible to compete for \$638,698 in FY24 HUD CoC Bonus funding which is dependent on HUD's final allocation for all Continuums of Care and based on the scoring of our VC CoC's consolidated application. Four (4) new applications were received through the FY24 Request for Proposals (RFP), of which three (3) were included in the rank & review process for the VC CoC Data, Performance & Evaluation Committee on October 2, 2024. One project application did not meet HUD/CoC threshold. Following discussion and analysis of each proposal, the Committee is recommending that the Many Mansions Rancho Sierra PSH project in the amount of \$255,545 be included in the consolidated application, which will support 24 new Permanent Supportive Housing (PSH) units for seniors 62+ countywide. Additionally, there is a remaining \$383,153 in new Bonus funding available and based on scoring, the Committee has recommended Mesa's Transitional Housing and Rapid Re-Housing (TH-RRH) project for Transitional Aged Youth to support an additional 24 youth, ages 18-24, with a pathway to permanent housing in the amount of \$292,131. The two remaining proposals had lower scores based on the rank and review process. Based on HUD CoC regulations, only one application may be submitted per project type, such as PSH, RRH and TH-RRH, and therefore, it has been recommended that the VC CoC Board approve one PSH and one TH-RRH project for the final consolidated HUD CoC application. These projects are being recommended in Tier 2 for the consolidated HUD application and final ranking.

The FY24 HUD CoC NOFO also included Domestic Violence (DV) bonus funding to assist survivors of domestic violence, dating violence, sexual assault, or stalking through Rapid Re-Housing, Supportive Services for Coordinated Entry, or a Joint Transitional Housing / Rapid Re-Housing (TH-RRH) project. The Ventura County CoC is eligible to apply for up to \$798,372 in DV Bonus funding. One new application was received from the Coalition For Family Harmony through the FY24 Request for Proposal (RFP) process. This project is being recommended in Tier 2 for the consolidated HUD application and Final Ranking.

The Committee discussed the scoring and ranking of projects and location of ranking in Tier 1 and Tier 2. Tier 1 is equal to 90% or \$3,151,098 of the VC CoC's Annual Renewal Demand (ARD) of \$3,501,220. Tier 2 is equal to the total amount of \$350,122.

Historically, the VC CoC has ranked new projects in Tier 2. This strategy is intended to preserve renewal funding but is not reliably effective in obtaining new bonus funding. The recommended project ranking is included as an attachment.

RECOMMENDATIONS: The Data Committee formulated the following recommendations for CoC Board consideration in preparing for the FY24 HUD CoC NOFO.

- 1) Approval of final project ranking of all new and renewal projects as proposed by the VC CoC Data Committee;
- 2) Approve Coalition For Family Harmony for DV Bonus Transitional Housing/ Rapid Re-Housing application to be included in the CoC Consolidated application;
- 3) Approve Many Mansions PSH and MESA Farm TH/RRH applications for CoC Bonus funding to be included in the CoC Consolidated application;

- 4) Direct staff to formally notify all applicants in writing, as required by HUD, on the status of their application and if projects will be included in the FY24 HUD CoC Consolidated Application;
- 5) Authorize VC CoC Staff to submit the final FY24 HUD CoC Consolidated Application in eSNAPS to HUD on or before October 30, 2024; and
- 6) Authorize staff to open a Request for Proposals (RFP) for the County Executive Office Rapid Re-Housing program grants one (\$233,295) and two (\$58,842) upon award notification from HUD.

2024 HUD CoC NOFO VC CoC Final Project Ranking 10/9/24

FY24 Annual Renewal Demand = \$3,501,220		Tier 1= (90%) 3,151,098		Tier 2= \$350,122	CoC Bonus = \$638,698 DV Bonus=\$798,372					
Planning Funds = \$266,124					CH = Chronically Homeless			HF = Housing First		
					New CoC Bonus Proposals			DV Bonus Proposals		
Grantee Name	Project Name	Project Type	Grant Amount	# Beds / Served	Population Served	HF?	CH ?	Project Location	Score	
Tier 1										
N/A	County of Ventura Human Services Agency	Pathways to Home/HMIS	HMIS	\$402,631	N/A	N/A	N/A	N/A	Countywide	N/A
1	Turning Point Foundation	Wooley House II	PSH	\$39,857	8	chronically homeless adults	Yes	No	Oxnard	96
2	County of Ventura Human Services Agency	Choices PSH	PSH	\$494,187	25 HH	CH singles	Yes	Yes	Countywide	96
3	Many Mansions	MM Supportive Housing Thousand Oaks	PSH	\$188,804	38 HH	chronically homeless singles/families	Yes	Yes	Oxnard, TO	96
4	Many Mansions	MM Supportive Housing Fillmore	PSH	\$44,592	8	chronically homeless adults	Yes	Yes	Fillmore	95
5	Turning Point Foundation	Stephenson Place	PSH	\$37,905	10	chronic homeless singles	Yes	Yes	Ventura	93
6	Turning Point Foundation	Wooley House I	PSH	\$46,726	7	chronically homeless adults	Yes	Yes	Oxnard	93
7	Many Mansions	MM Supportive Housing Simi Valley	PSH	\$141,941	27	chronically homeless singles/families	Yes	Yes	Simi Valley	93
8	County of Ventura Human Services Agency	VC Rapid ReHousing	RRH	\$81,829	16 HH	literal homeless families/singles	Yes	No	Countywide	92
9	Ventura County Behavioral Health	Oxnard/East County/Santa Paula CoC	PSH	\$487,661	39 HH	chronically homeless + mental illness	Yes	Yes	Countywide	91
10	Coalition for Family Harmony	DV TH-RRH	TH-RRH	\$741,934	30 HH	DV households	Yes	Yes	Countywide	90
11	Turning Point Foundation	Rapid ReHousing	RRH	\$172,132	45 HH	literal homeless households	Yes	No	Countywide	88
12	Turning Point Foundation	Our Place Safe Haven	SH	\$168,977	10	disabled, mental illness	Yes	No	Ventura	85
13	The Salvation Army	PSH Leasing	PSH	\$101,922	5	chronically homeless	Yes	Yes	Ventura/Oxnard	81
		Tier 1	\$3,151,098							
Tier 2										
13	The Salvation Army	PSH Leasing	PSH	\$67,985	0	chronically homeless	Yes	Yes	Ventura/Oxnard	81
14	The Salvation Army	Rapid ReHousing	RRH	\$58,842	12 HH	literal homeless families/singles	Yes	Yes	Countywide	79
15	County of Ventura	County Executive Office RRH	RRH	\$223,295	25 HH	literal homeless households	Yes	No	Countywide	75
16	The Coalition For Family Harmony	Expansion DV TH-RRH	TH-RRH	\$798,372	29 HH	DV households	yes	No	Countywide	100
17	Many Mansions	Rancho Sierra	PSH	\$255,545	24 HH	chronically homeless	yes	yes	Countywide	98
18	MESA	TH-RRH for TAY	PH	\$292,131	24 HH	Transitional Age Youth	Yes	No	Ojai/Countywide	94
		Tier 2	\$1,696,170							
Planning Grant										
	County of Ventura Executive Office	Planning Grant	N/A	\$266,124	N/A	N/A	N/A	N/A	Countywide	N/A

October 9, 2024

VC CoC Governance Board

SUBJECT: Receive a notice of two (2) upcoming Board Member vacancies, receive nominations to fill Board seats, and approve three (3) Board Members to serve as the VC CoC Nominations Committee.

BACKGROUND: The Ventura County CoC Governance Board includes representatives of relevant stakeholders, private and public officials, philanthropic representatives, business and service organizations and those with lived experience in homelessness. Representation of a broad array of stakeholders will enhance the capacity to coordinate and leverage resources from various community sectors across the region.

The Ventura County CoC Governance Charter allows for a minimum of 7 and maximum of 13 Board members. In the event of a vacancy, the Governing Board may appoint qualified person(s) necessary to fill the vacancy. The person(s) appointment shall serve the unexpired term of the previous Board member and is subject to re-election by the Board and ratification by the full Alliance membership.

Nominations for board members are solicited through open invitation (social media, direct invitation and by Alliance membership). The VC CoC Board is responsible for voting on its membership and selecting members from the nominations provided. The VC CoC Alliance is responsible for generating nominations for the Board membership and ratifying the membership of the full Board annually at one of the quarterly meetings.

RECOMMENDATION:

It is recommended that your Board receive and file the notice of two (2) upcoming Board Member vacancies and receive nominations to fill the Board seats, effective January 1, 2025. The following Board members will complete a term of ten (10) years, as of December 31, 2024:

Board Member	Board Member Terms	Sector	Geographic Area	Organization
Kevin Clerici	1/1/2015 – 12/31/2024	Business	City of Ventura	Downtown Ventura Partners
Michael Nigh	1/1/2015 – 12/31/2024	Affordable Housing	Countywide	Area Housing Authority of Ventura County

As established in the Governance Charter, the VC CoC Board will appoint three (3) Board Members to serve on the Nominations Committee. In Section 7.02 of the Governance Charter, the responsibilities of the Nominations Committee are as follows:

1. Evaluates and recommends changes to improve the Governance Board representation structure and ensure it is operating in an optimum way to meet the mission;
2. Reviews Board Member nominations, solicitation responses and provides recommendations to the Board;
3. Reviews the governance Charter and provides recommendations to the Board and Full Membership body; and
4. Develops strategies and approaches to engage new Alliance members to expand membership of underrepresented sectors in the Region.

RECOMMENDATION:

1. Approve the solicitation of nominations for two (2) VC CoC Board seats to be reviewed by the Nominations Committee and filled by January 1, 2025;
2. Nominate three members of the VC CoC Board to form the Nominations Committee.



October 9, 2024

VC CoC Governance Board

SUBJECT: Approval of the 2025 Ventura County Homeless Count Implementation Plan

Background: The Ventura County Continuum of Care (VC CoC) is required by U.S. Housing and Urban Development (HUD) to conduct the annual Point in Time Count and Subpopulation Survey of homeless persons throughout our CoC geographic area. Surveys include demographics and subpopulation details of sheltered and unsheltered persons during a one-day count of homelessness across the community. HUD also requires the annual Housing Inventory Count of all emergency shelter, transitional housing, rapid re-housing, supportive housing, and other housing dedicated to homeless persons. These reports are submitted to the HUD as part of the requirements of receiving HUD Continuum of Care funding. The data helps to inform the VC CoC Board as well as other stakeholders in the community on the need for resources within the community as well as trends in the populations experiencing homelessness. Data collected is also being used by the State of California in allocating funding for the Homeless Housing Assistance and Prevention (HHAP) program.

Discussion: The attached 2025 Implementation Plan (exhibit A) includes the HUD-approved methodology for conducting the annual homeless count and subpopulation survey. VC CoC staff coordinate the efforts with leads in each city and the unincorporated areas of the county. These community leads assist with recruitment and training of community volunteers who will complete surveys of those living unsheltered on the early morning of January 22, 2025, until the early afternoon. The goal is to have comprehensive coverage of the community and work with law enforcement and homeless service providers to identify areas where volunteers should be deployed. Volunteers go out in teams of two to survey individuals and will use a mobile app to collect survey data. Volunteers are also able to collect surveys by observation if the participant is not willing or unable to participate in the voluntary survey. City leads will identify areas such as homeless encampments that require trained service providers with the support of law enforcement to collect surveys. These locations, as well as service site locations, may be surveyed on a day following the count within a 7-day window of January 22, 2025. Data for the 2025 count will be collected via a mobile app with the following activities:

- Survey collection for both individuals and households.
- Ability to assign GPS coordinates to the location of each interaction.
- Collect and display survey data submitted from the mobile app in real time.
- Ability to produce HUD-compliant reports for both sheltered and unsheltered populations.

The sheltered portion of the count is primarily reported through the Homeless Management Information System (HMIS). Shelters and Transitional Housing programs that do not participate in HMIS will be asked to collect survey data for reporting purposes using Simtech Sheltered Survey app on the night of January 21, 2025. VC CoC staff work with all housing and shelter providers to collect data for the Housing Inventory Count (HIC). This report includes the utilization of all programs on the same night as the Point in Time Count. This reporting is one of the reasons staff emphasize the need for complete HMIS coverage, including privately funded shelters. Domestic violence programs are reported outside of HMIS, and data is included in the HIC.

Recommendation: Approve the 2025 Ventura County Homeless Count Implementation Plan (Exhibit A)

The Point-in-Time Homeless Count and Survey Implementation Plan

The Ventura County Homeless Count and Survey for sheltered persons will take place on the night of January 21, 2025. The unsheltered count will take place on the morning of January 22, 2025, surveying persons who were unsheltered the night of January 21, 2025.

The Point-in-Time (PIT) Homeless Count and Survey Implementation Plan (Plan) consists of three parts: I) activities prior to the night of the count; II) activities during the night of the count; and III) activities after the night of the count.¹

I. Activities Prior to the Point-in-Time Count:

a. Point-in-time count must be carried out on one night during the last 10 days of January

The U.S. Department of Housing and Urban Development (HUD) requires that a count of sheltered and unsheltered persons who are homeless (as defined in Appendix A) must be carried out on one night in the last 10 calendar days of January unless a request to count outside of this period of time is granted by HUD.²

b. Ensure that the sheltered and unsheltered count occur during the same time period

HUD states that

“A critical step to ensuring that the same number of persons is reported on the HIC and the PIT is to conduct both counts during the same time period. HUD requires that CoCs identify the date on which the count was conducted; however, the term ‘night’ signifies a single period from sunset to sunrise, which spans two actual dates. The ‘night of the count’ begins at sunset on the date of the count and ends at sunrise on the following day, as shown in the illustration below.”³

It is important to note that “HUD strongly recommends that CoCs conduct the sheltered and unsheltered count, and the HIC, at the same time.”⁴

¹ “CoCs must designate a single night for their count so that the sheltered and unsheltered counts, as well as the Housing Inventory Count (HIC), are all based on the same night (HUD Point-in-Time Methodology Guide).”

² “Notice for Housing Inventory Count (HIC) and Point-in-Time (PIT) Data Collection for Continuum of Care (CoC) Program and the Emergency Solutions Grants (ESG) Program,” August 4, 2016, p. 18.

³ Ibid., p. 20

⁴ HUD Point-in-Time Count Methodology Guide



c. Guarantee the point-in-time count accurately reflects the entire geographic area

HUD states that:

“In some CoCs, there might be geographic areas that CoCs are not required to incorporate into the count. These might include deserts, dense forests, and other remote locations that are uninhabitable by people. Additionally, there are some areas where the CoC may have counted for several years and found no persons experiencing homelessness. In making the decision to exclude some geography, it is important that CoCs discuss these regions with people knowledgeable about the areas, and then document the decision-making process that is used to decide if a specific area will not be included in the PIT count. Areas that are excluded from a CoCs unsheltered count should be identified in the CoC’s PIT count plan that is approved by the CoC governing board. CoCs should be prepared to provide this information to HUD through HUD’s CoC Program Competition.”⁵

d. Organize the point-in-time count by geography

Organizing the point-in-time count by geography will consist of the following four actions:

- a. the county will be divided into organizational regions;
- b. the organizational regions will be divided into planning communities;
- c. the planning communities will be divided into implementation areas; and
- d. the implementation areas will be divided into count zones.

e. Organizational regions will be divided into planning communities

Planning communities will consist of incorporated cities and unincorporated areas.

Cities:

- Fillmore
- Simi Valley
- Thousand Oaks
- Moorpark
- Camarillo
- Ojai
- Oxnard
- Port Hueneme
- Santa Paula
- Ventura

Unincorporated areas:

- Piru
- Casa Conejo
- Casitas Springs
- El Rio
- Meiners Oaks
- Mira Monte



f. Planning communities will be divided into implementation areas

Each of the planning communities will be divided into implementation areas which will be designated as Red, Yellow, or Green Areas according to the definitions below:

- **Red Areas** will be defined as implementation areas where there are no homeless persons as determined by local community representatives and stakeholders;
- **Yellow Areas** will be defined as implementation areas where only professional outreach workers might go. These areas may prove too difficult to cover and/or unsafe for volunteer counters, such as community representatives or stakeholders, in their effort to count and survey homeless persons. Immediately prior to, or immediately after the count, local professional representatives involved in the homeless count such as law enforcement or street outreach workers will verify if homeless persons lived in these areas and determined the number of homeless persons who will be included in the count;
- **Green Areas** will be defined as implementation areas where homeless persons can be found as determined by local community representatives.

All the incorporated cities in the county, along with significant areas within their surrounding unincorporated territory, will likely be identified by local key person teams as Green Areas.

g. Implementation areas will be divided into count zones

Implementation Areas that were designated as Green Areas will be divided into Count Zones. Teams of Counters will be deployed to designated count zones within each of the Green Areas. Teams of Counters will not be deployed to Yellow or Red Areas.

h. Coordinate the Count and Subpopulation Survey

Coordinating the count and subpopulation survey will include implementing the following activities in each local Planning Community: 1) establishing a key person team; 2) distinguishing areas within the planning community where homeless people live; 3) identifying places where homeless people live within the identified areas; 4) identifying places where homeless people receive social services; 5) raising public awareness and community involvement; and Implementing the Count and Subpopulation Survey.



1. Establishing a Community Key Person Team

A Community Lead will be established for each planning community (city and unincorporated areas) and consist of representatives from public and private organizations who are knowledgeable about homelessness and where homeless persons live. Such key persons will include representation from business, civic, educational, faith-based, law enforcement, local government, neighborhood, and nonprofit organizations. Homeless and formerly homeless persons will also be encouraged to join.

2. Distinguishing Implementation Areas within the Planning Community

Each Community Key Person Team will distinguish implementation areas within their planning community where homeless people can be found. Such areas will include a quadrant or section of a city or unincorporated area or an entire neighborhood. Those sections of the planning community where homeless persons could be found will be designated as Green Areas. Conversely, those sections where homeless persons are known not to live or spend time will be designated Red Areas.

3. Identifying Verifiable Places where Homeless People Live/Congregate

Each Community Lead will also identify specific locations where homeless people live and/or congregate within their designated Green Areas. Such places will include abandoned buildings, commercial areas, parks, sidewalks, vacant lots and vehicles. Known encampments will also be specifically identified within Green Areas. Other places may include a whole neighborhood or a specific length of a street. Such information will be kept confidential.

4. Identifying Places where Homeless People Receive Social Services

Each Community Lead will also identify non-residential locations and/or programs where homeless people go to receive social services and other forms of assistance. Programs will include locations that distributed packaged food and/or clothing, serve meals, and provide shower or laundry services, including those operated by faith-based organizations. Other program sites will include those that were known to provide domestic violence, health care, mental health care, substance abuse, transportation, and veteran services for homeless persons.

5. Raising Public Awareness and Community Involvement

The primary purpose of raising public awareness and community involvement will be to recruit volunteers to help implement the count in each planning community. Volunteers will be recruited both locally and countywide from a wide-range of sources including city and county employees, homeless service providers, other social service agencies, non-profit organizations, faith-based institutions, local businesses, civic organizations, educational institutions, currently and formerly homeless individuals and other interested community stakeholders.



Flyers and other materials will be developed for distribution at community meetings and forums, media outlets and various public facilities, service locations, churches, college campuses and other public locations. A project website will be established with general project information and volunteer outreach materials. Volunteer registration will also be promoted through the web site during the months leading up to the day of the count.

Community involvement will include creating teams of volunteers to count homeless persons in designated Green zones. Teams will include persons who are involved in community service or interested in community service. Teams will also include persons who have considerable exposure as well as little exposure to homelessness.

i. Establish a methodology consistent with HUD requirements

HUD requires that point-in-time counts “be conducted in compliance with HUD counting standards and related methodology guidance, as described in HUD’s *Point-in-Time Count Methodology Guide* available on the HUD Exchange.”⁶

Unsheltered Count:

HUD requires Continuums of Care (CoC) to indicate the methods used to count unsheltered homeless persons in the annual Continuum of Care Program application which include those listed below. The methods checked will be those used to complete the unsheltered count.

Night of the Count Complete Census: The CoC canvassed the entire geographic area covered by the CoC.

Night of the Count Known Locations: The CoC canvassed only specific neighborhoods, blocks, census tracts, or other geographic areas within the CoC to count unsheltered homeless people staying in those locations.

Night of the Count Random Sample: The CoC identified all geographic areas in the community where people who are unsheltered might be located and selected a random sample of these areas to canvas. The CoC then extrapolated the data from the random sample to derive the unsheltered count estimate.

Service Based Count: The CoC surveyed people at various social service locations or other public or private locations to identify people who were unsheltered, but not counted, on the night of the count (either because CoCs did not use a night of the count approach or because unsheltered people were missed on the night of the count). In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where that person was sleeping on the night of the most recent count.



HMIS: CoCs may use HMIS with their street outreach to survey people within the geographic area.

HUD also requires Continuums of Care (CoC) to note what approaches were used to collect demographic and subpopulation data for unsheltered homeless persons and to report those approaches used in the annual point-in-time chart due to HUD during the spring through its Homelessness Data Exchange (HDX) website. The approaches checked below will be those used to complete the unsheltered count.

Surveys/interviews of people identified as unsheltered on the night of the PIT count

Surveys/interviews of people identified as unsheltered on the night of the PIT count, but completed later:

Surveys/interviews of people identified within 7 days following the night of the PIT count night who may have been unsheltered on the night of the PIT count (e.g., “service-based” surveys at locations where people who are homeless go for assistance

HMIS data from street outreach and/or other providers

Other (Please Specify)

In regards to the survey/interview, HUD also asks that CoCs verify in HDX whether “all people who were encountered during canvassing on the night of the count or during post night of the count PIT activities asked to complete a survey/interview.” The answer is “yes” and will be reported to HUD in HDX as follows:

All people encountered were surveyed.

Also, in regard to the survey/interview, HUD also asks that CoCs verify in HDX the information or method(s) “used to produce an unduplicated total count of homeless people across your sheltered and unsheltered populations.”

Comparison of personally identifying information (PII), such as name, date of birth, and Social Security Number

Comparison of unique client identifiers (not PII)



In order to ensure data quality collection, HUD requires that CoCs engage

“in activities to reduce the occurrence of counting unsheltered homeless persons more than once during a PIT count. These strategies are known as deduplication techniques. Deduplication techniques should always be implemented when the PIT count extends beyond a single night or when the PIT count is conducted during the day at service locations used by homeless people as well as at night shelters.”⁷

Within the annual CoC Program Application, HUD lists steps and asks that CoCs select those steps “taken to reduce the occurrence of counting unsheltered homeless persons more than once during the PIT count.” The steps checked below will be those used to ensure persons are not counted more than once.

Training: The CoC conducted training(s) for PIT enumerators or CoC staff;

Blitz Count: The CoC used a “blitz” approach, or a one-night count that was completed on the same night as the sheltered count, where the CoC counts persons experiencing homelessness at a time when it is unlikely they would be counted more than once by different counters (i.e., late in the night or early in the morning);

Unique Identifier: The CoC used a unique identifier, such as a combination of date of birth, first and last name initials, or gender assigned to unsheltered homeless persons to ensure accuracy of data collected;

Survey Question: The CoC asked specific survey question(s) of each participant, including asking if they have already been interviewed, to ensure accuracy of data collected; or

Enumerator Observation: The enumerator(s) recorded observations of unsheltered homeless persons that assisted in ensuring the data quality.

Sheltered Count:

HUD requires CoCs to update their Housing Inventory Count (HIC) and identify all projects listed as emergency shelter (ES), Safe Havens (SH), or Transitional Housing (TH) because all persons residing in these projects should be included in the sheltered PIT count. Any new projects should be added and any projects no longer in existence should be deleted.

HUD States that

“For the sheltered count, preparations should begin as early as practical to identify and confirm emergency shelter, Safe Haven, and transitional housing projects in the CoCs that should be included in the PIT count. These are the same projects CoCs must inventory and include in their HIC. CoCs should review their HIC to ensure that they are including all



projects listed in the count. On an ongoing basis, but minimally when updating the HIC, CoCs should seek to identify any new projects to ensure the HIC is a complete inventory, including projects that might not have been on the previous year's HIC because they are new or have not cooperated with the CoCs in the past."⁸

The unsheltered count and survey instrument will be used to collect required data for those emergency shelters, safe havens, and transitional housing programs that do not participate in HMIS including those that serve survivors of domestic violence.

HUD also requires Continuums of Care (CoC) to indicate the methods used to count sheltered homeless persons in the annual Continuum of Care Program application which include those listed below.⁹ The methods checked will be those used to complete the unsheltered count.

Complete Census Count:

- a. providers counted the total number of sheltered homeless persons residing in each program on the night designated as the PIT count.
- b. CoCs that relied completely on their HMIS to conduct their sheltered PIT count should select this option.

Random Sample and Extrapolation:

- a. the CoC used a random sample and extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.
- b. the random sample may be based on HMIS data or some other data source.

Non-random Sample and Extrapolation:

- a. the CoC used a non-random sample and extrapolation techniques to estimate the number and characteristic of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.
- b. the non-random sample may be based on HMIS data or some other data sources.

HUD also requires Continuums of Care (CoC) to indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons in the annual Continuum of Care Program application which include those listed below.¹⁰ The methods checked will be those used to complete the unsheltered count.

HMIS—The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data;

⁸ HUD Point-in-Time Count Methodology Guide

⁹ Ibid., p. 36.

¹⁰ Ibid., p. 37.



HMIS plus Extrapolation—The CoC used HMIS data and extrapolation techniques to estimate the subpopulation information of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing data;

Interview of sheltered persons—The CoC conducted interviews in emergency shelters, Safe Havens, and transitional housing to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data;

Sample of PIT interviews plus extrapolation—The CoC conducted interviews with a sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless populations to provide statistically reliable estimates for all sheltered persons.

In order to ensure data quality collection, HUD requires that CoCs indicate the “methods used to ensure the quality of data collected during the sheltered PIT count.”¹¹ Within the annual CoC Program Application, HUD lists methods and asks that CoCs select those methods taken to ensure that “high quality was collected on sheltered persons. The methods checked below will be those used to ensure data quality.

Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT counts;

Follow-up: The CoC reminded providers about the sheltered PIT count and followed- up with providers to ensure the maximum possible response rate from all programs;

HMIS: The CoC used HMIS to verify data collected from providers for the sheltered PIT count;

Non-HMIS Un-duplicated techniques: The CoC used non HMIS based strategies to verify that each sheltered homeless person was only counted once during the sheltered PIT count;

¹¹ Ibid., p. 39.



k. Establish a timeline

Activities:	Date(s):
1 Complete implementation plan	October 2025
2 Recruit community leads	October 2025
3 Organize planning committee	October 2025
4 Provide training to community leads in jurisdictions	November 2025
5 Begin volunteer recruitment	November 2025
6 Community leads meet with local law enforcement for day of count and encampments	November 2025
7 Coordinate HMIS Reporting requirements	November 2025
8 Begin updating Housing Inventory Chart	November 2025
9 Begin reviewing count and survey instrument	November 2025
December Activities:	
Continue volunteer recruitment	December 2025
Continue updating Housing Inventory Chart	December 2025
Prepare mapping and materials for unsheltered count	December 11, 2025
Finalize count and survey instrument	Dec. 16-20, 2025
January Activities:	
Provide volunteer training (in-person and remote/record)	January 6-16, 2025
Community leads prepare handouts and materials for count	Jan. 15 – 19, 2025
Collect and review mobile app survey data	January 22, 2025
February Activities:	
Enter, clean, and analyze unsheltered count and survey data	February 2025
Continue to collect sheltered data	February 2025
Analyze sheltered data	Feb. 20-24, 2025
March Activities:	
Prepare draft of homeless count and survey report b y	March 2025
April Activities:	
Provide draft of homeless count and survey report for review by	April 9, 2025
Submit Point-in-Time Chart to HUD in HDX	April 2025
Provide final report to all entitlement jurisdictions	April 2025
May Activities:	
Submit final homeless count and survey report to stakeholders	May 2025
Provide final report to all entitlement jurisdictions	May 2025
Deploy post-count survey to obtain feedback and recommendations	May 2025

¹² Ibid., p. 39.



I. Publicize the count

Per HUD's suggestion, the CoC will designate "one person to discuss with the media the purpose, plan, and limitations of the PIT count, as well as how the PIT count data are utilized by both the CoC and HUD."

"This person can work with the media to:

- **Draw attention to local homelessness issues.** Publicizing current local data on homelessness can garner additional funding and resources to support the count and local programming to help homeless people. Take the opportunity to educate volunteers about the homeless data and plans in the CoC.
- **Recruit volunteers.** Volunteer recruitment should begin by late fall. To recruit volunteers, CoCs should briefly describe the different roles for volunteers and which dates their assistance is needed.
- **Increase participation among the unsheltered population.** Informing and educating unsheltered homeless people about the unsheltered count will help to prevent widespread avoidance of the enumerators (see Chapter 5, *Executing the Unsheltered Count*, for more information on this topic).
- **Report count results.** After all of the data has been tabulated, unduplicated, and verified, the CoC membership should review and interpret the count totals."¹²

Key media tips by HUD will also be considered which include:

- Use local and statewide media outlets to both publicize the event and recruit volunteers to assist with the count.
- Use the media to report the PIT count results to communities.
- Create a press release. The release can either focus on local data or cumulative statewide results (for Balance of State CoCs).
- Address trends in data. Provide contextual information that might help explain trends.
- Articulate the uses *and* the limitations of count data. The CoC's count results alone might not answer 'why' questions, but they will usually provide good answers to 'where' and 'who' questions. Personalize data, provide anecdotes—but do not compromise the privacy rights of homeless persons.

Also, per HUD's suggestions, the CoC will leverage community support. HUD notes that "Gaining political support and active participation from several key partner organizations can lead to wider community participation."

HUD also notes that "Some potential options for leveraging community support include:

- **Local government officials (city, county, state):** Contact the local mayor's office or town/city council. Invite them to participate in the count. Ask if they can provide publicity, financial support, and if necessary, a letter encouraging reluctant or non-participating providers to participate. It is especially important to engage local government officials responsible for submitting Con Plans because PIT count data will be used to complete their Con Plans.



- **Community leaders/homelessness advocates:** Often communities have people who are well connected and influential in the community who have a particular interest in ending homelessness. Look to local homeless coalitions, or boards of directors for these individuals. They can be very helpful in leveraging other necessary support and resources.
- **Local funders:** Community foundations and United Way can fund a number of human service organizations and have wide outreach capacity and influence. The organizations might be able to fund a particular part of the count or provide a volunteer base.
- **Faith-based community:** Religious leaders often have wide influence in their respective religious communities and larger community, and often have their own programs to serve homeless people. The leaders can be particularly influential in engaging the cooperation of faith-based missions that might be reluctant to participate in the PIT count.
- **Local colleges and universities:** Staff or faculty of local colleges or universities can assist in the development of count methodology, data analysis, and sampling tools. In addition, students can obtain field work experience by serving as PIT count volunteers.
- **Local law enforcement:** Local law enforcement (e.g., police and sheriff departments) can be a valuable resource for the unsheltered count. Officers can provide accurate information about known locations where people who are homeless live and sleep. Police officers are also sometimes needed to accompany enumerators and surveying areas that are known to be unsafe (e.g., abandoned buildings and alleys). In addition, increased vehicle patrols in higher crime areas might improve volunteer safety and participation.

However, CoCs should carefully consider how extensively they should involve law enforcement officers in the PIT count, especially if they will be in uniform and driving official vehicles. There is a fine line between providing safety and protection for enumerators and the potential suspicion and fear a law enforcement presence might elicit among people who are homeless, especially among people with criminal records, who could be engaged in illegal activities, or those who have had negative experiences with police.”¹³

m. Engaging reluctant service providers

CoC will pursue the following HUD tips to gain the participation of service providers reluctant to participate in the count and survey:

- Meet in person with providers to address and alleviate their concerns directly.
- Hear their specific concerns in the planning process; integrate their ideas when practicable.
- Offer volunteer resources to assist them in conducting interviews and collecting data.
- Discuss the value of data collection for understanding local needs and securing needed resources and offer data and information gleaned from the count in return for their participation. This practice helps providers better understand the characteristics of homeless people outside of the clients they serve and offers information that can be used for resource development or other purposes.



In the event a provider chooses not to participate with its own staff, CoCs should ask if the provider would allow the CoC to send volunteers to administer surveys or at least conduct a basic observation-based count. If a provider continues to refuse, CoCs must strive to report as accurately as practicable about the homeless population residing in that project.¹⁴

n. Preparing for a youth count

CoC will develop a specific strategy to count homeless youth that will include the following activities encouraged by HUD:

- **Collaborate with local school district homeless liaisons.** Schools can be important partners for PIT counts. Local school districts should be contacted to help conduct outreach and increase awareness about the count. School liaisons have crucial insights about how best to access and communicate with homeless youth, and can be important resources for spreading information about events and organizations associated with the CoCs' PIT counts. CoCs should also collaborate with the local school district homeless liaisons to help identify all homeless children who are unsheltered or staying in a shelter on the night designated for the count are included in the PIT count. Since schools use a more expansive homeless definition than HUD's definition used for the PIT count, it is important to confirm that only children and youth meeting the HUD definition are included in the PIT count results reported to HUD.
- **Recruit currently or formerly homeless youth to assist with the count.** For the unsheltered count, communities that have successful strategies for conducting counts of unsheltered youth often enlist homeless or formerly homeless teenagers and young adults to assist with the count. Before the count, these youth can assist in identifying where unaccompanied youth might be staying or congregating. They can also provide input on survey design, provide assistance to outreach efforts on the night of the count, and engage homeless children and youth in the PIT count process.
- **Engage organizations serving homeless youth.** Identify and engage all stakeholders that might encounter or serve unaccompanied, homeless youth age 24 or under to participate in local PIT count planning meetings. Key providers include:
 - Runaway and Homeless Youth (RHY) programs
 - Youth shelters
 - Youth drop-in centers
 - Street outreach teams
 - Youth-focused transitional housing programs
 - Faith-based organizations and youth groups
 - Local churches that serve hot meals
 - Health clinics—youth-based and adult, including mobile health outreach
 - Local middle schools, high schools, and alternative education programs
 - Youth employment programs
 - Food banks
- **Identify locations where homeless youth congregate.** Get input from youth and youth providers to identify locations, or "hot spots," which might include:
 - Abandoned buildings



- High traffic urban areas (i.e., nightclubs, tattoo parlors, record stores, arcades)
 - Pizza places, soda shops, etc. near high schools
 - Parks
 - Malls
 - Fast food restaurants
 - LGBTQ friendly gathering spots (school support groups, bookstores, coffee houses identified by LGBTQ service providers and youth)
 - Encampments inside and outside of urban areas
- **Hold magnet events.** Develop special events located at easily accessible and non-threatening locations that include activities, food, or other appropriate incentives that might draw in youth who do not typically use shelters and services and are difficult to locate on the streets.
 - **Use social media to raise awareness and outreach.** Data from studies indicates that even youth living on the street use social media. Social media can be used to spread the word about the count, including information about location and incentives, which could lead to a larger number of youth participating in the count.
 - **Identify a lead homeless youth PIT count coordinator to facilitate data collection, engage other youth providers, and coordinate collection of data from locations where homeless youth congregate.**
 - **Provide services, food, and incentives to youth being counted.** The incentive could be advertised as part of the general mobilization effort to attract youth to participate in the count. Observations and anecdotal evidence from Youth Count! partners suggest that the incentives work for many youth. Examples of incentives include two-way public transportation tickets, a credit card with \$10 credit, a backpack filled with hygiene items and information about services, a \$5 restaurant card, bag lunches, and/or providing food, movies, and games, and a warm, dry place to spend time with friends for the night.
 - **Survey locations during multiple times throughout the day of the count.** Youth might not be visible on the street during school hours. Consider assessing count routes prior to the count to ensure that teams are in the right places at the right times. A location that is crowded in the morning might be empty only a few hours later. A CoC may choose to extend the hours of the count into the evening hours to reach youth during the time between when drop-in programs close for the day and when they retire for the night. CoCs choosing to do this must take the steps necessary to ensure people are not double counted. CoCs surveying an area multiple times throughout the day must use an interview that allows for deduplication.¹⁵

II. **Activities during the night of the count**

Unsheltered Count

The following activities will occur during the night of the count

- a. **Homeless count volunteers will gather at deployment centers before 6 am on the night of the count**

Before 6 am homeless count volunteers will gather at their assigned deployment centers on the night of the count.



b. Teams of homeless count volunteers will begin counting at 6 am within their count zones on the night of the count

Before sunrise of the night of the count, teams of homeless count volunteers will begin counting at 6 am within their count zones until 12pm.

c. Counters must return to deployment centers after they are finished counting

Counters will return to their assigned deployment center after they are finished counting within their assigned count zones.

d. Who should be included in the count

As required by HUD, counters “must count all individuals or families who meet the criteria in paragraph (1)(i) of the homeless definition in 24 CFR 578.3.”

This includes individuals and families

“with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground” on the night designated for the count. RRH assisted households who are still unsheltered on the night of the count (e.g., staying in an encampment and being assisted by a RRH project to obtain housing) must be included as part of the unsheltered count.”

e. Who should not be included in the count?

Also, as required by HUD, the CoC must not count households residing in the following locations:

- Persons residing in PSH programs, including persons housed using HUD Veterans Affairs Supportive Housing (VASH) vouchers.
- Persons residing in RRHD projects, funded in the FY2008 CoC Competition.
- Persons residing in OPH housing, including persons in a GPD Transition in Place (TIP) project on the night of the count.
- Persons counted in any location not listed on the HIC (e.g., staying in projects with beds/units not dedicated for persons who are homeless).
- Persons temporarily staying with family or friends (i.e., “doubled-up” or “couch surfing”).
- Persons residing in housing they rent or own (i.e., permanent housing), including persons residing in rental housing with assistance from a RRH project on the night of the count.
- Persons residing in institutions (e.g., jails, juvenile correction facilities, foster care, hospital beds, detox centers).¹⁶



f. Who should be included in the survey?

All persons counted will be surveyed. However, before surveying someone, counters will inform persons that

- the Ventura County Continuum of Care is conducting a count of persons who are homeless;
- their participation is **completely anonymous and confidential**;
- they will not be asked their name, social security number, or any personal information that can be linked to the person;
- their participation will help provide better programs and services for people who are homeless.

Safety Comes First

All counters will be given the following instructions:

- **If you believe a person is homeless and if the individual does not wish to speak to you** -- thank them and complete questions 4 through 7 based upon your observations **ONLY** if you are certain that the person meets HUD's criteria of sleeping in a place not meant for human habitation (e.g., sidewalk, abandoned building, tent, vehicle, park bench, etc.).
- **If you believe a person is homeless and if you do not wish to disturb the person because the person is sleeping** --complete questions 4 through 7 based upon your observations **ONLY** if you are certain that the person meets HUD's criteria of sleeping in a place not meant for human habitation (e.g., sidewalk, abandoned building, tent, vehicle, park bench, etc.).
- **If you believe a person is homeless and if you feel it is unsafe for you to engage the person**-- complete questions 4 through 7 based upon your observations **ONLY** if you are certain that the person meets HUD's criteria of sleeping in a place not meant for human habitation (e.g., sidewalk, abandoned building, tent, vehicle, park bench, etc.).
- **NOTE:** The goal is to have all of your questions answered by at least 90% of all persons counted. Therefore, please ask each person that you are counting each question unless noted otherwise. For example, asking a question may be contingent on the answer of the previous question.
- Having all questions answered will help ensure that enough data has been collected for each subpopulation that is required by HUD for each city within the county. The less data the less chances of accurate data.



g. Subpopulation data must be collected by counters

HUD requires all CoCs to “provide demographic data for both sheltered and unsheltered persons according to the following three household types:

- **Persons in households with at least one adult and one child.** This category includes households with one adult and at least one child under age 18.
- **Persons in households without children.** This category includes single adults, adult couples with no children, and groups of adults (including adult parents with their adult children).
- **Persons in households with only children.** This category includes persons under age 18, including children in one-child households, adolescent parents (under age 18) and their children, adolescent siblings, or other household configurations composed only of children.”

Also, “CoCs must collect and report information on the demographic characteristics of all people reported as sheltered or unsheltered by household type and, within each household type, by age category, gender, race, and ethnicity. CoCs must also report information by household type for veteran and youth households.”¹⁷

HUD also requires CoCs to collect data regarding the following subpopulations:

- Adults with a serious mental illness
- Adults with a substance use disorder
- Adults with HIV/AIDS
- Chronically homeless individuals
- Chronically homeless families
- Veterans
- Victims of Domestic Violence (optional)
- Youth – unaccompanied under age 18 (includes parenting youth and their children)
- Youth – unaccompanied ages 18 – 24 (includes parenting youth and their children?)

The count and survey instrument that will be used to meet HUD requirements will include the following:

1. Where did you sleep last night? (select the choice below that is closest to answer given)
If person slept in a vehicle, what kind? How many persons slept overnight in same vehicle?
2. Where are you sleeping on the night of the Count? (If an option in bold is selected, continue with the survey)
3. What is the first initial of your first name? What is the first initial of your last name?
4. What is your gender?



- 1) Woman (Girl if child) 2) Man (Boy if child) 3) Culturally Specific Identity (e.g., Two-Spirit) 4) Transgender 5) Non-Binary 6) Questioning 7) Different Identity
4. What is your Age?
5. What is Your Race?
 - 1) American Indian, Alaska Native, or Indigenous 2) American Indian, Alaska Native, or Indigenous & Hispanic/Latina/e/o 3) Asian or Asian American 4) Asian or Asian American & Hispanic/Latina/e/o 5) Black, African American, or African 6) Black, African American, or African & Hispanic/Latina/e/o 7) Hispanic/Latina/e/o 8) Middle Eastern or North African 9) Middle Eastern or North African & Hispanic/Latina/e/o 10) Native Hawaiian or Pacific Islander 11) Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o 12) White 13) White & Hispanic/Latina/e/o 14) Multi-Racial & Hispanic/Latina/e/o 15) Multi-Racial (not Hispanic/Latina/e/o)
6. State Born (select or record state under other)
If the person was born outside of U.S., select or record country.
7. Is this the first time you've been homeless?
8. Did you become homeless for the first time during the past 12 months?
9. Have you been living in a shelter and/or on the streets, in abandoned buildings or vehicles for the past year or more?
10. Have you been living in a shelter and/or on the streets, in abandoned building or vehicle at least 4 times during the last 3 years including now?
11. How many separate times in the past 3 years have lived in a shelter, on the streets, or in a car?
12. If yes, was the combined length of time on the streets 12 months or more?
13. How long in months have you been living in this community?
14. Do you remember the address where you were living when you became homeless this time?
15. Do you have a substance use disorder that is ongoing and limits your ability to live independently?
16. Do you have a chronic health condition such as diabetes, heart trouble, high blood pressure, seizures, hepatitis, respiratory problems, epilepsy, tuberculosis, or arthritis?
If yes, has it continued for a long time or indefinitely?
17. Do you have a serious mental illness or emotional impairment that seriously limits your ability to live independently?
18. Do you have a long-lasting developmental disability that limits your ability to live independently?
19. Do you receive disability benefits?
20. Are you living with AIDS or an HIV related illness?
21. Do you have a traumatic injury to the brain?
22. Do you feel this keeps you from holding a job or living in stable housing?
23. Are you experiencing homelessness because you are fleeing domestic violence, dating violence, sexual assault, or stalking?
 - 23a. If yes, when did this occur?



24. Before age 18, were you ever placed in a foster home or a group home?
25. Are you a veteran? (served in the U.S. Armed Forces OR been called into active duty as a member of the National Guard or as a Reservist)
26. Are you a current or former foster youth?
27. How much is your monthly income?
28. Have you been released from jail or prison in the last 12 months?
29. Are you currently on probation or parole?
30. Do you have any children under the age of 18 who are homeless and living with you today?
If yes, how many children are living with you today?
NOTE: If 18 or older please enter the persons as an adult
31. What is the child's gender?
32. Is the child Hispanic/Latino?
33. What is the child's race?
34. What is the child's age?
35. Is the child enrolled in school?
36. Do you have a spouse or partner who is also homeless and living with you? (A partner is a person you live with and share a common family life but not joined in a traditional marriage). **NOTE:** Please interview and complete a survey for the spouse or partner.

h. Service-based counts

Service-based counts will be conducted during the three days after the night of the count. The persons counted, per HUD's requirements, "must ensure that the persons counted are limited to persons who were unsheltered on the night chosen for the PIT count." Also, all unique identifier information must be completed in the homeless count and survey instrument in order to de-duplicate.¹⁸

In order to help CoCs determine the use of a service-based count, HUD raised the following question and provide an answer

"Does the CoC believe that there might be people experiencing homelessness that enumerators are not likely to identify during an unsheltered count or are there other barriers that could limit the ability of enumerators to conduct interviews during the night of the count?"

"If yes, the CoC may combine a known location count on the night of the count with a service-based count approach to attempt to account for any homeless persons who might not have been identified on the night of the count."¹⁹

HUD further states that

"Service-based counts may only be conducted within the 7-day period after the designated count night. Service-based counts are conducted at locations frequented by people who are homeless, including soup kitchens, day shelters, libraries, and other community locations and include interviews to determine whether people were unsheltered on the night of the count, as well as their characteristics."²⁰



Also, as noted by HUD,

“If CoCs’ methodology involve counting homeless persons over multiple days, they must use a survey instrument as part of its deduplication strategy. If CoCs want to complete a multi-day count without a survey that allows for deduplication, they must seek an exception from HUD. The exception must include a justification for why the count must occur over multiple days and why the CoCs do not intend to use a survey instrument for deduplication purposes.”²¹

HUD also notes that

“The level of training required for a service-based count is typically higher, since service-based enumerations require more detailed interviews and typically rely on a combination of service provider staff (or other personnel at the location being canvassed), outreach workers, and volunteers. Service providers, especially mainstream service providers such as welfare agencies, might not ordinarily ask clients about their homeless status and housing needs. As a result, service providers and staff at other locations who are directly involved in post-night counts will require instructions on conducting the interviews and a clear and simple survey form. PIT count volunteers will similarly require considerable training.”²²

¹⁸ Point-in-Time Count Methodology Guide

¹⁹ Ibid., p. 20.

²⁰ Ibid., p. 19.

²¹ Ibid., p. 26.

²² Ibid., p. 39.



i. Provision of incentives

HUD notes that

Many CoCs provide incentives to homeless people who participate in the PIT count. These items can include bus passes, meal gift cards, toiletries, backpacks, blankets, and socks. Some CoCs compile significant donations from local hotels, volunteer groups, and restaurants. Other communities hold drives at local sporting events, schools, or churches. Incentives not only provide necessities of daily living to those participating in the count, but also can raise community awareness about the count and homelessness. In addition, providing participants with distinctive and visible incentives can assist the enumerators in identifying those who have already been counted and help to reduce duplicate counting.²³

j. Youth count

Note: CoCs that count unaccompanied children and youth under the age of 18 should consult with local justice, child welfare, and other social services officials to develop a protocol for interviewing these children and youth and connecting them to appropriate services in the community. CoCs should consider whether questions asked of youth should be stated differently than questions asked of homeless adults.

Sheltered Count

HUD strongly encourages CoCs “to use HMIS to generate PIT data for projects with 100 percent of their beds participating in HMIS.” The unsheltered count and survey instrument will be used to collect required data for those emergency shelters, safe havens, and transitional housing programs that do not participate in HMIS including those that serve survivors of domestic violence.

The CoC will also prepare the HMIS for the sheltered count and survey by carrying out the suggestions made by HUD which are noted below:

- “Generate data quality reports for each participating project.
- Identify and correct any deficiencies in the data (e.g., have projects collect and enter missing data, correct obvious errors, ensure correct entry and exit dates).
- Produce a system-level occupancy report that includes all projects for review. It might be useful to break out the report by project type and household type to determine whether sufficient data are collected for extrapolation purposes. It might also be helpful to examine bed inventory and utilization information for projects on the night of the count. For many CoCs, this is a standard off-the-shelf report provided by the HMIS vendor. Consider contacting the HMIS vendor to see if this type of report is available for use.



- Generate a data quality report that provides the percentage of records with missing or nonresponsive (Don't Know or Refused) values in HMIS data elements used for the count and subpopulation information.
- Hold regular count meetings involving the HMIS administrator for the CoC and the PIT count committee to help address these issues and finalize the CoC's PIT count plan."²⁴

III. **Activities after the night of the count**

Activities after the night of the count will include the following:

a. **Collect all sheltered data in HMIS which will include the following steps**

- refer to their Housing Inventory Count (HIC) and identify all projects listed as emergency shelter (ES), Safe Havens (SH), or Transitional Housing (TH) and all people residing in these projects should be included in the sheltered PIT count.
- verify with project staff that HMIS data are complete and correct for the night of the PIT count and that exit dates have been entered for all persons who exited the project on or before the date of the PIT.
- use the Project Descriptor Data Elements to filter these projects in HMIS.
- identify the universe of people to include in the sheltered count using Universal Data Elements.
- use other Universal Data Elements and Program Specific Data Elements to identify demographic and other subpopulation data.²⁵

NOTE: A summary of data elements that CoCs will need to query in HMIS is described in the "Sheltered PIT Count and HMIS Data Element Crosswalk" which can be obtained through the following link: <https://www.hudexchange.info/resources/documents/Sheltered-PIT-Count-and-HMIS-Data-Element-Crosswalk.pdf>.

²³ Ibid., p. 27.

²⁴ Ibid., p. 43.



- a. **Collect data sheets from all projects that do not participate in HMIS and include in data collected in HMIS**
- b. **Collect, enter, clean, and analyze unsheltered data after de-duplicating data**
- c. **Write draft homeless count and survey reports for local stakeholders to review including recommendations for next steps**
- d. **Complete a final homeless count and survey report that incorporates stakeholder comments and changes**
- e. **Enter homeless count and survey data into HUD’s Point-in-Time Chart and submit to HUD through the HUD Data Exchange (HDX) web site as required by HUD**
- f. **Submit relevant homeless count and survey data to the entity responsible for each Consolidated Plan jurisdiction as required by HUD.**

NOTE: HUD states that the “PIT count and Housing Inventory Count (HIC) are integrally related. The sum total number of persons reported in emergency shelter, Safe Haven, and transitional housing projects in the PIT count fields of the HIC must match the sum total of sheltered persons reported in the PIT count. This constitutes the universe of sheltered people for whom CoCs must provide actual or estimated demographic characteristics for the sheltered PIT count. Because the PIT and HIC data must match, it is critical that CoCs conduct their PIT count and HIC at the same time.”²⁶

²⁵ Sheltered PIT Count and HMIS Data Element Crosswalk

²⁶ HUD Point-in-Time Count Methodology Guide

October 9, 2024

CoC Governance Board

SUBJECT: Review and Approve the Updated Ventura County Continuum of Care Coordinated Entry System Pathways to Home Policies and Procedures.

BACKGROUND: With the development and implementation of Coordinated Entry Systems (CES) as mandated by the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) program, each year the Homeless Management Information System (HMIS) CES team reviews policies and procedures with the HMIS Steering Committee to ensure alignment with regulation.

DISCUSSION: The VCHMIS/CoC team began a review process of policies and procedures in June 2024 to ensure alignment with federal regulation in the following areas:

- 1) VCCoC PTH CES Policies and Procedures
- 2) Appendix A: PTH Case Conferencing Charter
- 3) Appendix B: CES Workflow
- 4) Appendix C: PTH Screening Assessment
- 5) Appendix D: VC HMIS ROI (Eng/Sp)
- 6) Appendix E: PTH Desk Guide
- 7) Appendix F: VCCoC CES/PTH-HMIS entry, eligibility, referral, exit procedures
- 8) Appendix G: VCCoC CES/PTH Prioritization Procedures
- 9) Appendix H: VCCoC CES/PTH Data management procedures
- 10) Appendix I: Chronic Homeless Documentation

All major initiatives, including Policies and Procedures, are reviewed and approved by the HMIS Steering Committee and then presented to the VC CoC Governance Board for approval.

VC CoC CES Policy Changes:

VCCoC PTH CES Policies and Procedures

- a. Added “for those who are homeless or at risk of homelessness” (page 5)
- b. Updated link to the Violence Against Women Act (page 6)
- c. Updated link to the Violence Against Women Act (page 16)
- d. Added “visit Venturacoc.org for ETP policy” (page 16)
- e. Changed VAT of 19+ to recommended, NOT required (page 18)
- f. Added that the “Coordinated Entry System assessment, Case Conference Form, Vulnerability Assessment Tool, and if necessary, the Multidisciplinary tool will be completed in paper form” and “to help ensure confidentiality” if client does not agree to data sharing (page 19)
- g. Added that case coordination, communication, info sharing, and collaboration occurs bi-monthly (page 19)
- h. Added that case conferences are usually interdisciplinary (page 19)

- i. Added that the PTH/CES Case Conference will meet bi-monthly (page 19)
 - j. Added “State Homeless Housing Assistance and Prevention Grants (HHAP)” (page 20)
 - k. Added “If an individual or household is presented, and a provider has a personal relationship or familial relationship, the provider must refrain from contributing to the discussion to ensure there are no conflicts of interest.” (page 21)
 - l. Added “Agency leadership” under Data integrity section (page 24)
- 11) Appendix A: PTH Case Conferencing Charter**
- a. Added information regarding the use of MS Teams under section IV. Confidentiality and Purpose (page 2)
 - b. Added section V. Conflict of Interest (page 3)
- 12) Appendix B: CES Workflow**
- a. No changes
- 13) Appendix C: PTH Screening Assessment**
- a. Added question, “Did you serve in any branch of the military?” (page 2)
- 14) Appendix D: VC HMIS ROI (Eng)**
- a. Updated participating agencies list including County of Ventura Public Defender’s Office, Peoples Self Help Housing, MESA Farm, and changed RAIN Transitional Living Center to RAIN Bridge Housing Program as well as changed VC Area Agency on Aging to County of Ventura Human Services Agency, Area on Aging (page 2)
- 15) Appendix E: PTH Desk Guide**
- a. No changes, cleaned up formatting of document
- 16) Appendix F: VCCoC CES/PTH-HMIS entry, eligibility, referral, exit procedures**
- a. Under Vulnerability Assessment Tool Recommendations, changed 19+ “Recommended for Permanent Supportive Housing-Not Required” (page 4)
- 17) Appendix G: VCCoC CES/PTH Prioritization Procedures**
- a. Under Prioritization, added “highest vulnerability” (page 2)
 - b. Under Case Conference, added “and prioritize those who” (page 2)
 - c. Under Homeless Status, added “severity of service needs” (page 3)
 - d. Under VAT Score added “(PSH&TH)” and “19 or higher is recommended” (page 3)
 - e. Under Rapid Re-Housing and Emergency Shelter, added “priority” (page 4)
 - f. Under Chronic Homeless Documentation added “Chronic Homeless documents” (page 4)
 - g. Under Referrals, added “matched”, “identified unit or voucher”, “notified CES program coordinator”, “completes CES exit”, client “remains” on prioritization list, and agency re-runs eligibility for client “in HMIS” (page 4)
 - h. Under Referrals, added “Refer to VC CoC CES PTH Data Management Procedures regarding Service Provider Due Diligence” (page 4)
 - i. Added VC CoC PSH Transfer Requests section (page 5)
- 18) Appendix H: VCCoC CES/PTH Data management procedures**
- a. Under Service Provider Due Diligence (Prioritization for PSH Only) added VAT score of 19 “recommended-not required” (page 2)
- 19) Appendix I: Chronic Homeless Documentation**
- a. Under Acceptable Forms of Recording Disabling Condition, added “and licensed in the State of California” and “Veterans Affairs VA Compensation Check” (page 3)
- Under Chronic Homeless Documentation Procedures for CES Team, added “client is eligible to be placed on the Case Conferencing Review Matrix for future presentation at a Pathways to Home Meeting” (page 4)

Recommendation: Approve the updated 2025 VC CoC Coordinated Entry System Pathways to Home Policies and Procedures (Exhibit A) as recommended by the HMIS Steering Committee.

**VENTURA COUNTY
CONTINUUM OF CARE**

**PATHWAYS
TO HOME**

COORDINATED ENTRY SYSTEM

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PATHWAYS TO HOME- SUMMARY

Pathways to Home is the Ventura County Continuum of Care's (VC CoC) Coordinated Entry System (CES). A Coordinated Entry System is a system that allows individuals and families to access services needed to move them away from or out of a state of homelessness. A CES is a client focused approach to minimizing the complexity and challenges associated with accessing multiple programs to avoid or exit homelessness. In addition, service providers within the VC CoC work collaboratively to coordinate services and information with the intent to provide the most effective, efficient and client specific case plan.

Pathways to Home is built on a foundation of trauma informed and person-centered service delivery. This principle-based approach ensures clients are treated with respect, empathy, and sensitivity. In addition, this approach is based on a collaborative relationship between the service provider and the client, where clients are engaged in the development of their plan to achieve the goals they establish for themselves as it relates to avoiding or ending their state of homelessness.

The Pathways to Home system design and framework is based on guidelines and federal requirements as part of its implementation of the HEARTH ACT. The U.S. Department Housing and Urban and Development (HUD) released regulations in 2012 that require every Continuum of Care (CoC) to develop a centralized or coordinated system for intake. The local service delivery methodology was developed in conjunction with HUD guidelines and on the foundation of the VC CoC Alliance's Mission, Vision, Values and Guiding Principles.

PTH/CES implementation was rolled out in multiple phases. The October 2016 phase of PTH will focus on **prioritization** for the following services only:

1. Transitional Housing/Shelter
2. Permanent Supportive Housing

All other services are referred immediately and appropriately as needed (ex: Supportive Services, Rapid Re-Housing, etc.). This process is enhanced and has increased efficiency via PTH/CES as well due to initial data entry and data sharing among the service providers and through the PTH/CES Case Conferencing Meeting.

It is important to note, not all homeless service providers throughout the county participate in the VC CoC Alliance, hence PTH/CES. This limits the ability to coordinate services comprehensively. The VC CoC Alliance is actively seeking the participation of all homeless services providers to continue to improve the effectiveness of Pathways to Home.

Performance Objectives/Outcomes of the Pathways to Home Program

- Increase the number of individuals and families moved from homelessness to stable housing in the most efficient, effective and customer service focused manner
- Connect Clients with appropriate and needed services within the shortest time frame possible
- Improvement in the development of case plans
- Minimization of duplicate services
- Minimization of data integrity issues (client level info)
- Codification of needs versus services and resources available (gap analysis)

Program Design

PTH/CES is built on a strategic agreement by all homeless services housing providers and stakeholders to coordinate services to those clients most in need in the most expedient fashion. In order to do this, all service providers will need to work together, sharing program and client information via shared data within HMIS, participating in enhanced multi-disciplinary case management meetings and by meeting established VC CoC program expectations and performance metrics. Finally, PTH/CES establishes an agreed upon level of service excellence amongst partner agencies (how we work together) and ultimately ensuring a consistent, customer service-oriented experience for the families and individuals we are charged with serving.

VC CoC ALLIANCE-MISSION, VISION, VALUES AND GUIDING PRINCIPLES

As noted, PTH/CES was developed and implemented based on the foundation of the HUD, HEARTH Act Requirements and the principles as espoused by the VC CoC Alliance Mission, Vision, Values and Guiding Principles. They are as follows:

Mission Statement

The Ventura County Continuum of Care Alliance is a collaborative group dedicated to promoting a safe, desirable, and thriving community by ending homelessness in Ventura County.

Vision

Homelessness in Ventura County is rare, brief, and non-recurring.

Values

- The dignity of every human life
- The well-being of the entire community
- The power of the community working together to solve community problems

Guiding Principles

Collaboration and Coordination

Invest in evidence-based, results-driven, and client-focused systems of support that integrate practices, procedures, and services within and across public and private agencies, programs, and policies.

Housing First

People experiencing homelessness require very affordable and permanent housing solutions as quickly as possible, and then services as needed.

Strength-Based

Start with and build upon the skills, strengths, and positive characteristics of each person.

Trauma-Informed

Homelessness is a complex, high-risk, and individualized condition, not a character trait. Recognize that most people experiencing homelessness have experienced trauma, and build relationships, responses, and services on that knowledge.

Harm Reduction

Seek to reduce the effects of risky behavior in the short-term and eliminate its effects in the long-term.

BACKGROUND-U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT and STATE OF CALIFORNIA LEGISLATIVE COUNCIL: COORDINATED ENTRY SYSTEM POLICY BRIEF

An effective coordinated entry process is a critical component to any community's efforts to meet the goals of Opening Doors: Federal Strategic Plan to Prevent and End Homelessness. This policy brief describes HUD's views of the characteristics of an effective coordinated entry process. This brief does not establish requirements for Continuums of Care (CoCs), but rather is meant to inform local efforts to further develop CoCs' coordinated entry processes.

Provisions in the CoC Program interim rule at 24 CFR 578.7(a) (8) require that CoCs establish a Centralized or Coordinated Assessment System. In this document, HUD uses the terms coordinated entry and coordinated entry process instead of centralized or coordinated assessment system to help avoid the implication that CoCs must centralize the assessment process, and to emphasize that the process is easy for people to access, that it identifies and assesses their needs, and makes prioritization decisions based upon needs. However, HUD considers these terms to mean the same thing. See 24 CFR 578.7(a) (8) for information on current requirements.

HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people

present. Most communities lack the resources needed to meet all the needs of people experiencing homelessness. This combined with the lack of well-developed coordinated entry processes can result in severe hardships for people experiencing homelessness. They often face long waiting times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

State of California's primary goals for counties are that coordinated efforts among service providers through a multidisciplinary team is established for those who are homeless or at risk of homelessness. Provisions in [AB 1948, Rendon. Homeless multidisciplinary personnel teams](#) was signed into law on July 15, 2024, by Governor Gavin Newsom. Existing law authorizes a county to establish a homeless adult and family multidisciplinary personnel team, with the goal of facilitating the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services within that county, and to allow provider agencies and members of the personnel team to share confidential information for the purpose of coordinating housing and supportive services to ensure continuity of care.

Existing law, until January 1, 2025, authorizes the Counties of Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Clara, and Ventura to expand the goals of the homeless adult and family multidisciplinary personnel team to include facilitating the expedited identification, assessment, and linkage of individuals at risk of homelessness, as defined, to housing and supportive services, and the expedited prevention of homelessness.

Required Qualities of Effective Coordinated Entry

An effective coordinated entry process has the following qualities:

- **Fair and Equal Access**
All people in the CoC's geographic area have fair and equal access to the coordinated entry process, regardless of where or how they present for services. Fair and equal access means that people can easily access the coordinated entry process, whether in person, by phone, or some other method, and that the process for accessing help is well known. Marketing strategies may include direct outreach to people on the street and other service sites, informational flyers left at service sites and public locations, announcements during CoC or other coalition meetings, and educating mainstream service providers. If the entry point includes one or more physical locations, they are accessible to people with disabilities, and easily accessible by public transportation, or there is another method, e.g., toll-free or 211 phone number, by which people can easily access them. The coordinated entry process is able to serve people who speak languages commonly spoken in the community.

- **Standardized Access and Assessment**
All coordinated entry locations and methods (phone, in-person, online, etc.) offer the same assessment approach and referrals using uniform decision-making processes. A person presenting at a particular coordinated entry location is not steered towards any particular program or provider simply because they presented at that location
- **Marketing**
All coordinated entry locations ensure the process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. All coordinated entry locations ensure all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, and families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process.
- **Street Outreach**
The coordinated entry process is linked to street outreach efforts so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the coordinated entry process.
- **Emergency Services**
The Coordinated Entry Process allows emergency services, including all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short term crisis residential programs, to operate with as few barriers to entry as possible. The coordinated entry process does not delay access to emergency services such as shelter. The process includes a manner for people to access emergency services at all hours independent of the operating hours of the coordinated entry intake and assessment process.

Individuals in need of emergency services during off hours of the coordinated entry system can be connected to emergency services via 211 and/or may directly contact the emergency service directly. If emergency services are funded through the ESG Program, the project must follow the written standards required under 576.400(e)(3)(iv)

- **Safety planning**
The coordinated entry process has protocols in place to ensure the safety of the individuals seeking assistance. These protocols ensure that people fleeing domestic violence have safe and confidential access to the coordinated entry process and domestic violence services, and that any data collection adheres to [The Violence Against Women Act \(VAWA\)](#).

- **Prioritization**
The coordinated entry process ensures that people with the greatest needs receive priority for any type of housing and homeless assistance available in the CoC, including Permanent Supportive Housing (PSH), Rapid Re-housing (RRH), Transitional Housing and other interventions.
- **Eligibility**
Determining eligibility is a project level process governed by written standards as established in 24 CFR 576.400€ and 24 CFR 578.7 (a)(9). Coordinated entry processes incorporate mechanisms for determining whether potential participants meet project-specific requirements of the projects for which they are prioritized and to which they are referred. The process of collecting required information and documentation regarding eligibility may occur at any point in the coordinated entry process, i.e., after or concurrently with the assessment, scoring, and prioritization processes, as long as that eligibility information is not being used as part of prioritization and ranking, e.g., using documentation of a specific diagnosis or disability to rank a person. Projects or units may be legally permitted to limit eligibility, e.g., to persons with disabilities, through a Federal statute which requires that assistance be utilized for a specific population, e.g., the HOPWA program, through State or local permissions in instances where Federal funding is not used and Federal civil rights laws are not violated.
- **Full coverage**
All coordinated entry locations cover the CoC's entire geographic area. All coordinated entry locations utilize a "no wrong door" approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area but is assessed using the same tool and methodology so that referrals are consistently completed across the CoC.
- **Inclusive**
All coordinated entry locations act in accordance with civil rights and fair housing laws and requirements. All coordinated entry locations serve all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, and survivors of domestic violence. However, CoCs may have different processes for accessing coordinated entry, including different access points and assessment tools for the following different populations: (1) adults without children, (2) adults accompanied by children, (3) unaccompanied youth, or (4) households fleeing domestic violence. These are the only groups for which different access points are used. For example, there is not a separate coordinated entry process for people with mental illness or addictions, although the systems addressing those disabilities may serve as referral sources into the process. The CoC continuously evaluates and improves the process ensuring that all subpopulations are well served. All coordinated entry locations permit recipients of Federal and State funds to comply with applicable civil rights and fair housing laws and requirements.

- **Fair Housing Act** prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
- **Section 504 of the Rehabilitation Act** prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance.
- **Title VI of the Civil Rights Act** prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance.
- **Title II of the Americans with Disabilities Act** prohibits public entities, which includes State and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing related services such as housing search and referral assistance.
- **Title III of the Americans with Disabilities Act** prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of one's disability.
- **Homeless Prevention Services**
Individuals can access homelessness prevention services funded with ESG and HHAP program funds through the coordinated entry process.
- **Referral to projects**
The coordinated entry process makes referrals to all projects receiving Emergency Solutions Grants (ESG), Homeless Housing Assistance and Prevention Grants (HHAP) and CoC Program funds, including emergency shelter, Rapid Re-housing (RRH), Permanent Supportive Housing (PSH), and Transitional Housing (TH), as well as other housing and homelessness projects. Projects in the community that are dedicated to serving people experiencing homelessness fill all vacancies through referrals, while other housing and services projects determine the extent to which they rely on referrals from the coordinated entry process.

Programs that participate in the CoC's coordinated entry process accept all eligible referrals unless the CoC has a documented protocol for rejecting referrals that ensures that such rejections are justified and rare and that participants are able to identify and access another suitable project.

- **Person-Centered**
The coordinated entry process incorporates participant choice, which may be facilitated by questions in the assessment tool or through other methods. Choice can include location and type of housing, level of services, and other options about which households can participate in decisions.

- **Participant Autonomy**
CoC coordinated assessment participants are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. Written policies and procedures specify the conditions for participants to maintain their place in coordinated entry prioritization lists when the participant rejects options.

**Note – Programs may require participants to provide certain pieces of information to determine program eligibility only when the applicable program regulation requires the information to establish or Document eligibility.*

- **Privacy Protections**
The coordinated entry process uses HMIS to collect and manage data associated with assessments and referrals, however, use of another data system or process, particularly in instances where there is an existing system in place into which the coordinated entry process can be easily incorporated is acceptable. For example, a coordinated entry process that serves households with children may use a system from a state or local department of family services to collect and analyze coordinated entry data. Communities may use CoC Program, HHAP Program or ESG program funding for HMIS to pay for costs associated with coordinated entry to the extent that coordinated entry is integrated into the CoCs HMIS.
- **Assessor training**
Quarterly and annual training opportunities are required, which may be in-person, a live or recorded online session, or a self-administered training, to participating staff at organizations that serve as access points or otherwise conduct assessments. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry process, including its written policies and procedures and any adopted variations described in Section II.B.2. Page 15 b.
- **Low Barrier**
The PTH/CES process is Housing First oriented, such that people are housed quickly without preconditions or service participation requirements. In addition, housing and homelessness programs lower their screening barriers in partnership with the coordinated entry process. The coordinated entry process prohibits screening people out of the coordinated entry process due to perceived barriers related to housing or services, including, but not limited to, too little or no income, active or a history of substance use, 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—with exceptions for state or local restrictions that prevent projects from serving people with certain convictions.

- **Housing First Orientation**
The coordinated entry process is Housing First oriented, such that people are housed quickly without preconditions or service participation requirements.
- **On-going planning and stakeholder consultation**
The CoC engages in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes evaluating and updating the coordinated entry process at least annually. Feedback from individuals and families experiencing homelessness or recently connected to housing through the coordinated entry process is regularly gathered through surveys, focus groups, and other means and is used to improve the process.
- **Informing local planning**
Information gathered through the coordinated entry process is used to guide homeless assistance planning and system change efforts in the community.
- **Leverage local attributes and capacity**
The physical and political geography, including the capacity of partners in a community, and the opportunities unique to the community's context, inform local coordinated entry implementation.

The remainder of this brief clarifies a few aspects of the coordinated entry process that deserve further explanation and emphasis, including how communities prioritize people in their coordinated entry process, how communities think about and address waiting lists, and considerations for the assessment tools and processes that communities implement. This document also clarifies procedures in implementing coordinated entry.

Prioritizing people who are most vulnerable or have the most severe service needs

One of the main purposes of coordinated entry is to ensure that people with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance. HUD's policy is that people experiencing chronic homelessness should be prioritized for Permanent Supportive Housing (PSH). In some cases, PSH projects are required to serve people experiencing chronic homelessness and in other cases, HUD provides incentives for projects to do so. HUD is strongly encouraging communities to fully implement the prioritization process included in [Notice CPD-16-11](#) and [Notice CPD-17-01](#).

In addition to prioritizing people experiencing chronic homelessness, the coordinated entry process prioritizes people who are more likely to need some form of assistance to end their homelessness or who are more vulnerable to the effects of homelessness. When considering how to prioritize people for housing and homelessness assistance, communities can use the following:

- Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing
- High utilization of crisis or emergency services, including emergency rooms, jails, and psychiatric facilities, to meet basic needs
- The extent to which people, especially youth and children, are unsheltered
- Vulnerability to illness or death
- Risk of continued homelessness
- Vulnerability to victimization, including physical assault or engaging in trafficking or sex work

Communities should decide what factors are most important and, to the greatest extent possible, use all available data and research to inform their prioritization decisions. The coordinated entry process is meant to orient the community to one or two central prioritizing principles by which the community can make decisions about how to utilize its resources most effectively. This prioritization ensures that across subpopulations and people with different types of disabilities, those most vulnerable or with the most severe service needs will be prioritized for assistance. The prioritization may not target a category of people with a particular disability. However, individual programs, including CoC funded projects, may restrict access to people with a particular disability or characteristic. In these cases, the coordinated entry process should ensure that people are only referred to projects for which they are eligible. At the same time, providers should ensure that eligibility criteria are limited to those required by Federal or local statute or by funding sources.

Communities should take care to ensure that their prioritization process does not allow people who are more vulnerable or who have more severe service needs to languish in shelters or on the streets because more intensive types of assistance are not available. Evidence indicates that one of the most important factors to successfully ending an episode of homelessness is the speed with which the intervention is made available to the person (see discussion of assessment tools below and HUD's February 2015 report on assessment tools). This means that if a person is assessed as being highly vulnerable, that person may be prioritized for PSH, but if PSH is not available or the PSH has a long prioritization list, that person should be prioritized for other types of assistance such as RRH or TH. CoCs should not assume that because a person is prioritized for one type of assistance, they could not be served well by another type of assistance. However, CoCs should be aware that placing a household in Transitional Housing (TH) can affect their eligibility for other programs. For example, people coming from TH are not eligible for most Rapid Re-housing funded under the ESG and CoC Programs and placement in TH can affect a person's chronic homelessness status.

Prioritization

Prioritizing chronically homeless persons in VCCoC program-funded Permanent Supportive Housing beds dedicated or prioritized by persons experiencing chronic homelessness:

1 (a) First Priority—Homeless Individuals and Families with a Disability experiencing chronic homelessness that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual or families' service needs.

1 (b) If there is not a person that meets specific program eligibility criteria of a target population (i.e., mental illness), the agency would then accept the next prioritized person on the list. This means, if the CoC has served everyone with self-reported target disability (i.e., mental illness), the agency may be referred another person that meets the chronic homeless status (i.e., with a different disability).

Prioritizing when there are no chronically homeless individuals and families within the VCCoC's geographic area:

1. First Priority-Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs.
2. Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.
3. Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.
4. Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing

Prioritizing Rapid Re-Housing and Emergency Shelter:

1. Unsheltered persons receive first priority for emergency shelter and rapid re-housing.

Addressing waiting times through coordinated entry

Long wait times make homeless assistance less effective and reduce the overall performance of a community's homeless assistance system. When a community faces a scarcity of needed resources, they should use the coordinated entry process to prioritize which people will receive housing assistance rather than continuing to add people to a long waiting list. For example, if a community has enough PSH to serve 10 new households per month, but 30 households are assessed as needing PSH every month, the coordinated entry process should be adjusted to prioritize approximately 10 households for PSH each month. The other 20 households should be prioritized for other resources available in the community, such as RRH, TH (taking care to consider the impact of placement in TH on an individual's chronically homeless status or future eligibility in other programs), housing subsidies, or other mainstream resources. Short waiting times of a few days or weeks might be necessary to properly manage utilization,

but waiting times for homeless assistance of several months or years should be eliminated whenever possible. Although PSH is almost always the most effective resource for people with high levels of vulnerability and high service needs, including those experiencing chronic homelessness, the lack of available PSH should not result in people languishing in shelters or on the streets without further assistance.

Most communities face a gap between need and availability based on limited resources. Communities should be proactively taking steps to close these gaps that are identified through the coordinated entry process. For example, if there is insufficient PSH available in the community, the CoC should be working with PHAs, other affordable housing providers, and Medicaid-funded agencies to increase the supply of PSH.

To the maximum extent possible, existing PSH should be targeted to chronically homeless people based on the severity of their service needs (as described in, [Notice CPD-16-11](#) and [Notice CPD 17-01](#)). Where there are individuals in PSH who no longer need a high level of services, the CoC should pursue “move up” strategies that help those individuals shift to another form of housing assistance, freeing up the PSH assistance for another prioritized household.

Implementing effective assessment tools and processes

HUD does not endorse any specific assessment tool or approach, but there are universal qualities that any tool or criteria used by a CoC for their coordinated entry process should include. HUD outlined some of these qualities in the [Notice CPD-16-11](#) and [Notice CPD 17-01](#) and is building on those qualities in this brief. HUD recognizes the need for guidance as both the process and the tools continue to evolve, so some of the qualities have remained the same, while others have had changes and additions that reflect HUD’s evolving understanding of the assessment process and what is most effective. Please refer to HUD’s February 2015 report on assessment tools for further information.

At its core, the assessment process is not a one-time event to gather as much information about a person as possible. Instead, assessments are performed only when needed and only assess for information necessary to help an individual or family at that moment. Initial assessments happen as quickly as possible regardless of where households are residing—streets or in shelter, and the assessment process uses tools as a guide to start the conversation, not as a final decision-maker. Following are several principles that communities can use to ensure an effective assessment process:

- **Phased assessment**
The assessment tools are employed as a series of situational assessments that allow the assessment process to occur over time and only as necessary. For example, an assessment process may have separate tools that assess for each of the following:
 - Screening for diversion, triage and/or prevention
 - Assessing shelter and other emergency needs

- Identifying housing resources and barriers
- Evaluating vulnerability to prioritize for assistance
- Screening for program eligibility
- Facilitating connections to mainstream resources

These assessments will likely occur over a period of days or weeks, as needed, depending on the progress a homeless household is making. The different assessments build on each other so a participant does not have to repeat their story. There will also be instances where a participant should be reassessed or reprioritized, particularly if they remain homeless for a long period of time.

- Necessary information
The assessment process only seeks information necessary to determine the severity of need and eligibility for housing and services and is based on evidence of the risk of becoming or remaining homeless. For example, a coordinated assessment process would only assess for a particular disability to determine if that household could be referred to a program that requires a particular disability as part of its eligibility criteria.
- Participant autonomy
The protocol for filling out assessment tools provides the opportunity for people receiving the assessment to freely refuse to answer questions without retribution or limiting their access to assistance.
- Person-centered
The assessment process provides options and recommendations that guide and inform client choices, as opposed to rigid decisions about what individuals or families need. The process also incorporates participants' strengths, goals, and protective factors to recommend options that best meet the needs and goals of the people being assessed.
- Cultural competence
Staff administering assessments use culturally competent practices, and tools contain culturally competent questions. For example, questions are worded to reflect an understanding of LGBTQ issues and needs, and staff administering assessments are trained to ask appropriately worded questions and offer options and recommendations that reflect this population's specific needs.
- User-friendly
Tools are brief, easily administered by non-clinical staff including outreach workers, minimize the time required to utilize, and easy for those being assessed to understand.
- Privacy protections
Privacy protections are in place to ensure proper consent and use of client information.

- **Meaningful recommendations**
Tools are designed to collect the information necessary to make meaningful recommendations and referrals to available housing and services. Participants being assessed should know exactly what program they are being referred to, what will be expected of them, and what they should expect from the program. The coordinated entry process should avoid placing people on long waiting lists.
- **Written standards and policies and procedures**
The CoC has written standards describing who is prioritized for assistance and how much assistance they might receive, and the policies and procedures governing the coordinated assessment process are approved by the CoC and easily accessible to stakeholders in the community.
- **Sensitive to lived experiences**
Providers recognize that assessment, both the kinds of questions asked and the context in which the assessment is administered, can cause harm and risk to individuals or families, especially if they require people to relive difficult experiences. The tool's questions are worded and asked in a manner that is sensitive to the lived and sometimes traumatic experiences of people experiencing homelessness. The tool minimizes risk and harm and provides individuals or families with the option to refuse to answer questions. Agencies administering the assessment have and follow protocols to address any psychological impacts caused by the assessment and administer the assessment in a private space, preferably a room with a door, or, if outside, away from others' earshot. Those administering the tool are trained to recognize signs of trauma or anxiety.

Integrating youth into the coordinated entry process

CoCs with a network of youth serving programs should consider whether they would better serve youth by creating coordinated entry access points dedicated to underage and transition aged youth. These access points can be located in areas where homeless youth feel comfortable and safe. They can be staffed with people who specialize in working with youth. CoCs should take care to ensure that if they use separate coordinated entry points for youth that those youth can still access assistance from other parts of the homeless assistance system and that youth who access other coordinated entry points can access assistance from youth serving programs.

Regardless of whether a CoC uses youth dedicated access points, the coordinated entry process must ensure that youth are treated respectfully and with attention to their developmental needs.

Serving people fleeing domestic violence

CoCs must work with domestic violence programs in their communities to ensure that the coordinated entry process addresses the safety needs of people fleeing domestic

violence. This includes providing a safe location or process for conducting assessments, a process for providing confidential referrals, and a data collection process consistent with [The Violence Against Women Act \(VAWA\)](#). Victim Service providers may access the coordinated entry system for referral by contacting any Continuum of Care service provider, including 2-1-1.

If the CoC's coordinated entry process uses separate access points for people fleeing domestic violence, CoCs should take care to ensure that people who use the DV coordinated entry process can access homeless assistance resources available from the non-DV portion of the coordinated entry process and vice versa. Many people experiencing homelessness have a history of domestic violence and should be able to access appropriate DV services even if they are not accessing it through a DV coordinated entry point. Similarly, people fleeing domestic violence often have housing and homeless assistance needs that should not be limited by their decision to access a DV coordinated entry access point. Regardless of data sharing requests, people fleeing domestic violence will have access to Pathways to Home, use of a non-Identifying ID for case presentation purposes will be used. When necessary, the Housing Provider (HP) will notify the Coordinated Entry System, Pathways to Home, to request an emergency transfer to another HP if possible and allow the tenant to choose if the proposed transfer would be safe and appropriate for their needs. Confidentiality of the tenant will be maintained by using a unique identifier during case conferencing. Please refer to VC CoC Emergency Transfer Plan for further Guidance and visit Venturacoc.org for ETP policy.

Defining coordinated entry roles in the homeless assistance system

Diverse stakeholders have different roles in a coordinated entry process. In some cases, these roles are clearly defined. Often, the roles are challenging to define and can change over time.

Homeless assistance organizations

All homeless assistance organizations should be involved in the coordinated entry process by helping people access the system and receiving referrals. Homeless assistance organizations may also provide assessments or provide space for assessments to be conducted. Emergency shelter, Transitional Housing, Rapid Rehousing, and Permanent Supportive Housing programs should only receive referrals through the coordinated entry process.

Mainstream housing and services

Affordable housing and mainstream services are crucial tools for ending homelessness and should be involved in the coordinated entry process. As a CoC's coordinated entry process is developed, mainstream providers can act as a source or receiver of referrals. For instance, sources of referrals could include mental health service providers, substance abuse service providers, Department of Veterans Affairs (VA) Medical Centers, jails, or emergency rooms. Receiving agencies could include public housing

authorities, multifamily properties (like Section 8 PBRA, 811, and 202), mental health service providers, and substance abuse providers. Organizations acting as receiving agencies will determine the extent to which they will rely on referrals from the coordinated entry process. In some instances, certain services could be co-located with a physical access point, or a virtual access point, like a telephone service such as 2-1-1. The more mainstream programs and resources that are connected to your coordinated entry process through the coordination of referral, application, and eligibility determination processes, the more effectively your community can consistently connect homeless individuals with housing resources and the community-based supports that they need to maintain that housing.

How a provider or program is integrated into the coordinated entry process will depend on a number of factors including the makeup of the local homeless population, the patterns of service use in the community, and whether the coordinated entry process has been folded into an existing mainstream service system or if it stands alone. These decisions evolve as communities build their processes, and communities might decide to incorporate certain mainstream services over time—as a referral source, a receiving agency, or both.

Prevention, Triage and Diversion

There are many more people who qualify for homelessness prevention assistance than homeless assistance. In developing coordinated entry processes, CoCs should consider how much capacity they have to manage prevention assistance. At a minimum, ESG funded prevention assistance should be incorporated into the coordinated entry process. Communities should decide to what extent they include additional non-prevention programs and how they are incorporated. Additionally, for individuals needing immediate triage and diversion resources, those individuals placed through Coordinated Entry system shall be triaged for immediate needs and referred to diversion programs such as domestic violence shelters/resources, maternity home services and/or employment services, financial services, legal services, etc.

All service providers will need to work together, sharing program and client level information via shared data within HMIS, enhanced multi-disciplinary case management meetings (PTH/CES Case Conference) and by meeting established VC CoC program expectations and performance metrics. PTH/CES establishes an agreed upon level of service excellence among partner agencies (how we work together) and ultimately ensures a consistent, customer service-oriented experience for the families and individuals we are charged with serving.

- **Access Points (Service Providers)**
Access may be made in person, by phone, on-line, etc. Access points are locations where people who are homeless can connect with a service provider to determine which program meets the needs of the client and to determine eligibility. All HMIS partner agencies will serve as access points and the triage assessment survey (Vulnerability Assessment Tool) will be available in the standard HMIS intake.

To participate as an access point, agencies must have a current, signed HMIS partner agency agreement and meet the following requirements:

- Participate in HMIS and follow all HMIS user agency requirements (domestic violence victim service providers are exempt from this requirement)
 - Maintain and only allow trained and authorized staff or volunteers to conduct the Vulnerability Assessment Tool
 - Agree to follow the community guidelines for completing the assessment and communicating about the coordinated assessment system
 - Agree to provide additional referrals to other community services, as appropriate, to people completing the assessment
- Universal Assessment
The Vulnerability Assessment Tool, created by the Ventura County Continuum of Care Service Providers, is to be completed by all individuals and families who are homeless under Category 1 (Literally homeless) and Category 4 (Fleeing Domestic Violence) of HUD's definition of homelessness. The Vulnerability Assessment Tool will be conducted as part of the standard HMIS Intake designed to quickly determine whether a client has high, moderate, or low acuity. The Vulnerability Assessment Tool identifies the best type of housing intervention and services for that household to address their situation.

There is one Vulnerability Assessment Tool:

- 0-9: Not recommended for housing support
 - 10-18: Recommended for Rapid Re-housing
 - 19+: Recommended for Permanent Supportive Housing-*Not Required*
- HMIS/Data- Client needs/service matching
HMIS will store and track client-level information on the characteristics and service needs of the homeless persons entered in PTH/CES. HMIS ties together homeless data matching client needs with services to service providers within the community to help create a more coordinated and effective housing service delivery system.

The HMIS system will allow data sharing among participating agencies. Providers will enter client data in "real time" allowing providers to see information on Clients entered by another provider, reducing the need for an individual to seek assistance at every provider separately, and completing the Intake and Assessment process for every program and service.

Bed/Unit Inventory will be available to view in HMIS. A "bed count" will not be managed, but rather a "unit count", as some "units" contain more than one bed.

Data will be entered in HMIS, but not shared, for people who requested on the ROI that their data not be shared within HMIS.

This includes people fleeing Domestic Violence. If client does not agree to data sharing, the standard Coordinated Entry System assessment, Case Conference Form, the Vulnerability Assessment Tool and if necessary, the Multidisciplinary Tool will be completed in paper form, including the use of a non-identifying ID number to help ensure confidentiality for case conferencing purposes.

- PTH/CES Case Conference

Case coordination includes communication, information sharing, and collaboration, and occurs bi-monthly with case management and other staff serving the client within and between agencies in the community. Coordination activities may include directly arranging access; reducing barriers to obtaining services; establishing linkages; and other activities recorded in progress notes. Prior to the implementation of PTH/CES, case coordination was the extent of coordinating services for clients.

Case Conferencing differs from routine coordination. Case conferencing is a more formal, planned, and structured event separate from regular contacts. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication. Case conferences are usually interdisciplinary and include one or multiple internal and external providers.

Case conferences can be used to identify or clarify issues regarding a client or collateral's status, needs, and goals; to review activities including progress and barriers towards goals; to map roles and responsibilities; to resolve conflicts or strategize solutions; and to adjust current service plans.

The VC CoC PTH/CES Case Conferencing will be facilitated to support all services, ensuring a thorough yet expedient discussion with a goal to develop a service plan for all clients with a particular focus on those clients who are hardest to serve. The PTH/CES Case Conference will meet bi-monthly unless otherwise determined by the members of the PTH/CES Case Conference membership.

Veterans One Team Case Conferencing

The VC CoC Veterans One Team Case Conferencing will be facilitated to support Veterans for case coordination and problem-solving to occur bi-monthly with case management and other staff serving Veterans experiencing homelessness in that community. Case Conferencing is also utilized to make eligibility determinations that can lead to referrals for services. It is a place where as a collective community, prioritization for services can be determined. A BNL (also referred to as a "community-wide list", "master list" or "active list") is defined as a real-time, up-to-date list of all Veterans experiencing homelessness in a given community, allowing that community to know each homeless Veteran by name while facilitating timely decisions around how to best assist them with the available resources within that community.

- **Prioritization**

HUD has determined that an effective coordinated entry process ensures that people with the greatest needs receive priority for any type of housing and homeless assistance available in the VC CoC, including PSH, Rapid Re-Housing (RRH) and other interventions. The PTH/CES process is Housing First oriented, such that people are housed quickly without preconditions or service participation requirements.

Prioritization decisions are based upon vulnerability and severity of service needs to ensure people who need assistance the most can receive it in a timely manner.

Communities may use the following to help determine severity and vulnerability:

- Significant or behavioral health challenges
- High utilization of crisis or emergency services
- Extent to which people especially youth and children, are unsheltered
- Vulnerability to illness or death
- Risk of continued homelessness

If a person is assessed as being highly vulnerable, that person may be prioritized for PSH. If PSH has a long waiting list, that person should be prioritized for other types of assistance such as RRH or TH. However, CoCs should be aware that placing a household in Transitional Housing (TH) can affect their eligibility for other programs. For example, people coming from TH are not eligible for most Rapid Re-housing funded under the ESG and CoC Programs and placement in TH can affect a person's chronic homelessness status.

- **Referrals**

The coordinated entry process makes referrals to all projects receiving Emergency Solutions Grants (ESG), State Homeless Housing Assistance and Prevention Grants (HHAP) and CoC Program funds, including emergency shelter, Rapid Re-housing (RRH), Permanent Supportive Housing (PSH), and Transitional Housing (TH), as well as other housing and homelessness projects.

REFERENCE / Appendix A: PTH/CES Case Conference Charter

REFERENCE / Appendix B: PTH/CES Workflow

REFERENCE / Appendix C: PTH/CES Standardized Assessment Form

CONFIDENTIALITY/DATA SECURITY

HMIS Release of Information (ROI)

The ROI authorizes VC CoC partner agencies to conduct the HMIS Intake and the Vulnerability Assessment Tool, enter the information in HMIS, and share the individual's or household's information with other participating organizations in order to facilitate

connecting the household with housing and services. The ROI must be completed and uploaded into HMIS before any information, including the Vulnerability Assessment Tool, can be entered into HMIS.

Individuals/households complete and sign the HMIS Release of information (ROI) form to grant consent for their personal information to be entered into HMIS and used for coordinated assessment. Signing the release of information is not required to participate in coordinated assessment and receive referrals for housing; however, it is required for information to be entered into HMIS. Data will not be entered into HMIS for people who requested on the ROI that their data not be shared within HMIS.

- Data Management-HMIS Functionality

When using an HMIS or any other data system to manage coordinated entry data, CoC ensures adequate privacy protections of all participant information per the HMIS Data and Technical Standards at (CoC Program interim rule) 24 CFR 578.7(a)(8). HMIS Functionality includes prioritization list management, and eligibility determination.

- Conflict of Interest

If an individual or household is presented, and a provider has a personal relationship or familial relationship, the provider must refrain from contributing to the discussion to ensure there are no conflicts of interest.

REFERENCE / **Appendix D: HMIS Release of Information (ROI)**

REFERENCE / **Appendix E: PTH/CES HMIS Desk Guide**

REFERENCE/ **APPENDIX F: Entry, Eligibility, Referral, Exit HMIS Procedures**

REFERENCE/**APPENDIX G: Prioritization Procedures**

REFERENCE/ **APPENDIX H: Data Management Procedure**

PERFORMANCE MEASURES

The ultimate goal of the PTH/CES approach is to move those who are homeless out of homelessness as quickly as possible while providing holistic, comprehensive, caring support for each household. In order to meet this goal, service level agreements and performance measures were established. VC CoC Alliance PTH/CES Service Providers will be required to deliver services adhering to the following practices:

- **Consumer Choice:** Consumers will be given information about the programs available to them and have some degree of choice about which programs they want to participate in. They will also be engaged as key and valued partners in the implementation and evaluation of coordinated assessment through forums, surveys, and other methods designed to obtain their thoughts on the effectiveness of the coordinated assessment process.

- **Collaboration:** Because coordinated assessment is being implemented system wide, it requires a great deal of collaboration between the CoC, providers, mainstream assistance agencies (e.g., Department of Social Services, hospitals, and jails), funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong governing council (the Coordinated Assessment Committee), consistently scheduled meetings between partners, and consistent reporting on the performance of the coordinated assessment process.
- **Accurate Data:** Data collection on people experiencing homelessness is a key component of the coordinated assessment process. Data from the assessment process that reveals what resources consumers need the most will be used to assist with reallocation of funds and other funding decisions. To capture this data accurately, all assessment staff and providers must enter data into HMIS (with the exception of some special populations; e.g., people fleeing domestic violence and other cases) in a timely fashion. Consumers' rights around data will always be made explicit to them, and no person / household will be denied services for refusing to share their data.
- **Performance-Driven Decision Making:** Decisions about and modifications to the coordinated assessment process will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness.
- Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of waiting time for an assessment.
- **Housing First:** Coordinated assessment will support a housing first approach and will thus work to connect households with the appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.
- **Prioritizing the Hardest to House:** Coordinated assessment referrals will prioritize those households that appear to be the hardest to house or serve for program beds and services. This approach will ensure an appropriate match between the most intensive services and the people least likely to succeed with a less intensive intervention, while giving people with fewer housing barriers more time to work out a housing solution on their own. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all.
- **Reporting:** Coordinated Entry Staff conduct quarterly reporting on behalf of Participating CES agencies in regard to: Referrals data, City Specific data and Entry/exit data. Participating agencies providing housing and services whom receive referrals via CES are responsible for managing referral data quality issues in a timely manner. Quarterly reporting is downloaded from HMIS by CES staff the

first day of the new quarter and provided to VCCoC Staff for delivery to agencies on a quarterly basis.

- Adherence to following and/or utilizing the following:
 - HMIS CES workflow
 - Standardized assessment
 - Proper referral and prioritization procedures
 - Priority list management
 - Participation in the PTH/CES Case Conferencing Meeting
- Data entry time frames –The following are the data entry timeframes agreed upon:
 - Providers will enter client data in “**real time**” allowing providers to see information on Clients entered by another provider,
 - Vulnerability Assessment Tool assessments will be recorded **within 2 business days** survey is completed and uploaded in HMIS under the client profile and an attachment,
 - Providers will enter client data, complete case conference form, and submit Homeless Documentation on individuals/families **by 12pm on Wednesdays** for consideration and discussion at bi-monthly case conferencing meeting **the following Monday**.

ADMINISTRATIVE STRUCTURE/GOVERNANCE

PTH/CES is built on a strategic agreement by all homeless services, housing providers and stakeholders to coordinate services to those clients most in need in the most expedient fashion. In order to do this, all service providers will need to work together, sharing program and client information via shared data within HMIS, enhanced multi-disciplinary case management meetings and by meeting established VC CoC program expectations and performance metrics. Finally, PTH/CES establishes an agreed upon level of service excellence amongst partner agencies (how we work together) and ultimately ensuring a consistent, customer service-oriented experience for the families and individuals we are charged with serving.

As such, service providers will be supported and monitored for adherence to policies and procedures and performance measures (as discussed in the section, “Performance Measures” (previous section). Oversight and monitoring will be administered as follows:

Pathways to Home/Coordinated Entry System Overarching Oversight

- All VC CoC Service Providers must participate in the PTH/CES.
- All PTH/CES Policies and Procedures as part of the overarching participation in the VC CoC Alliance will be adhered to.
- Please refer to the VC CoC Alliance MOU and Policies and Procedures

System Oversight

- Access to the VC HMIS
Service Providers, the VC CoC Alliance Staff and the VC HMIS Team are the only entities authorized to access VC HMIS. Service Providers seeking access must request access via the VC CoC Alliance Staff. Access to the VC HMIS requires the execution of a Memorandum of Understanding between the Service Provider and the VC HMIS Administrator. All VC HMIS Users will pay an annual licensing fee (and an initial implementation fee for the first year).
- Data integrity
The VC HMIS Administrator will run a quarterly Data Integrity Report for all VC HMIS Users. Agency leadership for each provider will be provided a quality data report and technical support as needed in order to address any data issues.
- Program updates (eligibility/services available)
All VC CoC Service Providers must report changes to services provided and eligibility requirements as soon as possible to ensure uninterrupted matching of clients to appropriate services via the PTH/CES and the VC HMIS system.

GRIEVANCE PROCESS

Grievances involving coordinated entry filed by individuals being assessed will be resolved at the lowest level possible and be handled within the agency, according to the agency's grievance policy. If the grievance requires another level of consideration, the grievance will be reviewed and determined via the PTH/CES Case Conference.

REVISIONS TO POLICIES AND PROCEDURES

The PTH/CES policies and procedures are approved by the VC CoC. The policies and procedures will be reviewed annually and will be updated as needed.

NOTE ON FUTURE GUIDANCE

The VC CoC Alliance and the VC HMIS Administrators will continue to look to HUD and other communities and proven successful subject matter experts to ensure the PTH/CES approach remains dynamic and up to date.

As our community via the VC CoC Alliance implement coordinated entry and more research on the topic is conducted and the VC CoC gain more experience and feedback from its service providers, the VC CoC and the VC HMIS will continually modify its guidance and recommendations to our service providers.

DRAFT

PTH/CES P&P SIGNATURE PAGE (for agencies to sign and return to VC CoC)

Name of Organization: _____

Director Name: _____

Representative/Service Provider Name (printed): _____

Signature: _____

Date: _____

Ventura County Continuum of Care

Pathways to Home Case Conferencing

I. Introduction:

Pathways to Home is the Ventura County Continuum of Care's (VC CoC) Coordinated Entry System (CES). A Coordinated Entry System is a system that allows individuals and families to access services needed to move them away from or out of a state of homelessness as efficiently as possible as it relates to accessing available services.

Pathways to Home is built on a strategic agreement by all homeless services housing providers and stakeholders to coordinate services for those clients most in need in the most expedient fashion. In order to do this, all service providers are engaged in enhanced, multi-disciplinary **Pathways to Home Case Conferencing** meetings.

II. Purpose of the Case Conferencing

Case coordination includes communication, information sharing, and collaboration, and occurs regularly with case management and other staff serving the clients within and between agencies in the community. Coordination activities may include directly arranging access; reducing barriers to obtaining services; establishing linkages; and other activities recorded in progress notes.

Case Conferencing differs from routine coordination. Case conferencing is a more formal, planned, and structured event separate from regular contacts. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication. Case conferences are usually interdisciplinary and include one or multiple internal and external providers.

Case conferences can be used to identify or clarify issues regarding a client's status, needs, and goals; to review activities including progress and barriers towards goals; to map roles and responsibilities; to resolve conflicts or strategize solutions; and to adjust current service plans.

III. VC CoC Pathways to Home Case Conferencing Process

Pathways to Home is built on a foundation of Trauma-Informed and person-centered service delivery. These principle-based approaches ensure clients are treated with respect, empathy, and sensitivity. In addition, this approach is based on a collaborative relationship between the service provider and the client, where clients are engaged in the

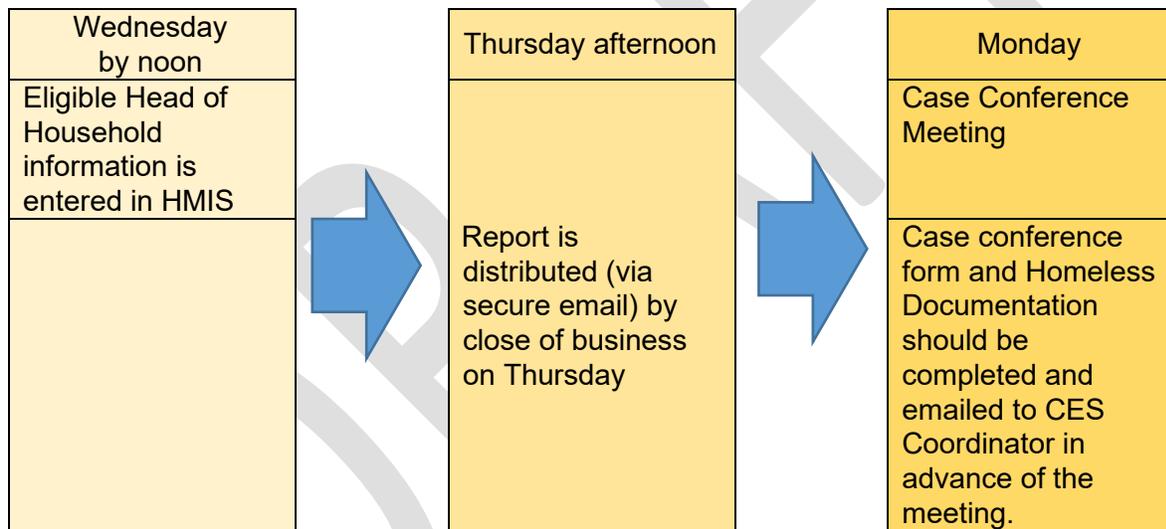
development of their plan to achieve the goals they establish for themselves as it relates to avoiding or ending their state of homelessness.

The Pathways to Home Case Conferencing will be facilitated to support all services, ensuring a thorough yet expedient discussion with a goal to develop a service plan for all clients with a particular focus on those clients with the most significant barriers to housing.

The Pathways to Home Case Conference will meet every other Monday, unless otherwise determined by the members of the Pathways to Home Case Conference membership.

A Pathways to Home Case Conference Form will be available for all Providers and it should be completed and ready to share in the meetings. This format serves to identify needs, strengths, plans and action items. This also serves to structure the case conference and make efficient use of time.

A report of eligible households will be distributed (via CES Teams Channel) by close of business, at least 2 days before the Case Conference meeting.



IV. Confidentiality and Purpose

All information discussed at Case Conferencing is confidential as indicated in our VC CoC Memorandum of Understanding (MOU).

From time to time, guests who have information about a case and meet the criteria for membership may be invited to attend. Guests are bound by the same confidentiality as regular members.

With use of MS Teams, please ensure the following to maintain confidentiality and security:

- 1.Ensure you are in a secure/confidential location where others do not have access to overhearing confidential information.
- 2.Forwarding the MS Teams invitation is prohibited and limited to only Pathways to Home Case Conferencing members or upon VCCoC approval.

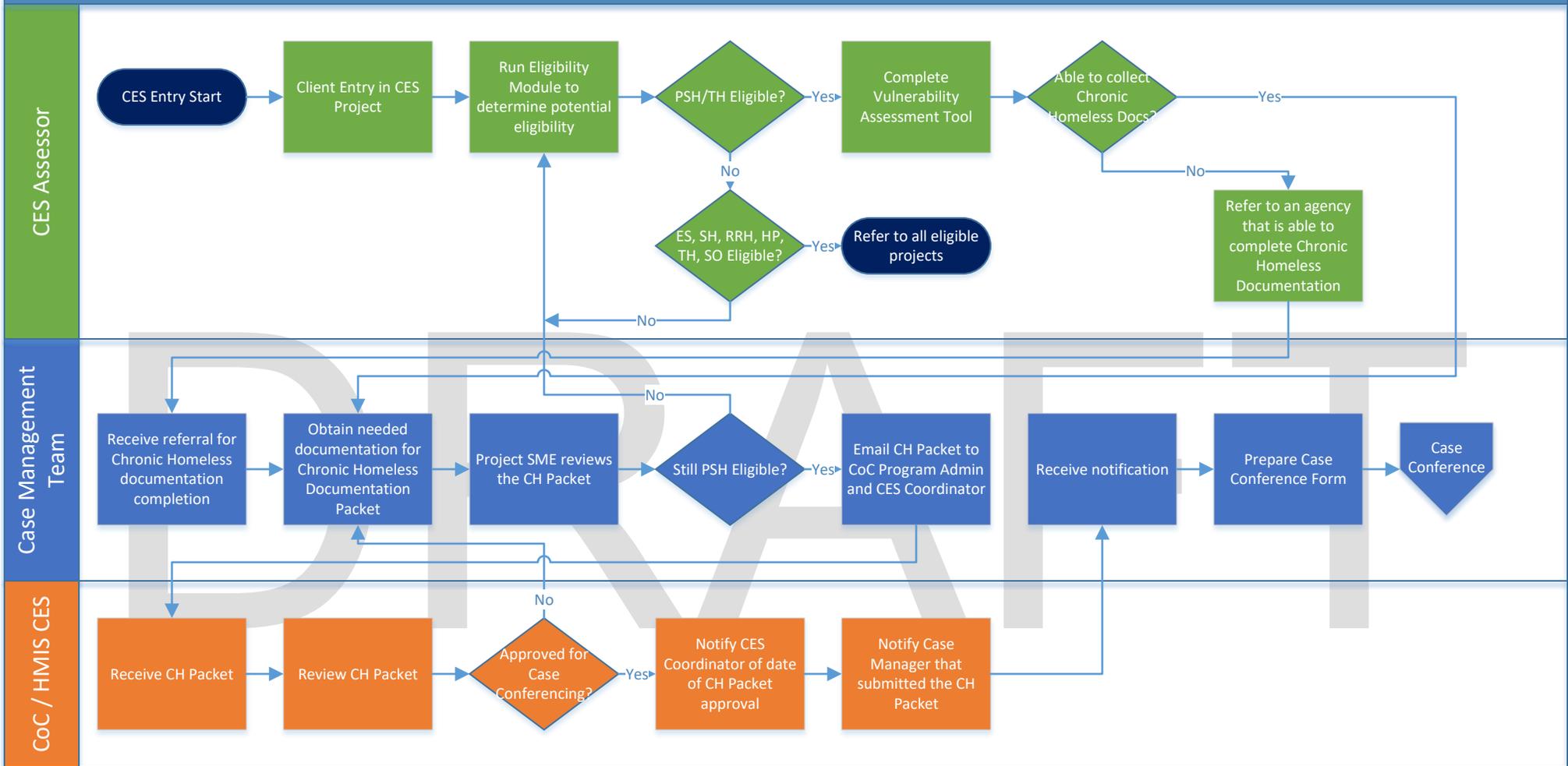
V. Conflict of Interest

If an individual or household is presented, and a provider has a personal relationship or familial relationship, the provider must refrain from contributing to the discussion to ensure there are no conflicts of interest.

DRAFT

CES Workflow 4.0

Initial Contact with Customer



CES Workflow 4.0

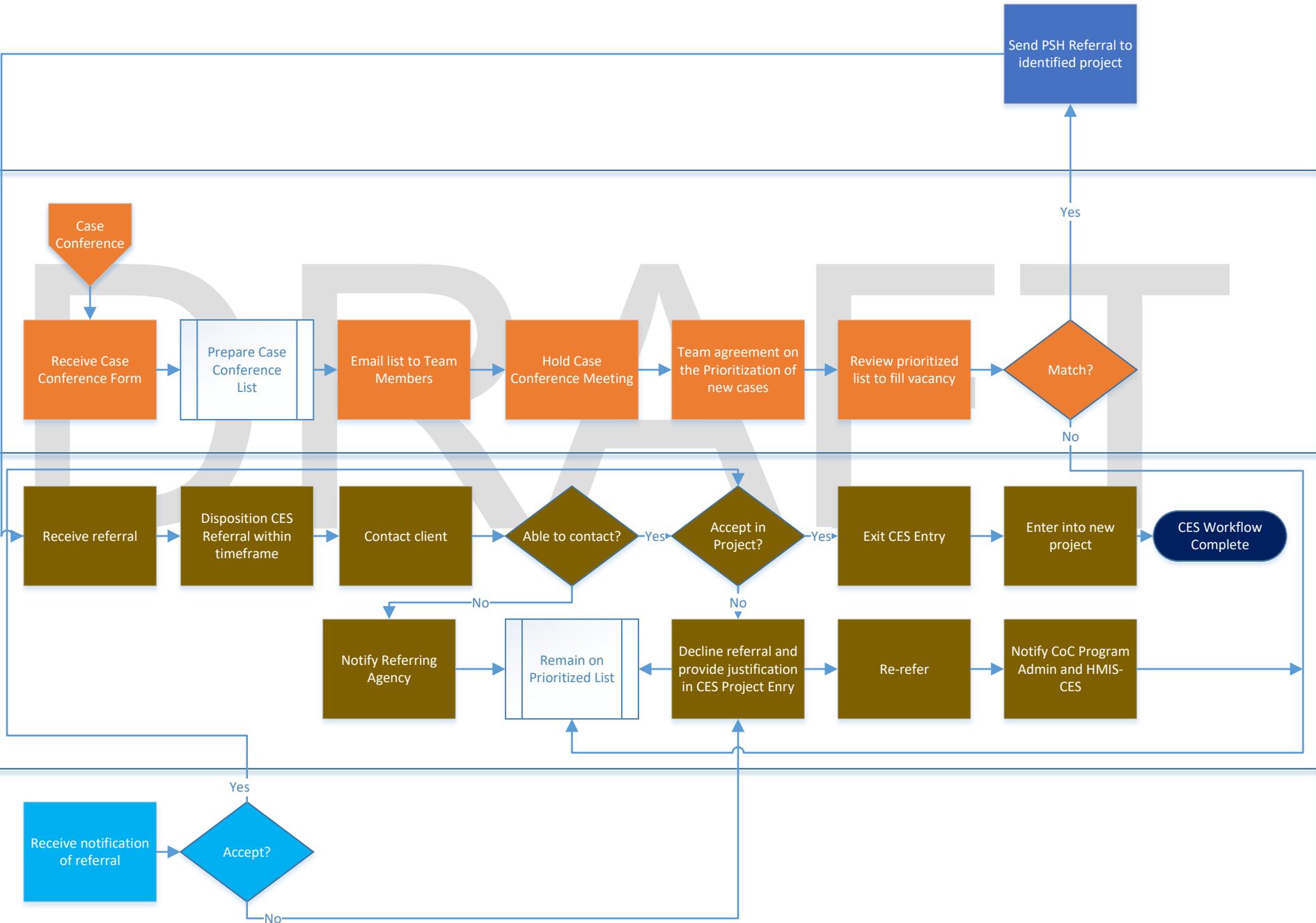
Case Conferencing, Match and Referral

Case Management Team

CoC / HMIS CES

Project Receiving Matched Referral

Client



Pathways to Home Screening Assessment (Revised 08/14/24)

Date: _____

Person completing this form (Case Manager/Social Worker: _____

Client Name: _____ DOB: _____ HMIS #: _____

Diversion Section

*Script: Before we get too far into this conversation, though it's a difficult question, it would be helpful to know if you are **CURRENTLY** fleeing or attempting (trying) to flee domestic violence, sexual assault, stalking, or sex trafficking because there are specific resources that might best fit your situation.*

Survivor of Domestic Violence?

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client preferred not to answer (HUD)
- Data not collected (HUD)

If Yes for Survivor of Domestic Violence, when experience occurred:

- Within the past three months (HUD)
- Three to six months ago (HUD)
- From six to twelve months ago (HUD)
- More than a year ago
- Client doesn't know
- Client preferred not to answer
- Data not collected

If Yes for Survivor of Domestic Violence, are you currently fleeing?

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client preferred not to answer (HUD)
- Data not collected (HUD)

Directions: If client answered "Yes" for CURRENTLY fleeing DV, stalking, sexual assault, or sex trafficking, please refer to the Coalition for Family Harmony DV Hotline: 1-800-300-2181 or ICFS DV Hotline at 1-800-636-6738.

If "Yes", ensure client agrees to have their data shared, proceed with the CES Assessment. If "No" to data sharing, enter any information the client is comfortable providing, then contact HMIS Support to lock the client record.

Directions: Attempt to problem solve with the client to determine if there are any support networks or resources the household can draw on. If the client is eligible for available non-financial and/or financial resources in the community, make a referral.

Script: I'd like to ask a few more questions to identify potential resources that may be available to you.

Are you working with another homeless service provider or healthcare provider such as Ventura County Behavioral Health, Whole Person Care, or Healthcare for the Homeless? Yes No

Directions: If client answered "Yes", document your interaction in Client Notes within the Client Profile Page.

Pregnant? Yes No Client doesn't know Client prefers not to answer Data not collected

Directions: If client is interested, please contact Tender Life Maternity Home at 805-653-7474, Sarah's House Maternity Home at 805-581-1910, Transitional Living Centers: City Center at 805-628-9035 and/or Light House at 805-385-7200.

Are you receiving CalWORKS? Yes No

[Directions: If client answered "Yes", encourage client to speak to their worker for resources.](#)

Would you be interested in being referred to Ventura County Workforce Development Board for work/training opportunities, assistance with resume writing, etc.? Yes No

[Directions: If client answered "Yes", please refer to \(805\) 204-5186 or \[www.VCHSA.org/AJCC\]\(http://www.VCHSA.org/AJCC\).](#)

Did you serve in any branch of the military? Yes No

[Directions: If client answered "Yes", please send a direct referral in CES to The Salvation Army-SSVF or Gold Coast Veterans Foundation and provide contact information to the Veteran for follow-up \(SSVF 562-706-7204\) or \(GCVF- 805-703-0315\).](#)

At Imminent Risk of Homelessness Section

[Directions: For clients at Imminent Risk of homelessness \(If client IS currently homeless, please select "No"\)](#)

If you are not homeless but AT RISK, are you or your family in danger of losing your primary nighttime residence? Yes No Client doesn't know Client prefers not to answer Data not collected

If yes, will your residence be lost within 14 days from today?

Yes No Client doesn't know Client prefers not to answer Data not collected

If yes, do you have an alternative plan for housing (family, friends or otherwise)?

Yes No Client doesn't know Client prefers not to answer Data not collected

[Directions: Complete the following Current Living Situation Sub-Assessment; click ADD](#)

Current Living Situation (Sub-Assessment):

Start Date: _____

End Date: _____

Information Date: _____

Homeless Situations:

- Place not meant for human habitation (e.g. a vehicle, abandoned building, bus/train/subway station/airport or anywhere outside) (HUD)
- Emergency shelter including hotel or motel paid for with emergency shelter voucher; Host Home shelter (HUD)
- Safe Haven (HUD)

Institutional Situations:

- Foster care home or foster care group home (HUD)
- Hospital or other residential non-psychiatric medical facility (HUD)
- Jail, prison, or juvenile detention facility (HUD)
- Long-term care facility or nursing home (HUD)
- Psychiatric hospital or other psychiatric facility (HUD)
- Substance abuse treatment facility or detox center (HUD)

Temporary Housing Situations:

- Transitional housing for homeless persons (including homeless youth) (HUD)
- Residential project or halfway house with no homeless criteria (HUD)
- Hotel or motel paid for without emergency shelter voucher (HUD)
- Host Home (non-crisis) (HUD)
- Staying or living in a friend's room, apartment, or house (HUD)
- Staying or living in a family member's room, apartment, or house (HUD)

Permanent Housing Situations:

- Rental by client, no ongoing housing subsidy (HUD)

- Rental by client, with ongoing housing subsidy (HUD)
- Owned by client, with ongoing housing subsidy (HUD)
- Owned by client, no ongoing housing subsidy (HUD)

If the selection is "Rental by client, with ongoing housing subsidy", please select from the following options:

Rental Subsidy Type:

- GPD TIP housing subsidy
- VASH housing subsidy
- RRH or equivalent subsidy
- HCV voucher (tenant or project based) (not dedicated)
- Public housing unit
- Rental by client, with other ongoing housing subsidy
- Housing Stability Voucher
- Family Unification Program Voucher (FUP)
- Foster Youth to Independence Initiative (FYI)
- Permanent Supportive Housing
- Other Permanent Housing Dedicated for formerly homeless persons

Other:

- Other (HUD)
- Worker unable to determine (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

Living situation verified by (agency name): _____

Is client going to have to leave their current living situation within 14 days?

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

Directions: If the answer to "Is client going to have to leave their current living situation" is "Yes", please answer the following questions:

Has a subsequent residence been identified?

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

Does the individual or family have resources or support networks to obtain other permanent housing?

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

- Yes
- No (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)

Data not collected (HUD)

Has the client moved 2 or more times in the last 60 days?

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

Location details: _____

Script: Thank you for answering these preliminary questions. There are several more to be answered. We will start with a review of your demographic information.

Date of Birth: _____

Date of Birth Type:

- Full DOB Reported (HUD)
- Approximate or partial DOB reported (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

Race and Ethnicity:

- | | |
|--|--|
| <input type="checkbox"/> American Indian, Alaska Native, or Indigenous | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> White |
| <input type="checkbox"/> Black, African American, or African | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Hispanic/Latina/e/o | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Data not collected |

Additional Race and Ethnicity Detail: _____

Gender:

- | | |
|--|---|
| <input type="checkbox"/> Woman (Girl if child) | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Man (Boy if child) | <input type="checkbox"/> Different Identity |
| <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Data not collected |

If Different Identity, Please Specify: _____

[Directions: Please document if translation services are needed.](#)

Translation Assistance Needed?

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

If Yes, preferred language: _____

Phone Number #1: _____

Phone #1 Information: _____

Phone Number #2: _____

Phone #2 Information: _____

Email address: _____

Relationship to Head of Household:

- Self
- Head of household's child
- Head of household's spouse or partner
- Head of household's other relation member (other relation to head of household)
- Other: non-relation member
- Data not collected

Household type:

- Household with adults and children under 18
- Household with adults only
- Household with only children
- Single adult

Adults in Household: _____

Children in Household: _____

City, Self-Identified:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Camarillo | <input type="checkbox"/> Moorpark | <input type="checkbox"/> Santa Paula |
| <input type="checkbox"/> Casitas Springs | <input type="checkbox"/> Newbury Park | <input type="checkbox"/> Saticoy |
| <input type="checkbox"/> El Rio | <input type="checkbox"/> Oak Park | <input type="checkbox"/> Simi Valley |
| <input type="checkbox"/> Fillmore | <input type="checkbox"/> Oak View | <input type="checkbox"/> Somis |
| <input type="checkbox"/> Foster Park | <input type="checkbox"/> Ojai | <input type="checkbox"/> Thousand Oaks |
| <input type="checkbox"/> Malibu | <input type="checkbox"/> Oxnard | <input type="checkbox"/> Ventura |
| <input type="checkbox"/> Meiners Oaks | <input type="checkbox"/> Piru | <input type="checkbox"/> Westlake Village |
| <input type="checkbox"/> Mira Monte | <input type="checkbox"/> Port Hueneme | <input type="checkbox"/> Not Ventura County |

Does this person have an animal at the time of referral? Yes No

Do you have physical limitations that would prevent you from utilizing a top bunk bed? Yes No

Directions: Below indicate where the client stayed last night.

Prior Living Situation:

Homeless Situations:

- Place not meant for human habitation (e.g. a vehicle, abandoned building, bus/train/subway station/airport or anywhere outside (HUD)
- Emergency shelter including hotel or motel paid for with emergency shelter voucher; Host Home shelter (HUD)
- Safe Haven (HUD)

Institutional Situations:

- Foster care home or foster care group home (HUD)
- Hospital or other residential non-psychiatric medical facility (HUD)
- Jail, prison, or juvenile detention facility (HUD)
- Long-term care facility or nursing home (HUD)
- Psychiatric hospital or other psychiatric facility (HUD)
- Substance abuse treatment facility or detox center (HUD)

If in an Institutional Situation, did you stay less than 90 days?

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)

Data not collected (HUD)

On the night before entering the institution, did you stay in an ES, SH or on the streets?

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

Temporary Housing Situations:

- Transitional housing for homeless persons (including homeless youth) (HUD)
- Residential project or halfway house with no homeless criteria (HUD)
- Hotel or motel paid for without emergency shelter voucher (HUD)
- Host Home (non-crisis) (HUD)
- Staying or living in a friend's room, apartment, or house (HUD)
- Staying or living in a family member's room, apartment, or house (HUD)

If stayed with friends and/or family, did you stay less than 7 nights?

- Yes (HUD)
- No (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

Permanent Housing Situations:

- Rental by client, no ongoing housing subsidy (HUD)
- Rental by client, with ongoing housing subsidy (HUD)
- Owned by client, with ongoing housing subsidy (HUD)
- Owned by client, no ongoing housing subsidy (HUD)

[If the selection is "Rental by client, with ongoing housing subsidy", please select from the following options:](#)

Rental Subsidy Type:

- GPD TIP housing subsidy
- VASH housing subsidy
- RRH or equivalent subsidy
- HCV voucher (tenant or project based) (not dedicated)
- Public housing unit
- Rental by client, with other ongoing housing subsidy
- Housing Stability Voucher
- Family Unification Program Voucher (FUP)
- Foster Youth to Independence Initiative (FYI)
- Permanent Supportive Housing
- Other Permanent Housing Dedicated for formerly homeless persons

Other:

- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)
- Subsidized housing

Length of Stay in Previous Place:

- One night or less
- Two to six nights
- One year or longer
- Client doesn't know (HUD)

- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- Client prefers not to answer (HUD)
- Data not collected (HUD)

Approximate date this episode of homelessness started: _____

Regardless of where they stayed last night – Number of times the client has been on the streets, in ES, or SH in the past three years including today?

- One time (HUD)
- Two times (HUD)
- Three times (HUD)
- Four or more times (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

Total number of months homeless on the street, in ES, or SH in the past three years:

- One (this time is the first month) (HUD)
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12 months (HUD)
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

Zip code of Last Permanent Address: _____

Enrollment CoC: CA-611

Disabilities Section

Does the client have a disabling condition?

- Yes
- No
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

Is your disability related to substance abuse? Yes No

Is your disability related to mental illness? Yes No

HUD Verification—Disabilities

Disability Type:

- Alcohol Use Disorder (HUD)
- Both Alcohol and Drug Use Disorder (HUD)
- Chronic Health Condition (HUD)
- Developmental (HUD)
- Drug Use Disorder (HUD)
- HIV/AIDS (HUD)
- Mental Health Disorder (HUD)
- Physical (HUD)

Disability Determination:

- Yes
- No
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:

- Yes
- No
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)

Data not collected (HUD)

Start Date: _____

Notes on Disability: _____

End Date: _____

Income Section

Income from Any Source?

- Yes
- No
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

Total Monthly Income: _____

Percentage of AMI: 81% or greater 30% or less 31%-50% 51%-80%

HUD Verification—Monthly Income

Monthly amount: _____

Source of income:

- | | |
|--|---|
| <input type="checkbox"/> Alimony or Other Spousal Support (HUD) | <input type="checkbox"/> SSDI (HUD) |
| <input type="checkbox"/> Child Support (HUD) | <input type="checkbox"/> SSI (HUD) |
| <input type="checkbox"/> Earned Income (HUD) | <input type="checkbox"/> TANF (HUD) |
| <input type="checkbox"/> General Assistance (HUD) | <input type="checkbox"/> Unemployment Insurance (HUD) |
| <input type="checkbox"/> Other (HUD) | <input type="checkbox"/> VA Non-Service-Connected Disability Pension (HUD) |
| <input type="checkbox"/> Pension or retirement income from another job (HUD) | <input type="checkbox"/> VA Service-Connected Disability Compensation (HUD) |
| <input type="checkbox"/> Private Disability Insurance | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Retirement Income from Social Security (HUD) | <input type="checkbox"/> If other, please specify _____ |

Receiving income source? Yes No

Start date: _____

End date: _____

Non-Cash Benefits Section

Non-cash benefit from any source?

- Yes
- No
- Client doesn't know (HUD)
- Client prefers not to answer (HUD)
- Data not collected (HUD)

HUD Verification—Non-Cash Benefits

Amount of non-cash benefit: _____

Source of non-cash benefit:

Supplemental Nutrition Assistance Program (Food Stamps) (HUD)

Special Supplemental Nutrition Program for WIC (HUD)

TANF Child Care Services (HUD)

TANF Transportation Services (HUD)

Other TANF-Funded Services (HUD)

Other Source (HUD)

If other, please specify: _____

Receiving benefit? Yes No

Start date: _____ **End date:** _____

Directions: If no, please refer client to Human Services Agency to apply for food assistance, GR, etc., by phone at 1-888-472-4463 or online at <https://benefitscal.com>.

Health Insurance Section

Covered by health insurance?

Yes

No

Client doesn't know (HUD)

Client prefers not to answer (HUD)

Data not collected (HUD)

HUD Verification—Health Insurance

Start Date: _____

Source of non-cash benefit:

MEDICAID

MEDICARE

State Children's Health Insurance Program

Veteran's Health Administration (VHA)

Employer-provided health insurance

Health insurance obtained through COBRA

Private pay health insurance

State Health Insurance for Adults

Indian Health Services Program

Other

If other, please specify _____

Covered? Yes No

(HOPWA) If Private Pay Insurance, specify:

(HOPWA) If no, reason not covered:

Applied; decision pending

Applied; client not eligible

Client did not apply

Insurance type N/A for this client

Client doesn't know

Client prefers not to answer

Data not collected

End date: _____

"Other" Section

Do you have, or are you able to obtain, a government issued ID? Yes No

Directions: For Permanent and Transitional Programs, please complete the following:

Have you ever been convicted of a misdemeanor or a felony? Yes No

Directions: If client answered "Yes", ask the client if they would like further information on the expungement process. If so, refer them to the Law Offices of the VC Public Defender at 805-654-2201 and continue below:

If yes, was it a crime against a child?

Yes No

If yes, was it arson?

Yes No

If yes, was it a sex offense?

Yes No

If yes, was it a violent crime?

Yes No

Directions: Please complete the assessment location, type and level below (this is to be completed by the case manager, NOT the client). For prioritization status, update the sub-assessment when the client is prioritized for permanent supportive housing via CES Pathways to Home Case Conference Meeting.

Coordinated Entry Assessment (Sub-Assessment)

Date of assessment: _____

End date: _____

Assessment Location:

- City of Oxnard Housing Authority
- City of Ventura-City Proactive Outreach Program
- Community Action of Ventura County of Ventura
- County of Ventura Health Care Agency, Behavioral Health PATH/R.I.S.E
- County of Ventura Health Care Agency, Behavioral Health Adult Clinics
- County of Ventura Health Care Agency, One Stop/Whole Person Care/Hospital Case Management
- County of Ventura Health Care Agency, Homeless Services
- County of Ventura Health Care Agency, VCHMIS
- County of Ventura Health Care Agency, RAIN Transitional Living Center
- Federal Emergency Management Agency
- Gold Coast Veterans Foundation
- Harbor House
- Housing Authority of the City of San Buenaventura
- Help of Ojai
- Interface Children and Family Services—2-1-1
- Interface Children and Family Services—Youth and Runaway Shelter Program
- Kingdom Center, Gabriel's House
- LA Family Housing
- Lutheran Social Services
- Many Mansions
- Mercy House
- Pacific Clinics TAY Tunnel
- National Health Foundation
- Project Understanding
- Samaritan Center
- The Salvation Army Southern California Division, Ventura Social Services
- The Salvation Army Southern California Division, Supportive Services for Veteran's Families
- The Spirit of Santa Paula
- Turning Point Foundation
- Ventura County Area Agency on Aging

Ventura County Continuum of Care

Other _____

Assessment Type:

Phone

Virtual

In Person

Assessment Level:

Crisis Needs Assessment

Housing Needs Assessment

Prioritization Status:

Placed on Prioritization List

Not Placed on Prioritization List

[Directions: This concludes the CES Pathways to Home screening assessment. Please complete the mandatory fields below and proceed to the eligibility module. For updates, Please revise agency/case manager information in the mandatory fields below, and add a case note in the CES Entry \(Client Profile tab/Client Note section\) that includes case manager contact information for any updates to the client record.](#)

Name of Assessing Agency: _____

Assessment Completed By (*Case Manager Full Name*): _____

Agency Telephone Number: _____



Ventura County Homeless Management Information System

Participant Acknowledgement of and Authorization for Information Collection and Sharing with Partner Agencies

The U.S. Department of Housing and Urban Development (HUD) requires participant's personal information collected and entered into VCHMIS in order for Ventura County to be eligible to receive HUD funding. VCHMIS and its Partner Agencies can then share client information electronically and verbally to collaborate more quickly and efficiently to provide comprehensive and coordinated services for homeless and low-income households at risk of homelessness in Ventura County.

As a participant in our program, the information you provide will be collected and entered into VCHMIS and shared with Partner Agencies electronically and through case conferencing and collaborative efforts to better connect you with services to help you achieve your goals. Please note that only authorized staff of Partner Agencies will be able to see your information. VCHMIS has many security protections to ensure confidentiality of participant information from all but authorized staff of VCHMIS and of Partner Agencies. (Partner Agencies are listed on reverse side.)

You may refuse to provide information about yourself, and you may cancel this authorization to share information at any time by completing a Client Revocation of Consent to release information to VCHMIS. Refusing to share data will not prevent you from receiving services but may delay your access to some programs within the community service system.

Please initial one of the following levels of consent which will be valid for one year from date signed:

I give authorization on behalf of me and my dependents for protected personal and relevant information to be entered into the VCHMIS and shared between partner agencies through case conference meetings and communication between providers on referrals.

I give authorization on behalf of me and my dependents for personal and relevant information to be entered into VCHMIS, but not shared between Partner Agencies.

I do not consent to the entry of personal information about me and any dependents into VCHMIS.

NAME of Client/Guardian (printed)

Signature of Client or Guardian

Date

Witnessed by (Print Staff Member's Name)

Staff Member's Signature

Agency Name

Expiration Date (one year from date signed)



Participating Agencies

- California State University Channel Islands
- Casa Pacifica
- City of Camarillo
- City of Oxnard Housing Department
- City of Santa Paula Housing Authority
- City of Ventura- City Proactive Outreach Program
- Community Action of Ventura County
- Community Memorial Hospital
- County of Ventura Health Care Agency, Behavioral Health PATH/ R.I.S.E.
- County of Ventura Health Care Agency, Behavioral Health Adult Clinics
- County of Ventura Health Care Agency, One Stop/Whole Person Care/Hospital Case Management
- County of Ventura Human Services Agency, Area Agency on Aging
- County of Ventura Human Services Agency, Homeless Services
- County of Ventura Human Services Agency, VCHMIS
- County of Ventura Human Services Agency, RAIN Bridge Housing Program
- County of Ventura Public Defender's Office
- Downtown Ventura Partners- City Proactive Outreach Program
- Federal Emergency Management Agency
- Gold Coast Health Care Plan
- Gold Coast Veterans Foundation
- Harbor House
- Housing Authority of the City of San Buenaventura
- Help of Ojai
- Independent Living Resource Center
- Interface Children and Family Services – 2-1-1
- Interface Children and Family Services—Youth and Runaway Shelter Program
- Kingdom Center, Gabriel's House
- Lutheran Social Services
- Many Mansions
- MESA Farm
- Mercy House
- National Health Foundation
- Pacific Clinics TAY Tunnel
- Peoples Self Help Housing
- Samaritan Center
- The Salvation Army Southern California Division, Ventura Social Services
- The Salvation Army Southern California Division, Supportive Services for Veterans Families
- Shelter Care Resources
- The Spirit of Santa Paula
- Turning Point Foundation
- United Way of Ventura County
- Ventura County Continuum of Care

DRAFT



Client Revocation of Consent

I hereby revoke permission for this Participating Agency _____ to share my personal and household information in the Ventura County Homeless Management Information System (VCHMIS), a project of the Ventura County Continuum of Care (VCCoC).

I understand that the information will remain in the VCHMIS, but the information will no longer be available to any other participating agency.

NAME of Client/Guardian (printed)

Signature of Client or Guardian

Date signed

DRAFT

VCCoC Pathways to Home HMIS Desk Guide

1

Pathways to Home Entry

When a homeless individual presents for services (walks/calls, or during outreach) conduct:

1. **Initial Triage** – resolve immediate crisis needs
2. **Diversion/Prevention** – examination of existing resources and options instead of emergency shelter

If unable to resolve, proceed with Coordinated Entry System: **Complete ROI prior to entry.**

-
1. **Enter Data As (EDA) under Pathways to Home CES:** Run a search for client record in HMIS, *if a new client or existing client*;
 2. **Record PTH** project entry: Complete an entry/exit for homeless individual (Pathways to Home CES assessment) and enter Client Profile information.
 3. **Run Eligibility Module in HMIS** click **Service Transactions, Eligibility Search, Add all Eligibility Terms:**
 - Some programs will have additional questions before client shows eligible

*If eligible for **Permanent Supportive Housing or Transitional Housing**, complete a **Vulnerability Assessment Tool** and upload to the client's profile tab and complete a case note, to be completed by Wednesday Noon of the week prior to presentation.*

Complete a Case Conference Form, Submit Form to HMIS Program Coordinator via email (begin gathering Chronic Homeless Documentation as soon as possible for those eligible for PSH (available on the Ventura County Continuum of Care Website).

4. A direct referral via Eligibility module can be initiated (*no case conference is necessary*) for emergency shelter including *Safe Haven*, Rapid Re-Housing, Homeless Prevention and Street Outreach:
 - Click Green Cross on **Eligibility Search Criteria Results to eligible provider**
 - Click **Continue**
 - Send direct referral (click **box** to notify receiving agency)

2

Eligibility, Referrals & Needs

Once a case is conferenced for Permanent Supportive Housing or Transitional Housing a direct referral via HMIS can be initiated:

5. Return to **Service Transactions**

- Click **Eligibility Search**, Under **Eligibility Service Code Quick List**, Click add **All Eligibility Terms**
- Click on Housing Type (PSH or TH)
- In **Eligibility Search Criteria Results**, Click the **Green Cross on the Eligible Provider**, Click **Continue**
- Send direct referral (click **box** to notify receiving agency) In **Eligibility Search Criteria Results**, Click the **Green Cross on the Eligible Provider**, Click **Continue**
- In **Need Data**, a **Need** is automatically identified, click below and change the **Outcome** to **Service Pending**
- Send direct referral (click **box** to notify receiving agency)

6. **The Receiving Agency:**

- Return to **Service Transactions**, **View Entire Service History**, Click on **Referral tab**, click on the **referral pencil**
- Under **Referral Data**, click in **Referral Ranking box** and click **acknowledged** within **24 hours**
- The Receiving Agency has 3-5 days to accept/decline referral (**Click in Referral Data**, click in **Referral Outcome** and click **Accepted or Declined**)
- Document justification why a referral has been declined. Follow-up with agency/case manager working with client to communicate regarding decline
- The Receiving Agency will change the **Outcome of Need Status** in **Services Transactions** if the need was **Fully Met**, or **Not Met** once successfully entered into the new program.
- Re-refer client (if denied)
- *Recommendation: On the HMIS Dashboard, click **My Referrals to track incoming or outgoing referrals**

3 Exit from CES

Prior to Entry into New Project

Exit Client from CES Pathways to
Home

Once a client is successfully referred to the new agency, accepted and met eligibility criteria:

7. Return to **Entry/Exit** Tab, Click **Exit pencil** from Pathways to Home Entry/ Exit:

- **Reason for Leaving options to use:**
 - Completed Program
 - Criminal Activity
 - Death
 - Unknown/Disappeared
 - Disagreement with Rules/person
 - Left for Housing opportunity before completing program
 - Needs could not be met
 - Non-compliance with program
 - Non-payment of rent
 - Reached maximum time allowed

DRAFT

Policy: Coordinated Entry System HMIS Entries	Date Issued: March 29, 2017
Procedures: HMIS CES Entry, Assessment, Referral and Exit	Effective Date: August 30, 2024
	Review Date: August 30, 2025

Printed copies are for reference only.
Please refer to electronic copy for the latest version

BACKGROUND In 2012, the US Department of Housing and Urban Development required every Continuum of Care to implement a Centralized or Coordinated Entry System. With guidance from the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act), Housing and Urban Development (HUD) guidelines, regulations, and strategic agreement amongst partner agencies, the Ventura County Continuum of Care, Coordinated Entry System-Pathways to Home was designed.

POLICY Provisions in the CoC Program interim rule at 24 CFR 578.7(a) (8) require that CoCs establish a Centralized or Coordinated Assessment System. Coordinated Entry must be easy for people to access services, it must also identify and assess their needs, and makes prioritization decisions based upon needs.

KEY TERMS

1. Housing First:
A model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions for entry (such as sobriety or a minimum income threshold). HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable.
2. Chronically Homeless:
The definition of “chronically homeless”, as stated in Definition of Chronically Homeless final rule is: (a) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who: i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before

KEY TERMS CONT.

entering an institutional care facility; (b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility; (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

3. Severity of Service Needs

This Notice refers to persons who have been identified as having the most severe service needs. (a) For the purposes of this Notice, this means an individual for whom at least one of the following is true: i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing. iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations. iv. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high need, high cost beneficiaries. (b) Severe service needs as defined in paragraphs i.-iv. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a).

4. Eligibility

Determining eligibility is a project level process governed by written standards as established in 24 CFR 576.400€ and 24 CFR 578.7 (a)(9). Coordinated entry processes incorporate mechanisms for determining whether potential participants meet project-specific requirements of the projects for which they are prioritized and to which they are referred.

5. Prioritization:

HUD has determined that an effective coordinated entry process ensures that people with the greatest needs receive priority for any type of housing and homeless assistance available in the VC CoC.

KEY TERMS CONT.

6. Referrals:

The coordinated entry process makes referrals to all projects receiving Emergency Solutions Grants (ESG) and CoC Program funds, including emergency shelter, Rapid Re-housing (RRH), Permanent Supportive Housing (PSH), and Transitional Housing (TH), as well as other housing and homelessness projects.

- Referral Acknowledged: The receiving provider has acknowledged the referral in the system.
- Accepted Referrals: This means the receiving provider has accepted the referral, this does not mean the client has met eligibility for the program.
- Declined Referrals: Recipients must ensure that referral denials are justified (case noted) and rare, and that participant(s) is/are able to identify and access another suitable project.

WHEN AN INDIVIDUAL PRESENTS FOR SERVICES:

Access to coordinated entry process, whether in person, by phone, or some other method,

1. **Initial Triage** – resolve immediate crisis needs (BH, physical and/or food/shelter)
2. **Diversion/Prevention**– examination of existing resources and options instead of emergency shelter
3. **Safety Planning:** examination of safety concerns for participant currently experiencing any form of violence and provide general safety information to all participants, including referral to 211 and/or emergency service (if client does not agree to data sharing, please proceed to use paper forms for CES process)

If unable to resolve item 1 and/or 2, proceed with Coordinated Entry System:

4. **Run a search** for client record in HMIS, *if a new client* or existing client, **Enter Data As (EDA)** under Pathways to Home CES.
 - a. If a new Client, enter ALL Client Profile information and click **Add New Client with This Information.**
5. **Record PTH project entry:**
 - a. Click on Entry/Exit Tab
 - b. Click on Add Entry/Exit
 - c. Complete an entry/exit for head of household only, click HUD (Pathways to Home CES assessment)

ELIGIBILITY MODULE:

6. **Run Eligibility Module in HMIS click Eligibility Search Criteria:**

-
- a. **Click Services Transaction** Tab
 - b. Click **Eligibility Search**
 - c. Under Eligibility Service Code Quick List, Click **Add all Eligibility Terms**
 - d. Client will show eligible, potentially eligible, and ineligible:
 - i. Click on potentially eligible and complete assessments questions.

**ELIGIBILITY MODULE
CONT.:**

STOP HERE and CHECK

- e. *If eligible* for Permanent Supportive Housing complete a Vulnerability Assessment Tool (*see below*)

**VULNERABILITY
ASSESSMENT TOOL
(PSH, PH, & TH):**

Complete the Vulnerability Assessment Tool. If a client has an existing record with a Vulnerability score completed within the last six months, refer to client notes and attachment tab, then review the assessment and determine if anything has changed. If no changes, use the existing Vulnerability score for the case conference. If the client has had significant changes, complete a new Vulnerability Assessment Tool (can be found in the CES Teams Channel File Folder).

**REVIEW EXISTING
VULNERABILITY
TOOL SCORE (PSH,
PH, & TH)**

1. Within the Client Profile Tab:

- a. Click on Client Notes to identify if a previous Vulnerability Assessment Tool was completed
- b. Click on File Attachments to review the previous Vulnerability Assessment Tool
- c. If no previous Vulnerability Assessment Tool,
 - i. Complete the Vulnerability Assessment Tool
- d. Complete a Client Note indicating date the Vulnerability Assessment Tool was completed
 - i. Upload the Vulnerability Assessment Tool under File Attachments
- e. Review results and determine if client shows potentially eligible for Permanent Supportive Housing or Transitional Housing
 - i. Vulnerability Assessment Tool Recommendations:
 - i. 19+ (Recommended for Permanent Supportive Housing)-*Not Required*
 - ii. 10-18 (Recommended for Rapid Re-housing)
 - iii. 0-9 (Not recommended for a housing support)

A Case Conference Form, Vulnerability Assessments and homeless documentation is required to be completed prior to case conference submission

-
- f. Submit forms to CES Teams via HMIS CES Document Submission Portal, <https://vchsa.org/hmis-submit/form/en> along with complete Homeless Documentation by Wednesday noon for consideration to be presented at the Monday case conference meeting (see Homeless Documentation policy)
-

DIRECT REFERRALS FOR ES, RRHP, HPRP, SO or TH:

Complete direct referral via Eligibility module can be initiated (*no case conference is necessary*) for emergency shelter including Safe Haven, Rapid Re-Housing, Homeless Prevention, Street Outreach and Transitional Housing:

1. Return to **Service Transactions**
 2. Click **Eligibility Search**
 - f. (if step 5 above has not been completed) Under Eligibility Service Code Quick List, Click **Add all Eligibility Terms**
 3. Click Green Cross on **Eligibility Search Criteria Results to eligible RRHP/HPRP/ SO/ES provider**
 - a. choose program that client shows eligible for
 - If eligible for RRHP, only choose one agency to refer to
 4. Click **Continue**
 5. Send direct referral (click **box** to notify receiving agency)
 6. Follow up if referral has not been acknowledged w/in 24 business hours or accepted w/in 3-5 business days
-

POST CASE CONFERENCE REFERRALS FOR PSH, PH, & TH ONLY:

Complete referral once the case is conferenced, prioritized, and matched for Permanent Supportive Housing/ Permanent Housing or Transitional Housing:

1. Go to **Service Transactions Tab**
 2. Click Tile for **Eligibility Search**
 3. Under **Eligibility Service Code Quick List**, Click add **All Eligibility Terms**
 4. Click on the **Eligibility Service Term** (PSH, PH or TH)
 5. In **Eligibility Search Criteria Results**, Click the **Green Cross on the Eligible Provider**
 6. Click **Continue**
 7. Send direct referral (click **box** to send an email to notify receiving agency) then continue
-

**SERVICE LEVEL
COMMITMENT FOR
REFERRALS:**

The Receiving Agency has 24-48 business hours to Acknowledge

1. Return to **Service Transactions, View Entire Service History**, Click on **Referral tab**, click on the **referral pencil**
2. Under **Referral Data**, click in **Referral Ranking box** and click **acknowledged**
3. The Receiving Agency has 3-5 business days to accept/decline referral (**Click in Referral Data**, click in **Referral Outcome** and click **Accepted or Declined**)
 - a. Document the justification as to why a referral has been declined. Follow-up with agency/ case manager working with client to communicate regarding decline

**SERVICE LEVEL
COMMITMENT FOR
REFERRALS
CONT.:**

4. The Receiving Agency has 5 business days to make contact with potential client and the potential client has 3 business days to make contact with the agency. If no contact after 8 business days, the referral may be declined.
5. The Receiving Agency will change the **Outcome of Need Status** in **Services Transactions** if the need was **Fully Met**, or **Not Met** once successfully entered into the new program.
 - a. Document the justification as to why a referral has been declined. Follow-up with agency/ case manager working with client to communicate regarding decline
6. Re-refer client

*Recommendation: On the HMIS Dashboard, click **My Referrals to track incoming or outgoing referrals**

EXITS FROM CES:

Exits from CES are to be completed in HMIS if the following occurs:

- A. The client is permanently housed (PSH/PH or RRH)
- B. Client self-resolved the housing situation
- C. Loss of contact with client after 90 days

A reason for leaving and destination must be selected for client upon exit:

- D. Complete Coordinated entry Event
- E. Complete Monthly Income (if changes occurred)
- F. Complete non-Cash Benefits (if changes occurred)
- G. Complete Health Insurance (if changes occurred)
- H. Complete Disabilities (if changes occurred)
- I. Housing Assessment exit questions

FORMS:

VCCoC Chronic Homeless Documentation Packet (HMIS/CES Document Submission Portal)

VCCoC Homeless Documentation Packet (HMIS/CES Document Submission Portal)

REFERENCES

24 CFR 578.7 (a) (8)

CPD-17-11 /2017

CPD-16-11 /2016, 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), Coordinated Entry Self-Assessment, Coordinated Entry Policy Brief/ 2015

<https://vchsa.org/hmis-submit/form/en>

DRAFT

Policy: Coordinated Entry System Prioritization	Date Issued: March 29, 2017
Procedures: Prioritization	Effective Date: August 30, 2024
	Review Date: Annual

Printed copies are for reference only.
Please refer to electronic copy for the latest version

Background: In 2012, the US Department of Housing and Urban Development required every Continuum of Care (CoC) to implement a Centralized or Coordinated Entry System. With guidance from the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act), Housing and Urban Development (HUD) guidelines, regulations, and strategic agreement amongst partner agencies, the Ventura County Continuum of Care (VCCoC), Coordinated Entry System-Pathways to Home was designed.

Policy: **CoC uses the coordinated entry process to prioritize homeless persons within the CoC’s geographic area:** Prioritization is based on a specific and definable set of criteria that are documented, made publicly available and applied consistently throughout the VCCoC for all populations. The VCCoC’s written policies and procedures include the factors and assessment information with which prioritization decisions are made. CoC’s prioritization policies and procedures are consistent with CoC and ESG written standards under 24 CFR 578(a) (9) and 24 CFR 576.4.

Key Terms:

1. Case Conference
Weekly meetings by all homeless services housing providers and stakeholders to coordinate services to those clients most in need in the most expedient fashion.
2. Severity of Service Needs
This definition refers to persons who have been identified as having the most severe service needs:
 - (a) an individual for whom at least one of the following is true: i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support to maintain permanent housing. iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations. iv. When applicable CoCs and recipients of CoC Program-funded PSH may use alternate criteria used by Medicaid departments to identify high need, high-cost beneficiaries.
 - (b) Severe service needs as defined in paragraphs i.-iv. above should be identified and verified through data-driven methods such as an administrative data match or using a standardized assessment tool and process and should be documented in a program participant’s case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a).

3. Chronically Homeless for Head of Household

**Key Terms
Cont.:**

The definition of “chronically homeless”, as stated in Definition of Chronically Homeless final rule is:

(a) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who: i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and ii. Has been homeless and living as described in paragraph (a) (i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a) (i).

(b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility; (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

4. Eligibility

Determining eligibility is a project level process governed by written standards as established in 24 CFR 576.400€ and 24 CFR 578.7 (a) (9). Coordinated entry processes incorporate mechanisms for determining whether potential participants meet project-specific requirements of the projects for which they are prioritized and to which they are referred.

5. Prioritization

HUD has determined that an effective coordinated entry system process ensures that people with the highest vulnerability receive priority for any type of housing and homeless assistance available in the VC CoC.

**Case
Conference:**

Case conferencing is the forum to address and prioritize those who are most vulnerable and in need of Permanent Supportive Housing (PSH) or Transitional Housing (TH).

1. Present Case for Prioritization of PSH or TH (*refer to HMIS CES Entry, Assessment, Referral and Exit procedures for Entry and eligibility steps prior to case presentation*)
 - a. Chronic Homeless Documentation should be submitted prior to presenting.

**Prioritization
Process:**

The following criteria establish how homeless individuals/families will be prioritized for shelter and housing programs in Ventura County Continuum of Care: The Vulnerability Assessment Tool (VAT) will be used by the Coordinated Entry Assessment Sites to assess individuals experiencing homelessness. Provider points of entry will complete the Pathways to Home eligibility module to determine which programs the individual or family is eligible

for prior to completing the VAT. The Vulnerability Assessment Tool will be one of the prioritization criteria in determining housing placement. The following criteria will be used

Prioritization

Process Cont.:

to prioritize placement, with the first three serving as the primary methods of ranking individuals and the remaining two prioritizations serving as tie breakers if the first three prioritization methods result in tied rankings.

1. Homeless Status (chronic, literal, at risk, fleeing domestic violence): This first prioritization criteria focuses on those individuals with a disability who have experienced long-term or multiple episodes of homelessness and are generally those with the highest need and vulnerability. In addition, this population has been identified as being the largest user of homeless system resources. This will be determined by the documented length of time of homelessness (episodic or continuous) and the reported service needs of individuals including chronic health, mental health, substance use, or other service needs that impact vulnerability. Persons with the documented longest length of time homeless and documented severity of service needs will receive priority.

2. Vulnerability Assessment Tool Score (PSH&TH): This second prioritization factor targets the most vulnerable clients in the homeless system as determined by their total Vulnerability Assessment Tool score. Vulnerability Assessment Tool score will be utilized in determining the ranking on the prioritization list in combination with the factors in the section above.

Note: VAT score of 19 or higher is recommended to be presented for PSH.

3. Length of Time Homeless: The third prioritization factor is the length of time an individual has experienced homelessness, giving priority to the person that has experienced homelessness the longest.

4. Severity of Service Needs: The fourth prioritization factor targets individuals with medical needs who will be prioritized when they have behavioral health conditions or histories of substance use which may either mask or exacerbate medical conditions.

5. Date of Vulnerability Assessment Tool: The fifth prioritization criteria will be the date of the individual's assessment, giving priority to the earliest date of assessment.

Levels of Priority

Prioritizing chronically homeless persons in VCCoC program-funded Permanent Supportive Housing beds dedicated or prioritized by persons experiencing chronic homelessness:

1. Priority–Homeless Individuals and Families with a Disability experiencing chronic homelessness that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual or families' service needs.
2. If there is not a person that meets specific program eligibility criteria of a target

population (i.e., mental illness), the agency would then accept the next prioritized person on the list. This means, if the CoC has served everyone with self-reported target disability (i.e., mental illness), the agency may be referred another person that meets the chronic homeless status (i.e., with a different disability).

**Levels of
Priority Cont.**

Prioritizing when there are no chronically homeless individuals and families within the VCCoC's geographic area:

- a. Priority-Homeless Individuals and Families with a Disability with long-term or multiple episodes of homelessness (may not meet chronic homelessness definition) and Severe Service Needs.
- b. Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.
- c. Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs
- d. Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing

**Rapid Re-
Housing and
Emergency
Shelter:**

Unsheltered persons receive priority for emergency shelter and rapid re-housing.

Vacancies:

1. Prioritizes client on the list (Single, Family, Veterans or TAY).
 2. Reviews list each week for updates and when vacancies are reported
 3. The prioritization process is used to fill vacancies throughout the VCCoC
-

**Chronic
Homeless
Documentation:**

1. Submit Chronic Homeless documents to CES Coordinator prior to case conferencing. Documents are due by Wednesday 12pm the prior week.
 - a. If approved, case manager is notified, and case is presented for prioritization
 - b. If denied, case manager is notified for further documentation. (Go back to step 1 in Chronic Homeless Documentation).
-

Referrals:

1. Generate a referral, once client has been prioritized, and matched for housing, *(refer to HMIS CES Entry, Assessment, Referral and Exit procedures for referral steps in HMIS)*
2. Client has seven business days to determine acceptance or decline identified unit or voucher.
 - a. If client accepts, receiving agency notifies CES program coordinator and moves forward with referral and completes CES exit
 - b. If client declines, agency notifies CES program coordinator immediately and a new referral is provided from the prioritized list. *(Go back to step*

1 in Referrals).

- i. Client remains on prioritization list
- ii. Agency re-runs eligibility for client in HMIS

Agency will continue to give an update on client to CES Program Coordinator within 90-days (Refer to VC CoC CES PTH Data Management Procedures regarding Service Provider Due Diligence)

**VC CoC PSH
Transfer
Requests:**

Eligible VC CoC Permanent Supportive Housing (PSH) transfer requests are for those at risk of returning to homelessness due to unsuitable housing which includes household (HH) composition changes (no longer meeting occupancy requirements due to change in HH size), higher level of care needs (scattered site model transfer to onsite case management model for additional support) and/or emergency transfer plan for those fleeing Domestic Violence (DV)/stalking; a VC CoC PSH transfer may be requested through CES by submitting a case conference form.

**Parallel
Processes for
TH:**

To expedite referrals in placing individuals with emergent needs a direct referral can occur if:

- 3. There are 3 or more vacancies at Transitional Housing
 - a. HMIS entry into PTH *must occur*
 - b. Run eligibility module, run Vulnerability Assessment Tool
 - c. Refer via HMIS to TH
 - d. Case update at next Case Conference Meeting
-

Forms

VCCoC Chronic Homeless Documentation Packet (VCCoC Website)

References

24 CFR 578.7 (a) (8)

CPD-17-01 /2017; CPD-16-11 /2016

Policy: Coordinated Entry System Data Management	Date Issued: March 29, 2017
Procedures: HMIS Data Management	Effective Date: August 30, 2024
	Review Date: Annual

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BACKGROUND

In 2012, the US Department of Housing and Urban Development required every Continuum of Care to implement a Centralized or Coordinated Entry System. With guidance from the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act), Housing and Urban Development (HUD) guidelines, regulations, and strategic agreement amongst partner agencies, the Ventura County Continuum of Care, Coordinated Entry System-Pathways to Home was designed.

POLICY

When using an HMIS or any other data system to manage coordinated entry data, CoC ensures adequate privacy protections of all participant information per the HMIS Data and Technical Standards at (CoC Program interim rule) 24 CFR 578.7(a)(8).

KEY TERMS

1. Data Management: CoC uses HMIS as part of its coordinated entry process, collecting, using, storing, sharing, and reporting participant data associated with the coordinated entry process.
2. Data security protections: HMIS Users will maintain the security of any client data extracted from the VC HMIS and stored locally, including all data contained in custom reports. HMIS Users may not electronically transmit unencrypted client data across a public network.

DATA MANAGEMENT:

1. Retrieves Vulnerability Assessment Tool Score from case manager.
 - a. Identifies new records and adds VAT score to Prioritization list.
2. VAT is required to be updated every six months.
3. Vacancies: Bi-weekly update of vacant Emergency Shelter units; vacancies for PSH, PH, and TH are updated as they occur within the VCCoC geographic area.

PRIORITIZATION LIST:

Prioritization List: Individuals prioritized for Permanent Supportive Housing, Permanent Housing, or Transitional Housing for singles, families, or Transitional Age Youth.

**SERVICE PROVIDER
DUE DILIGENCE
(PRIORITIZATION
PROCESS FOR PSH
ONLY):**

1. Case Worker is responsible for submitting complete case conference documentation and complete chronic homeless documentation with a VAT score of 19 (*recommended-not required*) or higher.
2. Case Worker is responsible for presenting client in Pathways To Home meeting when scheduled.
3. If a client is prioritized for PSH, case worker must provide updates on client status within every 90-days.
 - a. If the case worker provides an update within the 90-day period, client remains on the Prioritization List and no further action is needed until the next 90-day update or matching process.
 - b. If the case worker **does not** provide an update within the 90-day period, an email will be sent (1st attempt) requesting an update within 14 days.
 - If the case worker provides an update after the email request is sent, client remains on the Prioritization List and no further action is needed until the next 90-day update or matching process.
 - If **no update** is received after the email is sent, a second email will be sent (2nd attempt) including the agency or organization's manager, supervisor, director, etc. to ensure the client is still receiving case management and requesting an update within 14 days.
 - If the case worker provides an update after the second email (2nd attempt) or by the 14th day, the client will remain on the Prioritization List.
 - If **no update** is received within 14 days after the 2nd email is sent (2nd attempt), the case worker will be notified that the client will no longer be prioritized.
 - c. The case worker must re-submit new case conference documentation for the client to begin prioritization process again.

INACTIVE LIST:

1. Inactive List:
 - a. No Contact: individuals or families with no contact after 6 months. Clients may be eligible for reinstatement.
 - b. Housed or Placed in TH: individuals who have passed away or no longer within the VCCoC geographic area.
2. Removes individuals from the Prioritization List to the Inactive List after 90 days of no contact or updates.
3. Removes individuals from the Prioritization list to the Inactive List who are deceased, no longer within the VCCoC geographic area, permanently housed, housed outside of the CES process, or no longer connected to a case worker or service provider.

DATA SECURITY PROTECTIONS:

1. Refer to HMIS Policies and Procedures Manual

DATA SHARING:

1. Generate and publish copy of current Prioritization List bi-weekly to MS Teams Pathways To Home (CES) Channel.

REFERENCES:

- 24 CFR 578.7 (a) (8)
CPD-17-01 /2017
CPD-16-11 /2016
Coordinated Entry Self-Assessment
-

DRAFT

Policy: Chronic Homeless Documentation	Date Issued: 3/28/18
Procedures: Record Keeping Requirements and Submittal	Effective Date: 8/15/2024
	Review Date: Annual

Printed copies are for reference only.
Please refer to electronic copy for the latest version

BACKGROUND

Commencing in 2010 with the publication of the proposed rule on the definition of “homeless” HUD initiated the rulemaking process to establish the regulations for these new and revised programs. In this rule, HUD provides the final definition of “chronically homeless” that will apply to its homeless assistance programs and make the definition applicable, through amendments, to the regulations at 24 CFR part 91 (Consolidated Submissions for Community Planning and Development Programs) and 24 CFR part 578 (Continuum of Care Program).

POLICY

“Chronically Homeless” is defined in section 401(2) of the McKinney-Vento Homeless Assistance Act, 42 U.S.C.11360 (McKinney-Vento Act of Act), as an individual or family that is homeless and resides in a place not meant for human habitation, a safe haven, or in an emergency shelter, for at least 12 months or on at least four separate occasions in the last 3 years. And if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. The statutory definition also requires that the individual or family has a head of household with a diagnosable substance use disorder, serious mental illness, developmental disability, and/ or post-traumatic stress disorder, cognitive impairment resulting from a brain injury or chronic physical illness or disability.

KEY TERMS

Record Keeping: To demonstrate that an individual or family meet the definition of “chronically homeless” at the point of entry into a program.

Disabling Condition: A diagnosable substance abuse disorder, serious mental illness, cognitive impairments resulting from brain injury, developmental disability, post-traumatic stress disorder, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions **which is expected to be of long-continued and indefinite duration; substantially impedes his or her ability to live independently;** and is of such a nature that such ability, could be improved by more suitable housing conditions.

Disability Verification Signatories: Licensed to diagnose and currently treating the above conditions in the State of California.

Third Party Verification: The verifier can provide a written or oral statement detailing their encounters physically observed/witnessed where the individual or head of household is or has been residing.

Intake Worker Observation: Where an intake worker’s only encounter with the individual or head of household is at the current point in which they are seeking assistance, the intake worker’s observation will not qualify as third-party documentation. Instead, this would qualify as the second order or priority for written intake procedures and would not count towards the requirement that at least 9 months of the individual or head of household’s period of homelessness be documented based on third-party documentation.

Client Self Certification: Signed certification by the individual seeking assistance describing how they meet the definition, which must be accompanied by the intake worker's documentation of the living situation and the steps taken to obtain evidence to support it.

Break: Seven nights or more residing in a place **meant** for human habitation. All breaks can be documented through a written certification of the individual or head of household seeking assistance. However, please note that when there is evidence of a break (such as in an HMIS record) it must be counted.

Stay in Institutions: Evidence that the individual was homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, and met the criteria in paragraph (1) of the definition for chronically homeless in 24 CFR 578.3, immediately prior to entry into the institutional care facility and did not exceed 90 days in the institution.

HMIS Recordkeeping: Where data is available, the intake worker could document the individual or head of household's entire period of homelessness based on records contained in HMIS or a comparable database. It should be noted that self-reported data contained in HMIS or a comparable database does not qualify as third-party documentation. A single record of a stay in an emergency shelter or a safe haven or an outreach contact of an individual or head of household residing in a place not meant for human habitation in a single month is sufficient documentation to consider the individual or head of household as residing in that location for the entire month unless there is clear evidence of a break such as an HMIS record of an exit to permanent housing.

Subject Matter Expert (SME): or domain **expert** is a person who is an authority in a particular area or topic at your agency and can review/approve chronic homeless documentation prior to submittal to the Coordinated Entry System Team.

**RECORD KEEPING
REQUIREMENTS:**

1. The history of residing in a place not meant for human habitation, in an emergency shelter, or in a safe haven, including where the individual or head of household is coming from currently;
 2. The qualifying disability
 3. Stays in institutions (if applicable)
 4. Breaks of seven nights or more residing in a place **meant** for human habitation (*if applicable*)
-

**ACCEPTABLE
FORMS OF
RECORDING
LENGTH OF TIME
HOMELESS (BY
PRIORITY):**

1. Third-party documentation-(whole year acceptable, but will need 9 months if client self certifies for 3 months)
 - a. Acceptable third-party verifiers include but are not limited to: Housing service providers, emergency shelter staff, members of law enforcement, educator, health care professionals, community member, shop keeper, neighborhood resident, intake worker
 - b. Acceptable forms of third-party documentation:
 - i. An individual record of a stay in an emergency shelter, a safe haven, or from a street outreach contact from an HMIS, or comparable database used by victim service or legal service providers. A single record of a stay in an emergency shelter or a safe haven or an outreach contact of an

individual or head of household residing in a place not meant for human habitation in a single month is sufficient

- ii. A written observation by an outreach or intake worker of encounters with the individual or head of household that includes a description of the conditions where the individual or head of household was living or is currently living. The outreach worker or intake worker must have physically observed/witnessed where the individual or head of household is currently residing to be considered third party verification.
 - iii. A written observation by a community member that has physically observed where the individual or head of household was living or is currently living
- 2. A written referral by another housing or service provider. Intake worker observations: Where an individual presents for services (*cannot count towards 9 months of Third-Party documentation*)
 - 3. Certification from the person seeking assistance (*3 months max/ acceptable*)
 - 4. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates entries are made

Note: a single encounter in a month is sufficient to consider household homeless for entire month, if there is no evidence of breaks

**ACCEPTABLE
FORMS OF
RECORDING
DISABLING
CONDITION:**

- 1. Written verification of the disability from a licensed professional who is currently treating the condition and licensed in the State of California and able to diagnose
- 2. Written verification from the Social Security Administration
- 3. The receipt of a disability check or Veterans Affairs VA Compensation Check

**CHRONIC
HOMELESS
DOCUMENTATION
PROCEDURES FOR
AGENCIES:**

- 1. Submit Fully completed Case Conference Form and Chronic Homeless Documentation to your Agency SME for Review and Approval of documents using the Chronic Homeless Documentation checklist (page 1):
 - 1. SME reviews Length of time homeless: sources of documentation, and verifies 12 months continuous or 12 months over the course of 3 years and any breaks reported
 - 2. SME identify if client is a Veteran and DD214. If yes, redirect case manager to refer to VASH and END review here.
 - a. SME reviews 12-month chart (page 3) to assure attached documentation and dates noted on the chart match
 - 3. SME reviews disability verification: signatories of disability documents assuring documents are signed by an individual licensed to diagnose and currently treating the condition

-
4. SME signs off and dates the Chronic homeless documentation packet (page 1) for approval and submittal to the CES team via email (*for Monday case conference, submit by Wednesday noon for review*)
 - a. If further documentation is needed, SME will notify the case manager/social worker/ intake worker to gather appropriate documents.
 - b. Once case manager/ social worker/ intake worker gathers additional documentation, return to *step 1 of Chronic Homeless Documentation Procedures for agencies*

Note: your agency/ case manager may submit a case conference form to receive feedback/consultation for challenging cases.

CHRONIC HOMELESS DOCUMENTATION PROCEDURES FOR CES TEAM:

1. Retrieve Chronic Homeless Documentation and Case Conference Form
 - a. Confirm receipt of documents with SME and case manager/ intake worker/ social worker
 - b. Review Case Conference Form for completeness
 - c. Review SME sign off and date on page 1 of Chronic Homeless Documentation Packet
 - i. Review Length of time homeless and attached documentation
 - ii. Assure dates match and 12 months are noted
 - iii. Review Disability Documentation
 - iv. Assure signatory can diagnose and treat the condition
 - d. If sufficient, contact SME and Case Manager, notify them that the client is eligible to be placed on the Case Conferencing Review Matrix for future presentation at a Pathways to Home Meeting.
 - e. If insufficient, contact SME and Case Manager and provide notification of information needed; using Chronic Homeless Documentation Review Form
 - f. Track retrieval of documents and any further communications using the Chronic Homeless Documentation Tracking Chart, noting dates for each communication

Note: CES team requires 24-48 business hours to review Case conference forms and chronic homeless documentation. Therefore, submittal of documents by Wednesday noon is required

FORMS

- Chronic Homeless Documentation Packet
 - Chronic Homeless Documentation Review Form
 - Chronic Homeless Documentation Tracking Chart
-

REFERENCES

- 24 CFR 91 and 578- Final Rule Defining Chronically Homeless
- CPD-14-012/2016-Prioritizing persons experiencing chronic homelessness in PSH and recordkeeping requirements



October 9, 2024

VC CoC Governance Board

SUBJECT: Provide input and approval on amendments to Ventura County Continuum of Care Alliance Governance Charter including updates on the designated Standing Advisory Committees.

BACKGROUND: The Ventura County Continuum of Care's Governance Charter outlines the CoC Board's responsibilities, terms, and procedures for filling vacancies and recruiting new members. As the VC CoC Alliance and this Board's leadership responsibilities continue to expand, a review of the VC CoC committees is essential to the effectiveness of the work of the Alliance.

As currently adopted, the VC CoC's Governance Charter identifies six (6) standing Advisory Committees. These committees include the following: 1) Housing & Services Committee; 2) Data, Performance & Evaluation Committee; 3) Homeless Management Information System (HMIS)-Coordinated Entry System (CES) Steering Committee; 4) Public Information and Outreach Committee; 5) Nominations/Selections Committee; and 6) Youth Advisory Council. The Advisory Committees are responsible for the ongoing work of the Alliance and providing guidance to the Board on key issues and community initiatives. Committees may only be disbanded by a change to the VC CoC Governance Charter.

An annual review of the governance charter includes a review of Alliance and Board committees, duties, membership and infrastructure.

DISCUSSION: Five of VC CoC's standing advisory committees are active with a roster of members and regular meetings. A formal review of the standing committees has not occurred since the approved updates in 2021 of the VC CoC's Governance Charter. The Standing Advisory Committees and scopes of work are detailed in the Governance Charter in Section 7.02 starting on page 21 of the attachment.

The Homeless Management Information System Steering Committee includes the Coordinated Entry System as part of its scope of committee work and broadened membership to cover the programs and stakeholders participating in coordinated entry. This committee continues to meet quarterly.

The Nominations/Selections committee convenes as needed for the review of CoC Board nominations and the selection to fill CoC Board seats when available, as well as the expansion of CoC Alliance membership. This committee may include CoC Board leadership, CoC Staff, HMIS/CES Staff and members of other standing committees. The scope of the committee aims to evaluate and recommend changes to improve the Governance Board representation structure, solicit nominations and develops strategies to engage new Alliance members to include underrepresented sectors.

The Youth Advisory Council includes CoC staff, youth providers and The Partnership for Safe Families (Persons with Lived Experience). The Youth Advisory committee is working on pursuing additional youth-focused resources and bringing together community partners to leverage existing resources to assist with ending youth homelessness. This committee continues to meet quarterly. The Youth Advisory Council was recommended in 2021 to include a Youth Action Board subcommittee to include youth voices in the VC CoC planning processes. The Youth Action Board will be established by 2025 in partnership with the County's Diversity Equity and Inclusion Division and The Partnership for Safe Families.

The Public Information and Outreach Committee informs the full CoC Alliance membership on progress towards meeting strategic goals and outcomes and any initiatives that impact the County's homeless housing providers and service agencies.

To develop public information messages and strategies to raise awareness of issues around homelessness in Ventura County. This committee continues to meet quarterly.

Housing and Services Committee works with public and private agencies to increase awareness of residential and nonresidential programs, services, and existing permanent housing resources. This committee meets quarterly. The Housing and Services committee was recommended in 2021 to include a The Veterans subcommittee to end Veteran Homelessness and to align with Veteran Affairs.

Summary of Changes to VC CoC Alliance Governance Charter	
Youth Advisory Council (page 22)	Includes a Youth Action Board subcommittee in partnership with the County's Diversity Equity and Inclusion Division and The Partnership for Safe Families. Meet monthly.
Housing and Services Committee (page 21)	Includes the Veterans "One Team" Case Conferencing subcommittee. Led by VC CoC Staff, Veteran Providers, and Veteran Affairs to prioritize housing and services for unhoused and at-risk Veterans to end Veteran Homelessness. Meet bi-weekly.
Advisory Committee Scope of Work (page 21)	Updated Committee Scope of work for Housing and Services, Public Information and Outreach, and Youth Action Board.
Governance Structure (page 29)	Updated Governance Structure to include Veterans One Team Case Conferencing Sub-committee, and Youth Action Board
Alliance Membership (page 32)	Updated Alliance Memberships to include new partnerships.

RECOMMENDATIONS:

- 1) Provide input on suggested edits to the VC CoC Governance Charter (exhibit A) and consider adopting the following revisions:
 - a. Approval of PIO Committee scope of work
 - b. Approval of Housing and Services scope of work
 - c. Approval of Standing Advisory Committees
 - d. Approval of VC CoC Governance Structure



VENTURA COUNTY
**CONTINUUM OF
CARE ALLIANCE**

ENDING HOMELESSNESS
IN VENTURA COUNTY

Governance Charter

2024

Amended October 9, 2024

Ventura County CoC Alliance Governance Charter

Approved by CoC Board on October 9, 2024

DRAFT

Ventura County CoC Alliance Governance Charter

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Ventura County CoC Alliance Governance Charter

NAME: Ventura County Continuum of Care Alliance, hereinafter referred to as “Alliance”

ADDRESS: The Alliance is located in the County of Ventura within the State of California. The Alliance’s office of record will be the address and point of contact of the identified HUD Collaborative Applicant. Currently: County of Ventura, County Executive Office - Community Development, Hall of Administration L#1940, 800 South Victoria Avenue, Ventura, CA 93009

ARTICLE I. VENTURA COUNTY CoC GEOGRAPHIC BOUNDARIES

1.01. BOUNDARIES

The Ventura County Continuum of Care Alliance includes all of the geography within the County of Ventura, including 10 incorporated cities and all unincorporated areas. The physical bounds of this geography are consistent with the boundaries inclusive of these areas. These boundaries contain other Housing and Urban Development (hereinafter referred to “HUD”) designated program components, including multiple Housing Authorities, six (6) HUD geocode areas, two (2) local Emergency Solutions Grant (hereinafter referred to as “ESG”) Areas, communities eligible for State ESG funds, as well as federally designated Community Development Block Grant (hereinafter referred to as “CDBG”) entitlement areas, HOME, and Veterans Administration service areas. The CoC primary area of operations within the CoC geography includes the areas served by the program components listed above. This geography is referred to as the Ventura County CoC Region (hereinafter referred to as “Region”) and is known to HUD as City of Oxnard/San Buenaventura/Ventura County CoC (CA-611).

ARTICLE II. ESTABLISHMENT OF THE CoC

2.01. OVERVIEW

The U.S. Department of Housing and Urban Development charges communities that receive funds under the Homeless Continuum of Care Program (hereinafter referred to as “CoC Program”) of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act with specific responsibilities. [Section 578.5](#) of the HEARTH Interim Rule published in July 2012 (Interim Rule), defines a Continuum of Care (CoC) as “the group organized to carry out the responsibilities required under this part and that is composed of representatives of 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 to the extent these groups are represented within the geographic area and are available to participate.” Relevant organizations in the Ventura County CoC Region established the Ventura County Homeless and Housing Coalition (the Coalition) in 1983 as a collaborative for housing advocates, service providers and local government representatives concerned about issues of homelessness. In 1993 the Coalition incorporated as a non-profit organization and served as the CoC coordinating body acknowledged by HUD from 1998-2012. In 2012, at the request of the Coalition, CoC administrative and oversight responsibilities were transferred to the County of Ventura and the Countywide CoC Alliance was formalized. The Alliance is an unincorporated association as defined under [Section 18035 of the California Corporations Code](#).

Ventura County CoC Alliance Governance Charter

ARTICLE III. MISSION AND PURPOSE

3.01. MISSION

The Ventura County Continuum of Care Alliance is a collaborative group dedicated to promoting a safe, desirable and thriving community by ending homelessness in Ventura County.

3.02. SPECIFIC PURPOSES

In 2014 the Alliance began a transformation to expand membership, seat an inaugural Governance Board, identify Infrastructure Organizations, facilitate compliance with new federal regulations and guidelines, and address local gaps in community coordination and planning. As such, the Alliance outlines below the responsibilities and authorities of the different components that make up the Alliance including: Alliance Membership, Interagency Council on Homelessness, Advisory Committees, the Governance Board, and Infrastructure Organization(s).

A. Collaboration: The Alliance will:

1. Promote community-wide commitment to the goal of ending homelessness in Ventura County;
2. Provide opportunity for regional coordination and interagency collaboration;
3. Promote access to and effective utilization of mainstream programs by homeless individuals and families;
4. Promote the strategic use of available resources;
5. Inform local planning processes;
6. Inform stakeholders of actions impacting homelessness;
7. Advocate for people experiencing homelessness in areas where they have limited access;
8. Ensure availability of a region-wide Continuum of Care that meets requirements under [HEARTH Interim Rule 578.5](#);
9. Coordinate responses to funding opportunities for assistance for people at-risk of or experiencing homelessness;
10. Implement specific goals established in applications for funding; and

B. Actions: The Alliance will:

1. Foster the plan for a permanent system to ending homelessness;
2. Ensure access for homeless persons to quality services and facilities in all phases of the Continuum of Care system;
3. Coordinate services throughout the region to ensure that each special needs population has access to services in each geographic sub-region;
4. Provide a seamless system of care for transition from the street to permanent housing;
5. Support development of a strategic plan to address homelessness in the Region;
6. Establish and evaluate standards and service targets with an eye for continuous improvement; and
7. Actively recruit new and diverse membership.

Ventura County CoC Alliance Governance Charter

ARTICLE IV. RESPONSIBILITIES OF THE ALLIANCE

4.01. OPERATING THE CoC

The Alliance will:

- A. Hold meetings of the full membership at least quarterly with published agendas;
- B. Issue public invitation for new members to join at least annually;
- C. Follow and update annually a governance charter;
- D. Continue development of governance charter to incorporate all procedures and policies including those required by all funding sources including written standards for funding assistance, strategic planning, project evaluations, and HMIS requirements;
- E. Follow *'Process for Board Selection'* hereto outlined in [Section 6.05](#) to select a Governance Board to act on behalf of the Alliance. The process will be reviewed, updated (as applicable), and approved annually by the Alliance as part of its Charter;
- F. Follow *Process for Selection of Infrastructure Organization(s)'* hereto outlined in [Section 10.02](#) to select organization(s) to assume operational responsibilities including HUD CoC Program Collaborative Applicant, HMIS Lead, Staff, Project Monitoring, and preparing the HUD CoC Collaborative Application;
- G. Follow the *'Interagency Council on Homelessness'* process hereto outlined in [Section 8.01](#) to engage key government representatives to end homelessness in Ventura County Region;
- H. Appoint Advisory Committees, subcommittees, or task groups;
- I. Consult with recipients and sub-recipients to establish performance targets appropriate for population and program type, monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers;
- J. Evaluate outcomes of projects funded under the ESG and CoC Programs, and report to HUD and other funders;
- K. Evaluate outcomes of projects funded under the California Homeless Coordinating and Financing Council and other State funding allocated to the CoC;
- L. In consultation with recipients of HUD CoC and ESG Program funds within the Region, establish and operate a Coordinated Entry System (CES) that complies with requirements established by HUD; and
- M. In consultation with recipients of HUD CoC and ESG Program funds within the Ventura County Region, establish and consistently follow written standards for providing Continuum of Care assistance.

4.02. CoC PLANNING

To serve as the regional coordinated body to end homelessness in the Ventura County Region, the Alliance will:

- A. Coordinate the implementation of an effective housing and service system including outreach, engagement, assessment, prevention, shelter, housing, and supportive services within the Region;
- B. Plan for and conduct an annual Point-In-Time (PIT) Count of homeless persons within the Region;
- C. Conduct an annual gaps analysis of the homeless needs and services available within the Region;

Ventura County CoC Alliance Governance Charter

- D. Provide information to local jurisdictions required to complete the Consolidated Plan(s) within Region; and
- E. Consult with State and local government ESG program recipients within the Region on the plan for allocating ESG Program funds and reporting on and evaluating the performance of ESG program recipients and sub-recipients.

4.03. DESIGNATING AND OPERATING HMIS

The Alliance will:

- A. Designate a single Homeless Management Information System (HMIS) for the Region;
- B. Designate an eligible applicant to manage the Continuum's HMIS, known as the HMIS Lead;
- C. Review, revise, and approve (i) privacy, (ii) security, and (iii) a data quality plan for the HMIS;
- D. Ensure consistent participation of recipients and sub-recipients in the HMIS;
- E. Ensure the HMIS is administered in compliance with requirements prescribed by HUD; and

4.04. PREPARING APPLICATIONS FOR FUNDS

The Alliance will:

- A. Design, operate, and follow a collaborative process for development of applications for funding;
- B. Approve, through its Governance Board, submission of applications in response to a HUD CoC Program Notice of Funding Availability (NOFA) among other funding opportunities;
- C. Establish priorities for funding projects;
- D. Ensure that only one application for HUD CoC Program funds be submitted and collect and combine required applications information from all approved projects within Region; and
- E. Seek to secure funding for Alliance operations and infrastructure, including but not limited to HUD Planning grant funds.

4.05. ADDITIONAL RESPONSIBILITIES

The Alliance shall have additional responsibilities, including but not limited to:

- A. Engage organizations in a community-based process;
- B. Convene regular meetings of interested stakeholders;
- C. Work to address the underlying causes of homelessness;
- D. Lessen the negative impact of homelessness on individuals, families, and communities;
- E. Promote a region-wide Alliance;
- F. Foster collaboration;
- G. Develop a permanent system to end homelessness;
- H. Facilitate access to quality services region-wide;
- I. Ensure access to services to all subgroups;
- J. Ensure the system is designed with an equity framework to address racial disparities and other inequities
- K. Ensure access to a full range of services from street outreach to permanent housing;
- L. Facilitate sharing of provider expertise and intervention strategies;
- M. Create, inform, and support to development of regional plans;
- N. Provide a consistent source of data regarding the needs for homeless persons;
- O. Educate stakeholders about regulatory actions and other conditions impacting the Alliance;

Ventura County CoC Alliance Governance Charter

- P. Advocate for policies and essential services that promote fair housing, client well-being, and rights and protections under the law; and
- Q. Assist homeless service providers in acquiring funds dedicated to homelessness.

4.06. LIMITATIONS

The Alliance will not:

- A. Engage in activities in favor or against any political campaign on behalf of candidates for public office, except as the law affords to as the right and privileges of its members; or
- B. Convene members to conspire or to promote the support of activities that are deemed illegal activities under the law.

ARTICLE V. ALLIANCE MEMBERSHIP

5.01. STAKEHOLDERS

The Alliance shall garner community-wide commitment to ending and preventing homelessness in all parts of the Region through inclusion of representation from the entire Ventura County geographic area. In addition to the entities identified in [Interim Rule Section 578.5](#), Alliance membership includes a variety of other community stakeholders to the extent that they are invested in ending homelessness in the Region. Examples of additional stakeholders include private foundations, philanthropists, fraternal organizations, employment development, organized labor, and private health service organizations.

5.02. MEMBERSHIP APPLICATION PROCESS

Interested organizations and individuals can join the Alliance by attending a regularly scheduled meeting, completing a membership application, and committing to participate in the work of the Alliance to achieve stated purposes and goals. Alliance members obtain and retain voting privileges through attendance and participation in accordance with established policies.

New Organizational Members verify the required commitment to the work of the Alliance by preparing a written statement as part of the membership application that identifies the components of the Alliance work that the organization will participate in. An Organizational Member may designate up to three (3) persons annually who are authorized to represent the organization at Alliance meetings. Any one (1) organization can only have one (1) vote. An organization representative may represent only one (1) organization.

Individuals may also become members of the Alliance. Individuals provide a similar commitment statement as part of their membership application to the Alliance; however, Individual Members may not designate additional persons to represent them. Individuals who have a recognized role in a member organization (such as employee, board members, consultants, or current service recipients) may become Individual Member of the Alliance but may not vote. Individuals with formal organizational affiliations, such as those noted above, may be selected to represent the organization with which they are affiliated. This provision creates an opportunity for individual stakeholders to participate in the Alliance without duplicating organizational representation.

Ventura County CoC Alliance Governance Charter

5.03. MEMBER RESPONSIBILITIES

Alliance Member responsibilities include:

- A. Review and approve Governance Charter and all amendments at least annually;
- B. Attend annual and quarterly meetings;
- C. Ratify full slate of Governance Board Members annually; and
- D. Voluntarily participate on Advisory Committees.

5.04. MEMBERSHIP

- A. Membership is open to organizations and individuals who support the Alliance mission. Those seeking membership must complete an application and make their request at any meeting of the Alliance. At the next regularly scheduled meeting of the Alliance, all membership requests from organizations or individuals made at the prior meeting will be assumed as valid for purposes of determining voting rights.
- B. There shall be two (2) categories of Alliance members: Organizational Members and Individual Members.
- D. All members shall have the right to speak at meetings; vote on matters before the Alliance, subject to the voting privileges set forth herein [Section 5.09](#); and to participate in Alliance activities.
- E. There will be an unrestricted number of Organizational Members. However, only one (1) representative from each Organization Member may vote on behalf of that organization on any given issue; representatives are based on authorization from the organization. Each organization shall indicate in writing the names of up to three (3) persons annually who may represent the organization.
- F. There will be an unrestricted number of Individuals Members representing the general community. However, any such members must reside in Ventura County and may not be involved with Organizational Members as employees, board members, consultants, or current contractors.
- G. Nonvoting Alliance memberships are available for members who self-identify as a Nonvoting Member.
- H. All Alliance members are encouraged to actively recruit additional members engaged in ending homelessness in Ventura County.

5.05. MEETINGS AND MEETING SCHEDULE

- A. Meetings of the Alliance are subject to the [Ralph M. Brown Act](#).
- B. Any person who attends an Alliance meeting may be asked to leave by the meeting Chair if the person is verbally or physically disruptive.
- C. The Alliance annual calendar will establish a regular meeting day, time, and location for the calendar year.
- D. The full membership shall convene at least quarterly for the purpose of transacting the business of the Alliance.
- E. All regular meetings shall be published on the Alliance website and distributed electronically to all members at least 72 hours in advance.

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5.06 ANNUAL MEETING

- A. Full Alliance membership shall meet annually to ratify the roster of the Governance Board Members, review and approve Governance Charter, and receive annual meeting calendar.
- B. The notice of annual meeting shall be published on the Alliance website at least seven (7) days prior to the scheduled meeting.

5.07 SPECIAL AND EMERGENCY MEETINGS

- A. Special meetings of the Alliance may be requested and noticed provided by email to each member at least 24 hours prior to the meeting.
- B. Special and emergency meetings of the Alliance may be called at any time by the Governance Board or upon the request by one-third (33%) or more voting Members.

5.08. QUORUM

- A. A quorum shall consist of 50% plus one of eligible voters for the Alliance membership meetings;
- B. No business may be officially transacted without a quorum.

5.09. VOTING

- A. At all meetings of the Alliance, members who have met attendance requirements set forth by the Alliance may vote. Voting privileges are limited to one vote per member, in accordance with attendance policies (Sec 5.09.D).
- B. In the interest of informed decision-making, each Organizational Member may designate up to three (3) persons annually to represent such organizations at Alliance Meetings. Attendance by one (1) of the designated representatives is considered in meeting the attendance requirement associated with voting privileges ([Sec 5.04.E](#)).
- C. Each Organizational Member and Individual Member may have only one (1) vote for any one (1) motion on the floor; a majority of votes shall carry or defeat a motion.
- D. Voter privileges are extended to those Individual Members and Organizational Members that have been represented by a designated member at two (2) of the most recent four (4) full membership meetings.
- E. New members must have attended at least one (1) meeting before being eligible to vote.
- F. Upon ratification of this Charter new voting privileges became effective. Existing Alliance members who have secured voting privileges under previous rules will maintain privileges for the first meeting.
- G. All Members must declare any conflict of interest they or their organization has on any voting issue. Organizational Members and Individual Members shall abstain from voting and discussion on any issue in which they or their organization have a conflict of interest.
- H. The Governance Charter may be amended upon majority vote of the members of the full Alliance who are eligible to vote who are present at a meeting called for such purpose, provided that notice is given provided seven (7) calendar days prior to the meeting. Any such vote shall be conducted in accordance with the established Policies and Procedures of the Alliance. Absentee voting is not permitted.

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5.10. MEETING MINUTES

- A. Minutes of the meeting will be produced and maintained by the Collaborative Applicant staff.
- B. Meeting minutes shall be electronically distributed to all Alliance Members and posted on the Alliance website.

ARTICLE VI. THE ALLIANCE GOVERNANCE BOARD

6.01. OVERVIEW

The Governance Board acts on behalf the Alliance and is representative of the relevant organizations and of projects serving homeless subpopulations within the Ventura County Region. The Alliance Board is charged with important responsibilities and authorities on behalf of the community of stakeholders. Representation of a broad array of stakeholders on the Alliance Board will enhance the capacity to coordinate and leverage resources from various community sectors throughout the Region. To this end, the Alliance will strategically pursue a Governance Board that represents the array of stakeholders, the diverse geographic sub-regions, and the constituency for whom each seat is designated. HEARTH regulations require the board to be representative of the relevant organizations and of projects serving homeless subpopulations within the Continuum of Care's geographic area and that includes at least one homeless or formerly homeless individual to act on its behalf.

6.02. ESTABLISHMENT OF GOVERNANCE BOARD

- A. The Alliance has established a Governance Board to include representatives of relevant stakeholders, private and public officials, philanthropic representatives, advocates, businesses and service organizations and projects serving homeless subpopulations. Subpopulations include but are not limited to persons with substance use disorders; persons with HIV/AIDS; veterans; the chronically homeless; families with children; unaccompanied youth; the seriously mentally ill; and victims of domestic violence, dating violence, sexual assault, and stalking. The Board will include a broad representation of key stakeholder groups found within the Region.
- B. One Board member may represent more than one subpopulation or affiliation.
- C. The Board shall include at least one homeless or formerly homeless individual.
- D. Seats will be designated by affiliation, community sector, subpopulation, and geography.
- E. Board leadership will consist of a chair and vice-chair.
- F. One (1) Ex Officio Board Member may represent the Collaborative Applicant organization.
- G. No service provider receiving CoC or ESG Project funds may be a Board Member.
- H. The Governance Board is instituted as an unincorporated association. Any change to formal legal structure would require amendment to the Governance Charter.

6.03. BOARD RESPONSIBILITIES

The Board has authority not retained by the membership in the Charter including the following:

- A. Regional Planning: set regional goals and priorities for ending homelessness in the Region;
- B. Monitor Performance: monitors community progress toward ending homelessness in the Region;
- C. Establish and monitor HUD CoC and ESG project performance targets and metrics; evaluate Infrastructure Organization performance annually;

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- D. Approve Alliance Policies: including HUD CoC and ESG funding recommendations and written standards for providing assistance;
- E. Approve selection of and provide direction to Collaborative Applicant, HMIS Lead, and other such Infrastructure Organizations.
- F. Select Governance Board Members annually and fill vacancies; subject to the Governance Board composition, member selection, membership ratification and related requirements set forth in Sections 6.04 through 6.07 below.
- G. Fundraise: authorize grant applications; raise and allocate funds; approve sustainability plans;
- H. Ensure that relevant organizations and projects serving various homeless subpopulations are represented in planning and decision-making; and
- I. Build community awareness inclusive of the needs of all homeless populations found in the Region.

The Board has no authority to act contrary to this Charter, contrary to any applicable law, rule or regulation, or beyond the mission of the Alliance as set forth in Article III of this Charter.

6.04. BOARD COMPOSITION

- A. The Alliance Board shall have a minimum of seven (7) and maximum of thirteen (13) Members.
- B. Members must be able to represent an array of community sectors, special needs populations, and geographic areas throughout the region.
- C. Sectors include:

Advocates
Affordable Housing Developers
Businesses
Faith-based Organizations
Governments
Homeless/Formerly Homeless
Hospitals (Public or Private)
Law Enforcement
Mental Health Agencies (including substance abuse)
Nonprofit Homeless Assistance Providers
Organizations that serve Veterans
Public Housing Authorities
Organizations that serve unaccompanied youth
Social Service Providers
Universities (public or Private)
Victim Service Providers

6.05. PROCESS FOR BOARD SELECTION

- A. Nominations of Governance Board Members will be accepted from full Alliance Membership;
- B. The Nominating Committee (Section 7.02E) will reach out to candidates to confirm willingness to serve and verify qualifications. The Nominating Committee members may not nominate themselves and shall not be eligible to be nominated;

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- C. Results of nominations are reviewed by the Nominating Committee to ensure that adequate representation is available for each of the required constituencies (community sectors, subpopulations, geography);
- D. The Board will select nominees annually based on recommendations of the Nominating Committee and fill vacancies as needed;
- E. The full Alliance voting membership shall be asked to ratify the slate of new Board Members in its entirety at the annual meeting;
- F. Board composition is reviewed annually;
- G. Members of the Board serve as liaisons to other community stakeholders;
- H. Election of the Board Members should be staggered to ensure continuity; half will be up for election each year;
- I. Regular attendance and participation in Board activities is required. Members of the Governance Board must actively participate in two (2) of the most recent four (4) meetings in order to remain in good standing. Members failing to meet the attendance and participation standard shall be subject to removal and replacement.

6.06. BOARD MEMBER SELECTION CRITERIA

Alliance Board Members are selected to represent various constituencies. In order to adequately represent that constituency, Board Members shall meet basic qualifications including the following:

- A. Meet eligibility to be a voting Member;
- B. Sufficient knowledge and a working relationship with the constituency group;
- C. Capacity to read and assess detailed information;
- D. Ability to work effectively on a team;
- E. Capacity to consider the benefit of the Alliance as a whole;
- F. Ability to meet the timelines/demands of funding sources;
- G. Respectful acknowledgement of the rights of homeless persons; and
- H.
- I. Eligible to conduct business with a governmental entity (i.e., not debarred or suspended).

6.07. BOARD ELECTIONS AND TERMS OF OFFICE

- A. As provided for in [Section 6.05.E](#), Board Membership is determined annually by election by a majority vote of the existing Board Membership and is ratified by the full Alliance voting Membership at its annual meeting.
- B. The term of the Governance Board shall be January 1 through December 31.
- C. Except for the initial Governance Board, Members will serve two-year terms subject to re-election with one-half of the seats subject to election each year.
- D. There is an established 5 term limit (10 year max) for all Board Members, with the exception of the Ex-Officio representative.
- E. In the event of a vacancy, the Governing Board may appoint such qualified person(s) necessary to fill the vacancy. The person(s) appointed shall serve the unexpired term of the previous Board Member and is subject to re-election by the Board and ratification by the full Alliance voting membership.

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6.08. BOARD CODE OF CONDUCT

The Members of the Alliance Board are entrusted with specific responsibilities related to use of public funds invested in addressing a serious community concern, homelessness. Members are expected to observe the highest standards of ethical conduct in the execution of these responsibilities. In the performance of their duties, Alliance Board Members are expected to carry out the mandate of the Alliance to the best of their ability, and to maintain the highest standards of integrity for actions with other members of the Board, Alliance representatives, service recipients, service providers, and members of the public.

6.09. GENERAL CONDUCT

Members of the Board are expected to conduct themselves with courtesy and respect, without harassment, physical or verbal abuse. Personal relationships should not result in special considerations, including bias or favoritism that influence the performance of their official duties in a manner contrary to the interest of the broader Alliance. Board Members are expected to exercise adequate control and supervision over matters for which they are individually responsible.

6.10. STEWARDSHIP OF RESOURCES

Board Members must assure that the resources entrusted to them are used for conducting official business only. Members of the Alliance Board must abide by the Conflict of Interest Policies established for Board operations herein ([Sec. 6.18](#)).

6.11 PROTECTION OF CONFIDENTIAL INFORMATION

In line with this Charter of the Alliance, Board Members have a responsibility to protect any confidential information provided to, or generated by, the activities of the Board. Board Members shall not use confidential information of the Alliance for any purpose or disclose such confidential information to any third party, except as necessary to perform their duties and responsibilities as members of the Governance Board.

6.12 PUBLIC STATEMENTS AND MEDIA RESPONSE

When making public statements or speaking to the media on issues related to homelessness, members of the Board shall make clear whether they are speaking in their own name or on behalf of the Alliance.

6.13 REVIEW OF VIOLATION OF THE CODE OF CONDUCT CHARGES

When an allegation of misconduct is received by the Governance Board, an Ethics Review Committee will be assembled. This committee may not exceed three (3) members and must include a minimum of two (2) persons from the official Alliance membership. The Ethics Review Committee shall conduct a review of the matter and make a recommendation to the Governance Board for resolution. The Governance Board shall not be bound by the Ethics Review Committee's recommendation.

If requested by a majority, the Committee may also give guidance to the Alliance concerning other aspects of conduct, including actions of staff, consultants or other persons charged with implementation of duties relative to the responsibilities of the Board.

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6.14 BOARD LEADERSHIP

At the last meeting each calendar year, the Board will select a Chair to preside over the meeting and Vice-Chair to conduct meetings in the absence of the Board Chairperson. The Vice-Chair will preside over the meeting and officiate business in circumstances where the conduct of the Chair has been formally challenged, or in instances when the Chair must recuse him/herself.

6.15 DOCUMENTATION

The Alliance shall conduct and transact business in a fair and transparent manner. To this end, the Board shall maintain records of the Alliance actions, considerations, and decisions and make them available to members of the public in accordance with the [Public Records Act for the State of California](#) and the [Ralph M. Brown Act](#). Except in unusual circumstances or as required to protect the Board, the Alliance, or member agencies from pending legal action, meeting of the Board will be open to members of the public wishing to observe. If a visitor to the Board meeting is verbally or physically disruptive to the proceedings, they may be asked to leave.

6.16 RESPONSE OF THE BOARD TO COMMUNITY CONCERNS/OBLIGATION TO REPORT

Upon receipt of a written concern, the Alliance Governance Board, the Chairperson in consultation with one additional Board Member who is assigned to that duty will determine what action to take. The chairperson must report complaints and actions to the Governance Board monthly. Members must exercise adequate control and supervision over matters for which they are individually and collectively responsible, and shall take such measures as are necessary and appropriate in considering the concern of the community.

6.17 ABILITY TO CONDUCT BUSINESS/DEBARMENT OR SUSPENSION

Members of the Alliance Board must be eligible to transact business with federal and local government. At the time of nomination and at least annually thereafter, potential members of the Board must be cleared through the public registry listing persons and businesses that are barred from, or suspended from transacting business with federal, state, or local government.

6.18. CONFLICT OF INTEREST AND RECUSAL POLICY

- A. No member of the Alliance shall vote, and may not participate in, any matter which creates a conflict of interest, as defined in this Section. If a voting member has a conflict of interest, that member shall recuse his or herself from the vote and discussion.
- B. The Alliance voting membership shall conduct decision-making in accordance with [24 CFR parts 84](#) or [85](#) for non-profit organizations and state, local, and government agencies that receive federal funds. The Alliance voting member must also meet the conditions set forth in the [Interim Rule, Section 578.95\(b\)](#).
- C. To assure compliance with these regulations, the Alliance established policies to protect against conflicts of interest that may arise among Board members or organizational agents for their personal or organizational benefit in excess of the minimal value ([Section 6.19.C](#)).
- D. No voting member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to that individual or to any organization that the voting member has any financial interest or is otherwise employed or directly affiliated.

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- E. An Organizational Member conflict of interest arises when, because of activities or relationships with other persons or organizations, the recipient or sub-recipient is unable or potentially unable to render impartial assistance in the provision of any type or amount of assistance under this part, or when an individual's or an entity's objectivity in performing work with respect to any activity assigned under this part is or might be otherwise impaired.
- F. An Organizational Member conflict of interest arises when a Board Member is also specifically associated with an applicant organization and participates in any decision of the Board or other entity concerning the award of the grant, or provision of other financial benefits to the organization that such member represents. It would also arise when an employee, recent employee, board member, or family member of a recipient or sub-recipient organization participates in the tasks associated with making reasonable and objective determinations in carrying out the responsibilities of the Board. Examples of conflict of interest include the determination of rent reasonableness under [§578.49\(b\) \(2\)](#) and [§578.51\(g\)](#); housing quality inspections of property under [§578.75\(b\)](#) that the recipient, sub-recipient, or related entity owns; participation in ongoing business ventures/partnerships, or participation in evaluation determination of awards.
- G. Recommendations may include items that present a conflict of interest for the majority of Governance Board members. In such cases, the recommendation comes to the full Alliance membership for ratification. Actions brought for ratification may be rejected / appealed by the full Alliance membership if the Governance Board was not authorized to consider and bring forward a recommendation; if the action is not permitted, or if the action otherwise violates regulations or laws governing the issue under consideration. A call for rejection or appeal of an action brought forward for ratification must include the basis for such action. Refusal to ratify the recommendation must be substantiated and subsequently supported by a two-thirds (66%) vote of the eligible voting members present.

6.19. FINANCIAL CONFLICTS OF INTEREST – GIFTS

- A. Prohibits the solicitation and acceptance of gifts by Board members (or by the organizations that they represent) that provide benefit in excess of minimal value from persons, organizations, or corporations with vested interest in the outcomes of decisions made by the Board on behalf of the Alliance or its member agencies.
- B. Board members shall not participate in the selection, award, or evaluation of a contract if the conflict of interest exists. A conflict would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ, or employed during the prior six (6) months, has a financial or other interest in the organization under consideration for an award, or evaluation. Board members will not solicit monetary value from funded recipients, sub-recipients, contractors, or vendors.
- C. Board Members will not accept gratuities from funded recipients, sub-recipients, contractors, or vendors except for unsolicited gifts of nominal value. It is determined that a conflict of interest does not exist when the value of the gift is an unsolicited item of nominal value (less than \$15) and such gifts are not repeated more than twice annually. The Board member must maintain a record of gifts received, including source, date, value, and type of gift.

6.20. RESTRICTIONS ON PROCUREMENT AND PROVISION OF SERVICE

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- A. Board members may not personally and substantially benefit from participation on the Alliance Board. [The Procurement Integrity Act U.S.C. §2104](#); (“PIA”) provides guidance on activities that constitute personal and substantial benefit. Examples of activities that may violate the PIA include but are not limited to:
- Drafting, reviewing, or approving the specification or statement of work for which the individual intends to apply;
 - Preparing or developing a solicitation that the individual or an organization that the individual has a formal relationship with; evaluating bids or proposals that will be awarded to the individual or an associated entity;
 - Selecting a source; negotiating price or terms and conditions; or
 - Reviewing and approving an award from which the individual or the associated entity will derive any financial benefit.
- B. Board members are not to receive preference in the execution of the business of the Alliance or the services provided by the Alliance. For example, the Board member or their family must be granted services or access to support through the regular, established processes without special consideration.

6.21. OBLIGATION TO DECLARE POTENTIAL CONFLICT OF INTEREST

To avoid apparent conflicts of interest, Board members will declare any real or potential conflicts of interest or the appearance of such conflicts. The person must disclose this information before participating in the deliberation and decision-making or evaluation process. This policy applies to both personal and organizational conflicts.

6.22. TERMINATION POLICY

Any Board Member, Individual Member of the Governance Board or the entire Governance Board may be removed by the vote of two-thirds (66%) of the Alliance voting membership.

6.23. PARLIAMENTARY PROCEDURE

[Robert’s Rules of Order Abridged-Revised](#) will guide the process during meetings of the Alliance.

6.24. QUORUM

- A. A quorum shall consist of 50% plus one of eligible voters for the Alliance membership meetings;
- B. No business may be officially transacted without a quorum.

ARTICLE VII. ADVISORY COMMITTEES

7.01. COMMITTEES AND TASK GROUPS

- A. Each Committee will have a Chairperson and a Vice-Chairperson or Co-Chairperson elected by Committee members annually.
- B. Each Committee will establish regular recurring meetings and publish an annual calendar on the Alliance website.
- C. Each Committee will distribute a written agenda to all Committee members prior to each meeting and post written agenda on the Alliance website to each meeting.

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- D. Each Committee will record meeting minutes of each official committee meeting and publish on the Alliance website.
- E. Each Committee may meet at any time during the intervals between Alliance meeting at a location determined by the Committee members, or at the request of the Governance Board. Each Committee Chair will report the results of its meeting to the Alliance at quarterly meetings.
- F. Each Committee will mirror the attendance and voting privileges of the full memberships. In order to maintain attendance and voting privileges at the Advisory Committee level, Committee members shall attend two (2) of the most recent four (4) Advisory Committee meetings.
- G. The Committee Chair person is responsible for timely notification of meetings, and will have the authority to call Committee meetings, to determine that a quorum is present, and to determine who has met eligibility to majority vote on matters before the Committee, provided that reasonable notice is given to all members of the Committee.
- H. Alliance staff, with assistance from Committee Chair, shall be responsible for tracking attendance and maintain compliance with these rules.
- I. The Governance Board may, by majority vote of a quorum, create sub-committees necessary for the proper and efficient functioning of the Alliance as long as these committees do not interfere with or duplicate the duties of any existing committee.
- J. The Board can establish a Task Group to achieve specific or time-limited objectives.
- K. The Governance Board may, by a majority vote of a quorum, abolish a Task Group, or Committee, except for an Advisory Committee, if such committee is established pursuant to this Section, if it is determined to be unnecessary for the proper and efficient functioning of the Alliance.

7.02 STANDING ADVISORY COMMITTEES

The Alliance has established several Standing Advisory Committees that are responsible for ongoing work and providing advice on key issues and community initiatives. These Standing Advisory Committees are needed each year and are established for ongoing, long-term activities. The following Advisory Committees are established as Standing Advisory Committees that incorporate members of the full membership and may only be disbanded by a change to this Charter approved by a direct action of the full Alliance voting membership.

- A. Housing and Services Committee
 - a. Work with public and private agencies to promote and increase awareness of residential and non-residential programs, services, and existing permanent housing resources that make up the Ventura County Homeless Continuum of Care system;
 - b. Promote coordination between organizations who serve the homeless and at-risk homeless populations;
 - c. Provide education and advocacy on behalf of the target population to promote the mission of the Alliance;
 - d. Provide recommendations on best practices of housing and services and property management for existing and new CoC Permanent Supportive Housing programs.
Veterans “One Team” Case Conferencing Subcommittee

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- a. Provide housing prioritization and referral to VA funded housing, transitional housing, emergency shelter, Permanent Supportive housing, and services.
 - b. Facilitate to support all services, ensuring a thorough yet expedient discussion with a goal to develop a service plan for all Veterans with a particular focus on those with the most significant barriers to housing.
- B. Data Performance and Evaluation Committee
 - a. In collaboration with the HMIS Lead Agency, establish and oversee a process to evaluate performance of CoC Program and Emergency Solutions Grant recipient agencies; and
 - b. Review applications and make funding recommendations to the Governance Board to promote the most effective and efficient allocation of these grant funds.
- C. Homeless Management Information System (HMIS) and Coordinated Entry Steering Committee
 - a. The HMIS Lead Agency facilitates the Ventura County HMIS Steering Committee;
 - b. The HMIS Lead Agency drafts annual goals and a strategic plan in accordance with the Alliance Strategic Plan, for approval by the HMIS Steering Committee;
 - c. The Collaborative Applicant and HMIS MOU details the roles and responsibilities of the HMIS Lead Agency and the CoC Collaborative Applicant;
 - d. Membership includes broad representation of the service provider types in the Continuum's HMIS;
 - e. All major HMIS initiatives, including HMIS Policies and Procedures, are reviewed and approved by the Steering Committee and then presented to the Governance Board for approval;
 - f. Provide information and guidance on issues related to the implementation of the HMIS to the full Alliance membership; and
 - g. Regularly monitor HMIS data quality, performance metrics, and operational standards.
- D. Public Information and Outreach Committee
 - a. Inform full CoC Alliance membership on progress towards meeting strategic goals and outcomes and any initiatives that impact the County's homeless housing providers and service agencies;
 - b. Develop public information messages and strategies to raise awareness of issues around homelessness in Ventura County;
 - c. Conduct public outreach to raise awareness; and
 - d. Facilitate community meetings to present updates on key issues such as the results of the annual Point-in-Time Count, key information regarding annual HUD priorities for ending homelessness, and issues critical to the community, such as shelters and affordable housing needs.
- E. Nominations/Selection Committee
 - a. Evaluates and recommends changes to improve the Governance Board representation structure and ensure it is operating in an optimum way to meet the mission;

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- b. Reviews Board Member nominations, solicitation responses and provides recommendations to the Board;
- c. Reviews the governance Charter and provides recommendations to the Board and Full Membership body; and
- d. Develops strategies and approaches to engage new Alliance members to expand membership of underrepresented sectors in the Region.

F. Youth Collaborative Committee

- a. Youth committee comprised of homeless and formerly homeless youth to serve as advisory group with the goal of preventing and ending youth homelessness
- b. Advises Housing and Services Committee of gaps in services for youth.
- c. Youth member may be appointed to represent advisory group on CoC Board.

Youth Action Board Subcommittee

- a. Youth action board is comprised of homeless and formerly homeless youth to serve as an advisory group with the goal of preventing and ending youth homelessness
- b. Advises the Youth Collaborative Committee and Housing and Services Committee of gaps in services for youth homelessness

7.03. TASK GROUPS

Periodically, the Alliance needs to complete specific, time-limited tasks in order to comply with regulatory demands or to advance the goals and objectives of the full body. At the request of the Governance Board, selected group of members and community volunteers may be asked to form a temporary Task Group to complete the identified task. These groups perform specific functions associated with completion of the task and are guided by and report to one of the established Alliance groups, which may include the full Alliance, the Governance Board, or a standing Advisory Committee. Task Groups are temporary in nature and are not expected to offer continuous or year-round support to the Alliance.

ARTICLE VIII. INTERAGENCY COUNCIL ON HOMELESSNESS (IACH)

8.01. OVERVIEW

[The Ventura Council of Governments \(VCOG\)](#), in their role as Interagency Council on Homelessness for the County of Ventura, will receive reports from the Board no less than annually. It is anticipated that the IACH will take these reports on the progress to prevent and end homelessness back to their respective jurisdictions for their consideration.

ARTICLE IX. EMPLOYMENT STATUS

9.01. OVERVIEW

By virtue of service on the Governance Board, the full Alliance body, Advisory Committees, Interagency Council, and/or other action groups are not deemed employees of the Alliance nor its Infrastructure Organization(s) and are not entitled to benefits or compensation from member agencies as a result of their service to the Alliance.

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ARTICLE X. INFRASTRUCTURE ORGANIZATION(S)

10.01. OVERVIEW

In order to realize collective impact and provide centralized infrastructure with dedicated staff and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants, the Alliance will utilize an Infrastructure Organization(s) to assume operational responsibilities for the Alliance and beyond.

10.02. SELECTION PROCESS

- A. A Selection Committee, comprised of members of the Alliance and Board Members, will use a solicitation process to identify and evaluate candidates;
- B. Submissions may include proposals from the Full Membership Body;
- C. A single organization assuming all responsibilities is preferred but not required;
- D. Legal structure of the Infrastructure Organization is not being identified or recommended; rather the formal selection process will be open;
- E. The Selection Committee will submit recommendations to the Governance Board.
- F. The Board can accept one of the recommendations or reject all of the recommendations and instruct the Selection Committee to continue to search. Final selection and approval rests with the Governance Board;
- G. If suitable candidates are not identified through the solicitation process, the Selection Committee may recommend the full Alliance membership or Governance Board create its own entity;
- H. The Governance Board will complete a formal performance evaluation of the Infrastructure Organization(s) every year.

10.03. INFRASTRUCTURE ORGANIZATION(S) RESPONSIBILITIES

- A. Serve as HUD Collaborative Applicant;
- B. Submit HUD CoC Program applications;
- C. Submit other funding applications;
- D. Contract or hire staff;
- E. Conduct funded project monitoring and performance evaluation;
- F. Report progress to full Alliance membership and Governance Board;
- G. Support Governance Board and Advisory Committees;
- H. Implement initiatives as directed by the Governance Board to enhance Alliance performance;
- I. With Advisory Committees, monitor best practice homeless initiatives and make recommendations;
- J. Expand and maintain Alliance membership through proactive engagement of key stakeholders, outreach to and coordinate with other community groups, new member orientation, creation of outreach materials including but not limited to interactive website, social media campaigns, and community education;
- K. Serve as Fiscal Agent for infrastructure financial support;
- L. Serve as, or contract with HMIS Lead;
- M. Plan and conduct Point-in-Time Count;
- N. Operate HMIS System and/or ensure compliance;

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- O. Monitor data quality;
- P. Data Reports (Housing Inventory Chart, Annual Homeless Assessment Report, other publications, and performance reports);
- Q. Follow HMIS Policies and Procedures; and
- R. Serve as the Point of Contact for the community.

10.04. DESIGNATING HMIS LEAD

The HMIS administering agency and/or the applicant/sponsor of an Alliance dedicated HMIS project grant is an agent of the Alliance, manages HMIS operations on behalf of the Ventura County Region and provides HMIS administration functions at the direction of the Alliance. Active participation by Alliance members, either through committee/sub-committee structure or other meetings, in the management of the HMIS process, including establishing policies, procedures and protocols for privacy, data sharing protocols, data analysis, reporting, data integrity/validity, is essential to the viability and success of the HMIS.

The Alliance has endorsed the concept of a central HMIS system that is capable of integrating and storing data. An integrated data system is a requirement of HUD CoC and ESG Program funding. Policies for compliance with the applicable HUD regulations will be developed and reviewed at least bi-annually by the Alliance and HMIS Lead.

10.05. DESIGNATING COLLABORATIVE APPLICANT

The Alliance will designate an eligible legal entity to complete the HUD CoC Program application, referred to as the Collaborative Applicant. The Collaborative Applicant is responsible for collecting and combining the required application information from all applicants and projects and submitting this combined HUD CoC Program application on behalf of the Alliance. The Collaborative Applicant is the only applicant that is able to apply for HUD planning funds to support the Alliance in carrying out all of its responsibilities. The Collaborative Applicant provides these functions on behalf of the broader Alliance. The Alliance Board always retains responsibility, including the final approval of the application.

10.06. DESIGNATED POINT OF CONTACT

The Governance Board annually reviews and recommends a designated HUD Point of Contact (POC) to the Alliance using a similar process. Designation of the POC also takes into consideration two critical aspects: 1) the POC must have functional knowledge, access, and regular communication with the internal structures of the Collaborative Applicant organization; 2) to be effective, the POC must possess a comprehensive understanding of the HUD regulations and detailed procedures associated with compliance with the CoC, ESG, and VASH programs.

10.07. TERMINATION POLICY

The Governance Board will conduct and document an annual review of the Infrastructure Organization(s). The review shall include an assessment of the organization's capacity to fulfill HUD mandated functions and fiscal accountability. If the review is unsatisfactory, the organization will provide the Board a written corrective action plan within 30 days. The Governance Board will conduct a subsequent review 90 days following the original unsatisfactory annual review to determine if the corrective action plan is being followed and that performance is improving. If the Governance Board

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determines the Infrastructure Organization's performance continues to be unsatisfactory, the Governance Board may remove the underperforming Infrastructure Organization by a two-thirds (66%) vote.

ARTICLE XI. RELATIONSHIPS WITH OTHER HUD-FUNDED CONSTITUENCIES

11.01. EMERGENCY SOLUTIONS GRANT (ESG) ENTITLEMENT AREAS

Emergency Solutions Grants (ESG) are awarded to the Ventura County ESG entitlement areas "ESG Area" by the U.S. Department of Housing and Urban Development (HUD) for the purpose of providing Essential Services and Shelter Operations to persons who are homeless or at risk of being homeless in the ESG entitlement Areas. The ESG Area makes these funds available to local service providers, as well as itself, via a Request for Proposals (RFP) process upon notification from HUD of the amount of ESG funds allocated to the ESG Area for the program year. The public notification of the RFP is placed in local newspaper, on the ESG Area websites and electronically distributed by the Continuum of Care homeless service providers. The ESG Area may reserve up to 7.5 percent of the HUD award to administer the program.

The Alliance directly participates with jurisdictions that are directly funded by HUD ESG, with the California State Department of Housing and Community Development for the areas in the Region that are eligible for State ESG funds, and with non-entitled areas that prepare Consolidated Plans. In each case, the Alliance consults with the jurisdiction to develop cooperative plans and strategies that leverage ESG and other resources to provide Emergency Shelter, Prevention, and Rapid Re-Housing (RRH) services.

The Alliance assists the ESG Area in coordinating the prioritization and use of funds. This coordination includes each ESG Area covered by the State of California and the ESG Areas in the Region. The Alliance, as the CoC entity, is responsible for assisting with the evaluation of ESG project performance.

In cooperation with Alliance, the ESG Area determines, based on the amount of funding received and the need of the client, the level of assistance and the duration of assistance that a household can receive.

The Alliance participates in setting local priorities, reviewing and rating proposals, certifying need, and annual review of ESG programs.

The general goal of ESG is to assist families and individuals out of homelessness by providing financial support for rental assistance, payment of utilities, transportation services and other essential services deemed eligible by HUD and necessary for the continued housing of a homeless or at risk of becoming homeless persons, and/or families. ESG can be used to fund local homeless emergency shelter operations or physical rehabilitation of certain properties used for serving homeless persons.

To this end, the ESG Areas and the Alliance have established the following cross-jurisdictional strategies for use of the ESG funds in ways that:

Ventura County CoC Alliance Governance Charter

- A. Further the accomplishment of actions identified in the Consolidated Plan of each jurisdiction.
- B. Foster greater access to permanent housing, especially helping people access housing that is affordable at 30% Area Median Income.
- C. Leverage existing resources to achieve the match and case management requirements and to avoid duplication of services.
- D. Coordinate across jurisdictions for development of standardized eligibility and assessment standards and by convening semiannual regional planning meetings.
- E. Support federal and local goals for priority populations, including but not limited to veterans, persons with disabilities, families and others.
- F. Allow for variations in ESG entitlement programs that respond to the needs of resources of the individual jurisdictions.
- G. Comply with eligibility and verification requirements and locally established standards (HMIS, housing status, habitability standards, homeless, definitions, etc.).
- H. Allows each program to take responsibility for program administration including compliance with public notice requirements and timely reporting.
- I. Encourages all sub recipients to participate in collaborative assessment, coordinated entry, data management, and reporting systems established by the Alliance in accordance with HEARTH regulations.
- J. Supports timely and accurate data collection and reporting through contractual obligations with sub recipients and through establishing common standards for vendor relationships with the HMIS Lead.

The Alliance plan for ESG assistance recognizes the three (3) ESG Areas contained in the Ventura County Region (Ventura County, City of Oxnard and the areas eligible for State of California ESG funds). The Alliance works to avoid a duplication of services to ensure sub recipients do not receive multiple grants for the same services in a single service area. Sub recipients serving multiple areas may receive ESG support from the corresponding ESG Area to serve eligible clients from that service area.

ESG sub recipients are responsible for assuring the provision of matching resources. The Alliance encourages sub recipients to leverage additional resources for effective operation of ESG programs. The Alliance consults with ESG Areas and sub recipients to coordinate plans for effective use of funds. HUD CoC Program-funded organizations are required to report the sources of match and leverage funds annually. These resources are verified through an annual review of agency Independent Audit as conducted in accord with HUD regulations.

Ventura County CoC Alliance Governance Charter

11.02. ESG PROJECT RECIPIENTS AND SUBRECIPIENTS

ESG project recipients may include non-profit organizations, public housing agencies, or governmental entities that receive HUD CoC program funding. Recipients have a grant agreement with and receive funding directly from HUD; sub recipients have agreements with and receive funding from recipients.

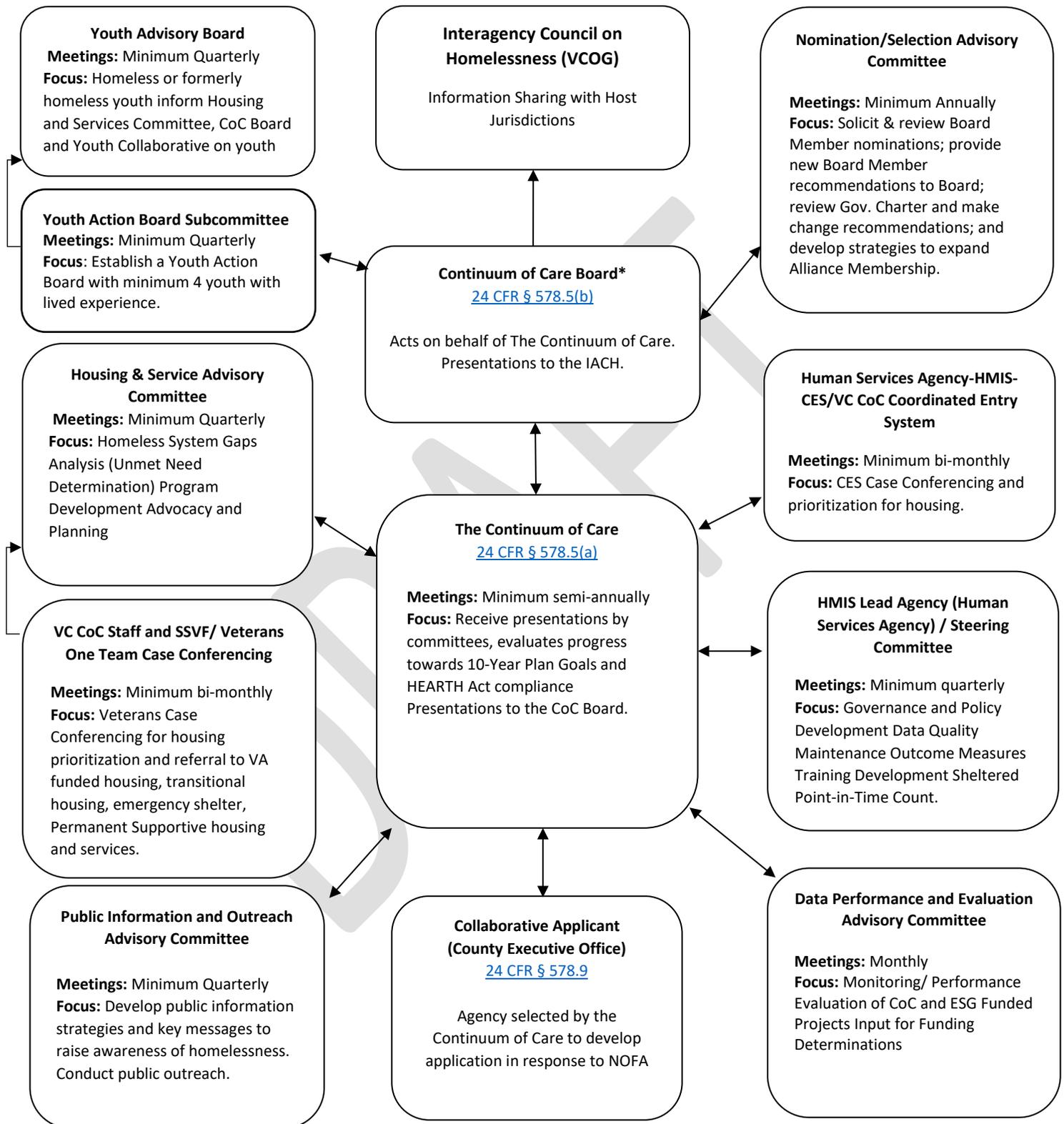
ESG recipient and sub recipient organizations must certify to the following eleven (11) program assurances concerning:

- A. Confidentiality;
- B. Consistently with the applicable consolidated Plan;
- C. Discharge policies and protocols;
- D. Education assurances for households with children;
- E. Essential services;
- F. HMIS participation;
- G. Inclusion of homeless persons in decision-making and Section 3 activities as practicable;
- H. Restrictive covenants for facilities receiving ESG funds for renovation or major rehabilitation;
- I. Matching funds;
- J. Safe and sanitary facilities; and
- K. Supportive services.

ESG recipient organizations must meet additional requirements established annually by contractual agreement with the ESG Area for participation in Alliance review and reporting requirements for project evaluation.

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EXHIBIT A – VENTURA COUNTY COC ALLIANCE GOVERNANCE STRUCTURE



* To avoid any real or perceived conflicts of interest, membership on the CoC Board consists of persons representing organizations that DO NOT currently receive or intend to apply for funding through the CoC, ESG or EHAP, unless representatives from the subpopulations served by these organizations cannot be recruited as board members.

Ventura County CoC Alliance Governance Charter

EXHIBIT B – CoC ALLIANCE SEPARATION OF DUTIES MATRIX

xx indicates lead for task

	Tasks	The Alliance	Gov. Board	Data Performance and Evaluation	Housing and Service System Coordination	Public Information Outreach	Youth Collaborative	HMIS Steering Committee	CoC Collaborative Applicant
1	Conduct sheltered count							x	xx
2	Conduct unsheltered count	x						x	xx
3	Complete Housing Inventory Chart							x	xx
4	Complete Point-in-Time Chart							x	xx
5	Planning/Implementing/evaluating Housing First	x			xx				
6	Planning/Implementing/evaluating Rapid Re-housing	x			xx				
7	Planning/Implementing/evaluating Coord. Assessment System			x	xx			x	x
8	Planning/Implementing/evaluating street outreach plan	x			xx				
9	Planning/Implementing/evaluating homeless prevention plan	x			xx				
10	Ensure goals of Operating Doors are incorporated in CoC goals:								
	Preventing and ending family homelessness	x				xx			
	Preventing and ending chronic homelessness	x				xx			
	Preventing and ending youth homelessness	x				xx	x		
	Preventing and ending veteran homelessness	x				xx			
	Preventing and ending all homelessness	x				xx			
11	Ensure that CoC's goals are in Consolidated Plan(s), Housing Elements, Hsg Authority Action Plans, & other planning docs	x				xx			
12	Ensure that Public Housing Authorities are involved in CoC goals				xx	x			
13	Ensure increase PH and PSH housing stability			xx					
14	Ensure increase income from employment			xx					
15	Ensure income from other cash resources			xx					
16	Ensure increase non-cash mainstream resources			xx					
17	Reduce length of time homeless			x			x	x	
18	Prevent recidivism			x			x	x	
19	Monitor performance of HUD CoC funded renewals			xx				x	x
20	Assist underperforming HUD CoC funded renewals			x					xx
21	Reallocate and renew HUD CoC funded projects	x	xx	x					x
22	Coordinate local Request for Proposals	x	x						xx
23	Coordinate project review, ranking, present to CoC Board		x	xx					x
24	Consult with Emergency Solutions Grant recipients concerning allocation of funds & performance evaluation			x		xx		x	
25	Complete Grant Inventory Worksheet								xx
26	Ensures coordination with other Federal, State, County, local, and private resources		xx	x		x			
27	Identify other sources of funding for supportive services to reduce CoC program funds to pay for such costs	x			xx	x			
28	Ensure equal opportunity and affirmatively further fair housing		xx			x	x		x
29	Ensure educational assurances for hmls children				xx				
30	Coordinating services and safe housing for victims of DV				xx				
31	Implementation of Affordable Care Act				x	xx			
32	Review written complaints		xx						x
33	Adopt and evaluate Governance Charter annually	xx	x						x
34	Recruit CoC Members	xx	x						

Descriptions:

The Alliance: (quarterly) To be collaborative of City staff, other public agency staff, private non-profit organizations, and other community organizations who are committed to preventing and ending homelessness in the County of Ventura; to implement a community-based collaborative and coordinated system utilizing best practices to assist persons experiencing homelessness and those of at risk of homelessness to obtain housing, mainstream resources, and supportive services necessary to achieve self-sufficiency; to ensure funding resources are maintained; leverage additional funds; and assure fair distribution of resources throughout Ventura County based on areas of greatest need.

CoC Board: (monthly) Makes decisions on behalf of The Alliance.

HMIS Steering Committee: (quarterly) Develop and monitor the HMIS Charter, which includes a process for decision making around the HMIS and establishes roles and responsibilities of the CoC Collaborative Applicant and the HMIS Lead Agency. Provide information and guidance on issues related to the implementation of the HMIS. Regularly monitor data quality, performance metrics, and operational standards.

Data Performance and Evaluation Committee: (quarterly) Establish and oversee a process to evaluate performance of CoC Program and Emergency Solutions Grant funded agencies. Review applications and make funding determinations to promote the most effective and efficient allocation of these grant funds.

Data Performance and Evaluation Committee: (quarterly) Establish and oversee a process to evaluate performance of CoC Program and Emergency Solutions Grant funded agencies. Review applications and make funding determinations to promote the most effective and efficient allocation of these grant funds.

Housing and Service System Coordination: (quarterly) Conduct Homeless System Gaps Analysis (Unmet Need), System Evaluation and Redesign, Program Development, Research of Systems Development and Best Practices, Advocacy and Planning

Public Information and Outreach: (quarterly) Inform members of The Alliance on progress towards meeting strategic goals and any initiatives that impact the County's homeless housing providers and service agencies. Develop public information messages and strategies to raise awareness of issues around homelessness in the County.

CoC Collaborative Applicant: The agency selected by The Alliance to develop and submit an application in response to HUD's CoC NOFA.

Ventura County CoC Alliance Governance Charter

EXHIBIT C – CoC INFRASTRUCTURE ORGANIZATION

Continuum of Care Lead Agency/Collaborative Applicant

The CoC Lead Agency is the County Executive Office and designated as the primary applicant for State and Federal funds made available to Continuums of Care; The CoC Lead Agency serves as staff to the Continuum of Care Board, Alliance and Standing Advisory Committees and assists with overseeing the full responsibilities of the Continuum including operating the Continuum of services including the coordinated entry system and coordinated entry system access point focusing on subpopulations that benefit from a tailored approach, such as the Veterans One Team Case Conferencing.

HMIS Lead Agency

The HMIS Lead Agency is the County of Ventura Human Services Agency responsible for managing the HMIS system consistent with HUD requirements. The HMIS lead in partnership with the CoC is responsible for reviewing, revising, and approving a privacy plan, security plan and data quality plan for the HMIS and ensuring consistent participation of recipients and subrecipients in the HMIS. The Human Services Agency has also been designated by the VC CoC as a lead on the Coordinated Entry System (CES) with the integration of CES in HMIS.

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Ventura County CoC Alliance Governance Charter

EXHIBIT D – CoC ALLIANCE MEMBERSHIP

Ventura County Continuum of Care Alliance Membership	
Organization/Individual	Sector
A Community of Friends	Affordable/ Supportive Housing Developer
Aegis Treatment Centers	Substance use treatment
American Medical Response (AMR)	Emergency services
Area Agency on Aging	Senior
Area Housing Authority of Ventura County	Affordable Housing
Brian Padrick	Advocate
Buddy Nation	Pet Services
Cabrillo Economic Development Corp	Affordable/Supportive Housing Developer
Cal Lutheran	University
California Rural Legal Assistance (CRLA)	Legal
Carolyn Briggs	advocate
Casa Pacifica	Youth Transitional Housing
Catholic Charities	Social Services
City of Camarillo	Local Govt
Child Development Resources	Social Services/ Childcare Resources
City of Fillmore	Local Govt
City of Moorpark	Local Govt
City of Ojai	Local Govt
City of Oxnard	Local Govt
City of Oxnard--Housing Dept	Affordable/Supportive Housing Developer
City of Port Hueneme	Local Govt
City of Santa Paula	Local Govt
City of Santa Paula - Housing Authority	Rental Housing Programs
City of Simi Valley	Local Govt
City of Thousand Oaks	Local Govt
City of Ventura	Local Govt
City of Ventura – City Proactive Outreach Program	Public safety/social services
Coalition for Family Harmony	Victim Services Provider
Community Action of Ventura County	Homeless Services
Community Memorial Hospital	Hospital
County of Ventura Healthcare Agency, Behavioral Health Adult Clinics	Medical Services
County of Ventura Healthcare Agency, Behavioral Health PATH/R.I.S.E.	Behavioral Services

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County of Ventura Healthcare Agency, One stop/Whole Person Care/Hospital Case Management	Homeless Health Services
County of Ventura Human Services Agency	Social Services
County of Ventura Human Services Agency, Area Agency on Aging	Senior Services
County of Ventura Human Services Agency, Homeless Services	Homeless Services
County of Ventura Human Services Agency, VCHMIS	Homeless Information System
County of Ventura Human Services Agency, RAIN Bridge Housing Program	Homeless Services
County of Ventura Human Public Defender's Office	Legal Services
CSUCI	University
David Courtland	Advocate
Diversity Collective	LGBTQI+
Downtown Ventura Partners	Business
First 5 Ventura County	Youth
Federal Emergency Management Agency	Federal Agency
Gold Coast Health Plan	Healthcare
Gold Coast Veterans Foundation	Veteran
Goodwill Industries of Vta and SB Counties	Employment Services
Harbor House	Homeless Services
Help of Ojai	Social Services
Hospital Association of Southern California	Healthcare
Housing Authority of the City of San Buenaventura	Affordable/Supportive Housing Developer
Independent Living Resource Center	Disability services
Interface Children & Family Services	youth, social services, re-entry, DV
Jess Weihe	Community member
Jewish Family Services	Social Services
Khepera House	Substance Use
Kingdom Center, Gabriel's House	Emergency shelter/transitional living
Lutheran Social Services	Support Services
Many Mansions	Affordable/Supportive Housing Developer
Mercy House	Homeless Services
MESA Farm	Youth Transitional Housing
National Health Foundation	Healthcare
Ojai Valley Family Shelter	Homeless shelter
One Step a la Vez	Youth, social services
Oxnard Library	Public facility
Pacific Clinics--TAY Tunnel	Behavioral Health/TAY
Pam Marshall	Advocate
Partnership for Safe Families	Family

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Peggy Rivera	advocate
People's Self Help Housing	Affordable/Supportive Housing Developer
Project Understanding	Social Services
Public Defender	Legal
River Community Church	Homeless Services
Salvation Army	Homeless Services
Salvation Army Supportive Services for Veteran Families Vta/SBA county	Veteran Homeless Services
Samaritan Centers	Homeless Services
Sarah's House Maternity Home	Homeless Services
SCAN Health plan	Healthcare
Simi Valley Adventist	Healthcare
Shelter Care Resources	Homeless Services
SPIRIT of Santa Paula	Homeless Services
Step Up Ventura	Homeless children
The City Center	Homeless Services
Tenderlife Maternity Home	Homeless Services
The Kingdom Center/Gabriel's House	Homeless Services/Emergency Shelter
The Nature Conservancy	Environmental advocacy
The Partnership for Safe Families	Persons with Lived Experience Advisory Group
The Ventura County Rescue Mission	Emergency shelter
Turning Point Foundation	Homeless Services/ Behavioral Health
United Way of Ventura County	Funder
US Vets	Veterans
VC Housing Trust Fund	Funder
Ventura Chamber of Commerce	Business
Ventura County Behavioral Health	Behavioral Health/Substance Use
Ventura County Healthcare Agency	Healthcare
Ventura County Library	Public facility
Ventura County Military Collaborative	Veterans
Ventura County Office of Education	Education
Ventura County Public Health	Healthcare
Ventura County Public Defender	Criminal justice
Ventura Social Services Task Force	Advocates
Veteran Affairs-HUD VASH	Housing and Homeless Services
Wakeland Housing & Development	Affordable/Supportive Housing Developer
Waypoint Station LLC	Advocate
Workforce Development Ventura County	Employment
Ventura County Sherriff's Department	Law Enforcement/ Homeless Liaison Unit
Ventura County Probation	Public Safety

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Ventura County Medical Center	Hospital
St. Johns/Dignity Health	Hospital
City of Ventura Police Dept	Law Enforcement
City of Oxnard Police Dept	Law Enforcement
City of Simi Valley Police Dept	Law Enforcement
City of Port Hueneme Police Dept	Law Enforcement
City of Santa Paula Police Dept	Law Enforcement
Forever Found	Human Trafficking prevention
VC District Attorney's Office	Law Enforcement
Family Justice Center	Victim Services

DRAFT

October 9, 2024

VC CoC Governance Board

SUBJECT: Receive and File the Ventura County Homeless Management Information System and Pathways to Home Coordinated Entry System (VC HMIS/PTH CES) Report.

BACKGROUND: The County of Ventura, Human Services Agency operates and manages the VC HMIS/PTH CES as required by HUD through the Ventura County Continuum of Care (VC CoC) program. The VCHMIS/PTH CES team drafts annual goals and a strategic plan in accordance with the VC CoC's Strategic Plan, for approval by the VC HMIS/PTH CES Steering Committee.

DISCUSSION: Review the VC HMIS/PTH CES Quarterly report and receive an update from HMIS administration on progress in implementing recommendations in the [Ventura County Plan to Prevent and End Homelessness](#). The following update include 1) system improvement analysis that was recommended by the Board of Supervisors and CoC board relating to pain points of our current vendor, 2) (CoC) dashboard to include jurisdictional level information about homelessness and 3) research and select Homeless Management Information System (HMIS) vendor with the best fit for these objectives. Data integration and mapping to facilitate implementation of recommendations in the Ventura County Plan to Prevent and End Homelessness continues to remain a priority including research and follow-up on the Multi-Disciplinary Team's ability to geocode unsheltered persons in the field. One of the directives from the Board of Supervisors is to determine the best path forward for HMIS system improvements.

Recommendations: Receive feedback from CoC Board on the VC HMIS/PTH CES report and discuss areas for system improvements and provide guidance on next steps.



Ventura County Homeless Management Information System/ Pathways to Home - Coordinated Entry System - Narrative and Analysis October 2024

Projects/Grants

HMIS / CES Expansion Grant

We continue to operate HMIS / CES under one grant overseen by the VC CoC.

Online Training Project

The VC HMIS received a Homeless Housing Assistance and Prevention Program (HHAP) grant in July of 2019 to migrate existing training to an online platform to increase and enhance training for service providers. Trainings include the standard “just in time” courses as well as new user trainings. Examples: CES Basics and Chronic Homeless Documentation. To date, 8 trainings sessions have been recorded and are live, though need some revision given a recent change in system updates. We have recently expanded the available catalog by including Case Management Training, Moving forward, and time and staff permitting we will focus on Chronic Homeless Documentation training as well as converting/migrating CES part 1 & 2 sessions to the online platform. Our intent is that new case workers acquire a more thorough understanding of the process. This should prove beneficial as we are experiencing a sizable number of new PSH unit availability and expect continued growth in the coming year.

Continuous Process Improvement

- To respond to the request for additional training we have developed ‘Just-in-Time’ sessions to focus on specific areas within the HMIS system that an end-user may be struggling with. These sessions are now available online. These sessions also satisfy the HMIS mandated annual refresher training requirement and the convenience of having it online for completion when desired has proven a convenience to providers. The continued incorporation of office hours has helped address some of the unique challenges that our end user may experience and are available bi-weekly.
- The HMIS/ CES team has added additional trainings to support users by offering: The Road to Case Conferencing, Chronic Homeless Documentation, and Quarterly Reporting Data Quality Framework and 252 Data Completeness Report Overview and the Vulnerability Assessment Tool Training.
- We continue to provide additional trainings to our HMIS community that are not specific to the system but rather support the provider in their service to the population. The trainings that have been made available over the last year are: Working with older adults, Three-Part Principles of Trauma Informed Services, Dementia Round Table, Mental Health First-Aid, Dr. Lande’s Reasoning with the Aging Brain, Pt.1 and 2, Mental health issues, Mood issues, and Anxiety, Mindfulness and the developing brain.
- We continue to assess the functionality of the Vulnerability Assessment Tool.
- Continued review of our HMIS Strategic Plan to ensure that it is aligned with our vision and mission statement.
- Support multiple agencies to enhance efforts to align processes with CES policies.
- Continual on-boarding of new partner agencies and projects into our system.
- Development and full utilization of document submission portal for both HMIS and CES.

Note: We continue to partner with HSA’s Business Technology Department and HMIS vendor to ensure system use and current technology and system interface remains beneficial to community needs.

Data Sharing Partnerships

Data sharing agreements remain in place with the following entities on a regular basis: Ventura County Behavioral Health; HSA Employment Services; HSA Homeless Services – Housing and Disability Assistance Program; & the VC CoC Veterans Services Committee. These partnerships better connect services between those experiencing or at risk of homelessness and those connected to the programs listed above.

STATISTICS –

1. Number of HMIS Participating Agencies:

FY	22/23	23/24	Current YTD
# of Agencies	35	41	44

2. Number of HMIS Licensed Users:

FY	22/23	23/24	Current YTD
# of Users*	218	234	247
*Does not include HMIS & CoC staff.			

3. Number of HMIS License Updates

FY	22/23	23/24	Current YTD
# of Updates*	253	232	53
*This includes all add, delete, and disable user requests.			

4. Number of Trainings Provided:

FY	22/23	23/24	Current YTD
# of Trainings	76	65	9
# of online modules completed	361	999	325

Trainings offered include:

- HMIS New User Training- Coordinated Entry System Part 1 & 2
- HMIS New User Training- Case Management
- HMIS Just-IN-Time-CES Eligibility & Referral Training
- VC CoC Programs Training (collaboration)
- HMIS Just-In-Time Household Set-Up & Project Entry
- HMIS Quarterly Reporting Training (Business Objects)
- HUD Data Quality Standards Updates
- HMIS Just-In-Time CES Exits Training
- HMIS Just-In-Time Services & Project Exit Training
- HMIS Just-In-Time Interim Updates & Annual Assessments
- HMIS Just-In-Time Vulnerability Assessment Tool (VAT) Trainings
- HMIS Just-In-Time Reporting

5. Number of Agency Onboarding requests

FY	22/23	23/24	Current YTD
# of Requests	8	7	3

6. Number of Custom Ad Hoc Reports

FY	22/23	23/24	Current YTD
# of Request	17	13	0
Examples of these reports are: CalAIM, LeSar, Abt Associates, Etc...			

CES Data:

The information listed below relates to only data entered in HMIS.

1. Total Number of Referrals

FY	22/23	23/24	Current YTD
# of Referrals	2,834	3,354	404

2. Number of clients matched with housing opportunities

FY	22/23	23/24	Current YTD
# of matches	137	142	56

This is the # of clients matched for all housing opportunities including Permanent Supportive Housing, Permanent Housing. Although a client is matched with an opportunity it does not always turn into a placement.

3. Permanent Supportive Housing Placements:

FY	22/23	23/24	Current YTD
# of Households	137	50	26

4. Time frame from Referral to Housed (all types):

FY	22/23	23/24	Current YTD
# of Days	102	70	52

Permanent Supportive Housing type (tenant based vs. project based) impacts the overall timeframe from when a client receives a referral to the date they are housed. 22/23 was high due to an increase in Mainstream/Emergency Housing Vouchers that were available.

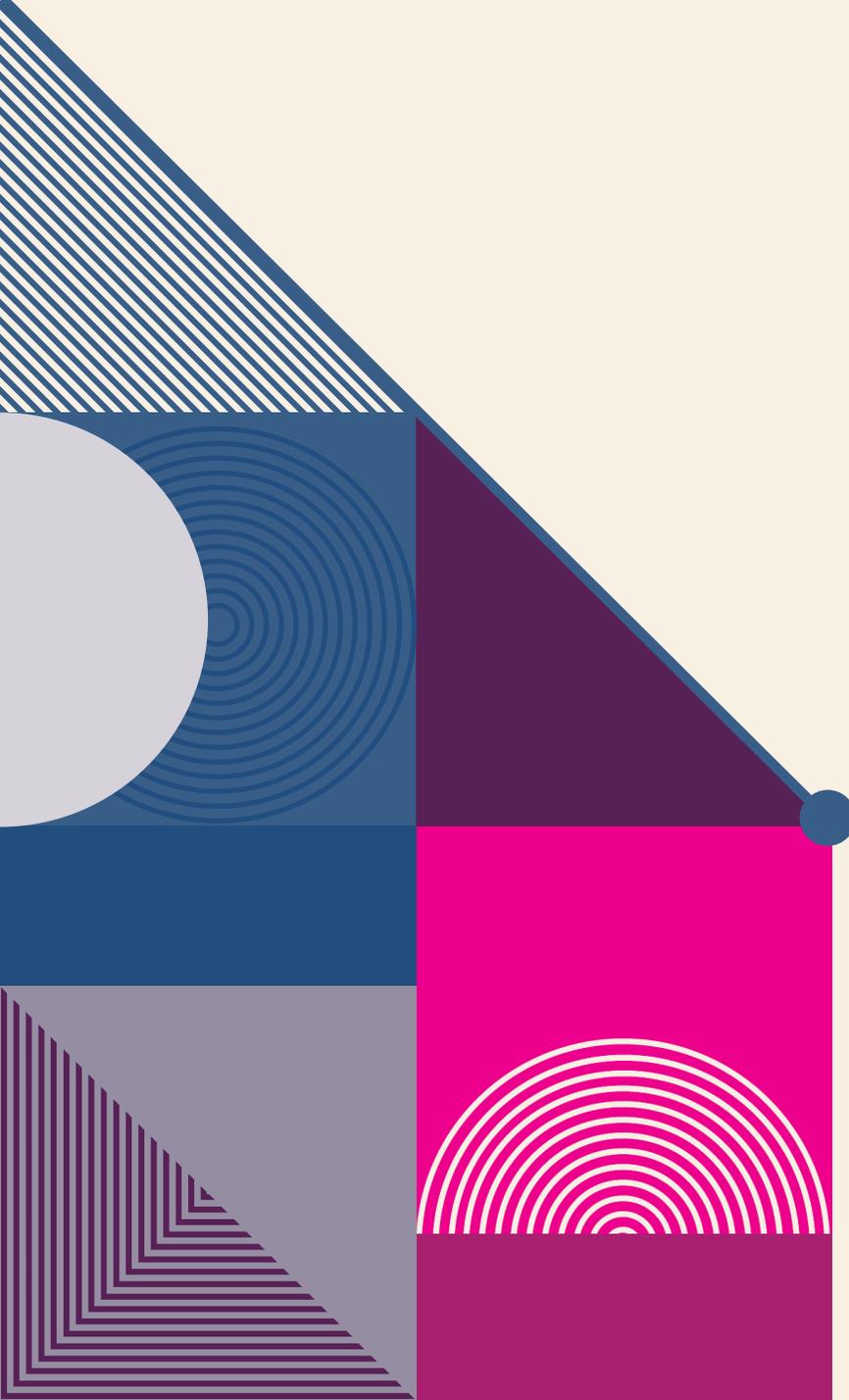
CURRENT PRIORITIES

In addition to the administration of VC HMIS/CES, below are identified priorities and initiatives:

- Ensuring System Performance Metrics are reached.
- Provide excellent customer service to all HMIS providers, system utilizers and other interested parties.
- Accurate and up to date Bed and Unit Inventory to support Housing Inventory Count (HIC)
- Enhance Online Training Implementation (On-Demand) Note: Funding to complete this work is scheduled to end in June 2025
- HMIS/CES Data Preparation for Longitudinal System Analysis (LSA)
- Reviewing, publishing, & disseminating customer satisfaction survey for provider agencies
- **CES 3.0** (Agency owned CES consideration; Provider accountability & expectations around referral & placement; Establish measures to increasing overall data quality)
- Ensure that HMIS Vendor is meeting the unique and enhanced needs of the community.

The background features a complex geometric design. A diagonal line runs from the top-left to the bottom-right. The top-left triangle is dark purple and contains a white circle. Below it, a blue square contains a grey semi-circle and concentric circles. To the right of the semi-circle is a pink triangle with diagonal lines. The bottom-left area is divided into several colored sections: a pink square with a white line pattern, a blue square, a grey triangle, and a dark purple triangle. The right side of the image is a solid blue background.

UPDATE FOR HMIS INITIATIVES



AGENDA

CoC Top 4 Issues Update

GIS/GEO Location, New Priority

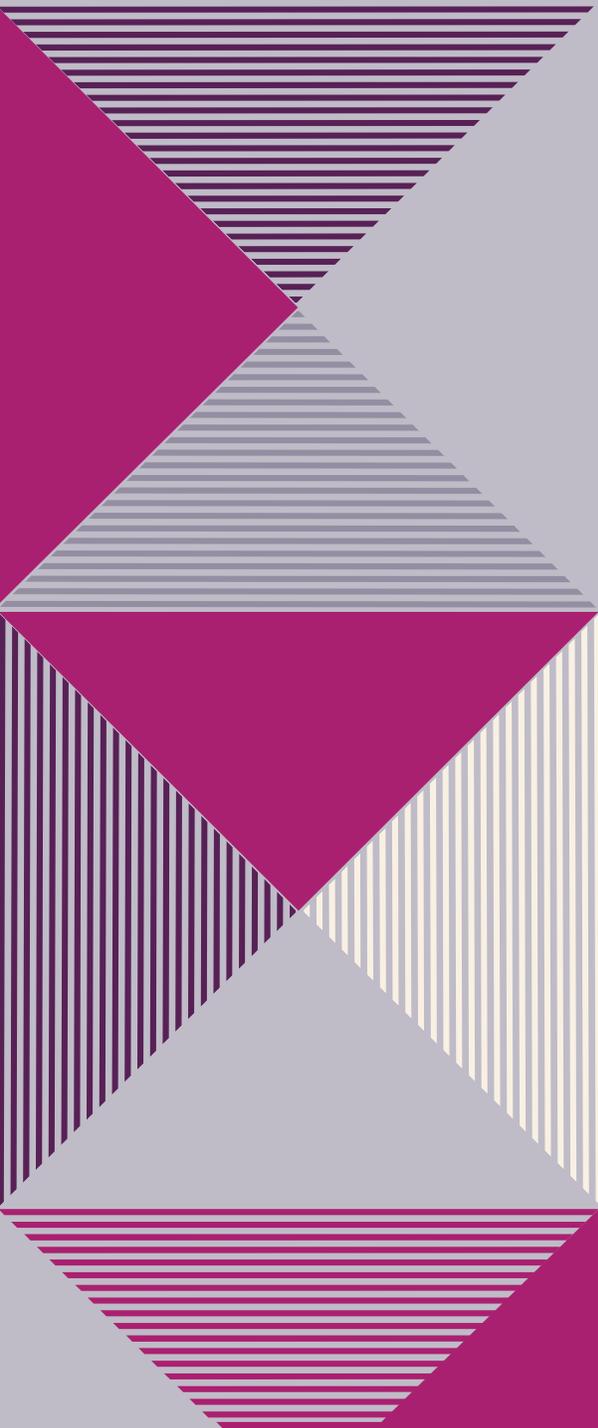
Research & Select New HMIS Vendor

COC TOP 4 ISSUES UPDATE

- Collaborated with CoC to identify and prioritize their pain points.
- HMIS Lead Agency brought the Top 4 Pain Points, business problems, identified issues and wish list items to the vendor, WellSky, through meetings, tickets, and collaborative conversations.
- WellSky volunteered to come to Ventura to meet directly with the CoC and address the highest priority items.
- Meeting was held on July 16, 2024 and the CoC, HMIS Lead Agency and WellSky have been working through action items.

TOP 4 ISSUES UPDATE CONTINUED

Issue	Description	Next Step	Project Lead
Vacancy List	Real time data for shelters to reflect bed inventory, especially City/County Shelters	CoC has postponed the workgroup until June/July 2025.	CoC
Mobile Technology	Street outreach projects to include field access mobile technology (other CoCs have mobile app capability for assessments)	Issue closed - partner organizations have the ability to purchase devices such as tablets and iPads for use in the field. "Mobile App" is not available for WellSky, Bitfocus or Eccovia at this time.	Closed
System Interfaces with Partners	Ability to import data for HMIS utilization on current non-participating projects that use other systems such as Veteran's Affairs and Rescue Mission	Quote for integrations has been received from WellSky. HMIS Lead Agency is working through technical questions for how the data will be accepted in system. If quote is approved, can initiate work with Partners in Fall of 2024.	HMIS Lead Agency
HUD Reporting	Updated reporting to meet our CoC needs; changes in HUD formats have made the monitoring of data quality difficult	CoC access issues resolved; data quality report process revised and being monitored. Development of new reports per HUD requirements in process.	HMIS Lead Agency (with WellSky development work)



ADDITIONAL PROJECT INITIATIVES

In review of other identified issues and wish list items, the collaborative team also decided upon additional project initiatives that would benefit the community:

- Use of **Resource Directory**: Identify Tier One and Two providers, update the information in the Resource Directory and make referral process available to providers. Target date for initiation of this project is October 2024. This project is being initiated by the CoC.
- Initiate **Vulnerability Assessment Tool** within HMIS System: Define requirements for use of the VAT inside HMIS. Target date for initiation of this project is April 2025 and is being led by the CoC.

GIS/GEO LOCATION

- This technology was discussed in the July session with WellSky. In the discussion, the vendor mentioned that they are familiar with Simtech Solutions and that there could be the potential to integrate down the road. GIS/GEO Location automatic data gathering within HMIS is not currently on the roadmap for WellSky.
- This was not a high priority as we closed out the vendor session but since then, this project initiative has been elevated in priority as the Board of Supervisors has requested system improvements to help us accomplish our goals for reducing unsheltered homelessness, including the reduction of encampments through services and support. The Multi-Disciplinary Team (MDT) needs the capability of tracking data in the field along with our Street Outreach providers.
- HMIS Lead Agency is following up with the vendor for their research since July 2024. Analysis is currently underway regarding the viability of a manual feature currently available within the WellSky system.
- ArcGIS tools outside of the WellSky system may also be viable. We are reviewing existing tool built by our local GIS Team as well as a tool built by San Bernardino specifically for their Homeless Team.

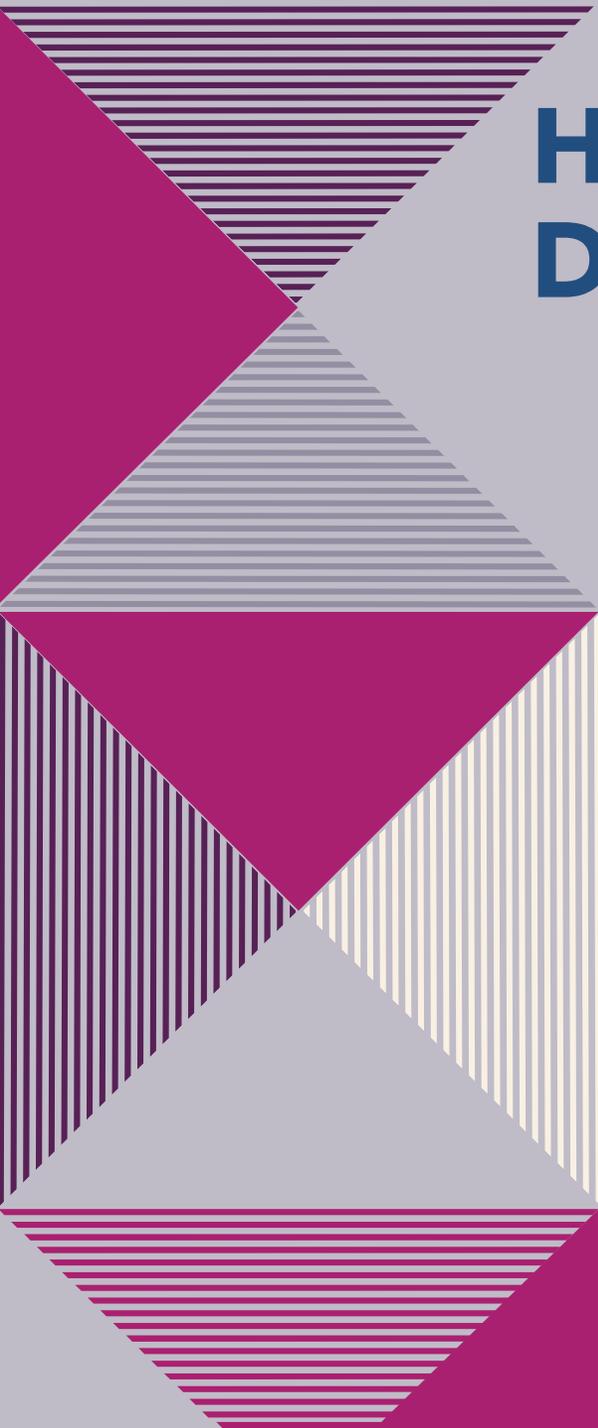
RESEARCH & SELECT NEW HMIS VENDOR

When reviewing the potential to replace a proven existing vendor, and in order to craft a solid RFP seeking a new vendor, the following evaluations occur:

- Does the current existing technology support our needs?
- If there are gaps in technology, are the gaps solvable with the current vendor?
- What other vendors are out there, and do they provide better functionality?
- Cost/benefit analysis of replacing the technology considering:
 - Needed systems configuration.
 - Documentation of new business processes.
 - Training needed for the HMIS Lead Agency on the new technology.
 - Training needed for the HMIS Community of Partner Organizations, of which we have 44 agency and 240+ end - users.

HMIS Lead Agency, in collaboration with the CoC, reviewed our pain points with an eye toward:

- Process issue vs. Technical issue
- If Technical issues, will the vendor:
 - Resolve timely as part of their Software as a Service roadmap?
 - Enter into a professional services contract to resolve for Ventura specifically?



HMIS LEAD AGENCY REVIEW TO DATE

- WellSky has been responsive to identified priority areas within their scope.
- In the recent months, reporting changes have increased our usage of reports and resolved local issues:
 - New Data Quality report was introduced called Eva; the CoC has implemented use of this process and HMIS Lead Agency is available for support.
 - Read-only access has been made available again by WellSky and provided to the CoC leads.
 - HUD is revising their reports based on community feedback and we are awaiting the new versions for testing.
- Business process improvement workgroups have been identified for initiation: Vacancy List, Resource Directory and Vulnerability Assessment Tool inside HMIS. These will be kicked off in the upcoming year and while we may have some WellSky Professional Services in support, these projects do not require new development work.
- If the CoC chooses to initiate an RFP for a new HMIS system, care should be taken to ensure the RFP is crafted in a manner that specifically identifies the vendor/system capabilities sought.
- A cost-benefit analysis would need to take into consideration the cost of training and change management needed to support 44 Community-Based Organizations and 247 licensed end-users.
- Lastly, WellSky has 55% of the current nationwide market share for HMIS systems. The next two competitors have between 15-20% of the market share, respectively.

