Coordinated Entry System Committee (CESC) Agenda

Thursday, February 10th, 2022 | 2:30 PM – 4:00 PM

[Zoom Meeting](#) | **Meeting ID:** 881 1730 8740 | **Passcode**: 215903

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Agenda Item	Presenter(s)	Time	Item Type
I. Welcome & Introductions	John Foley, & Jenna Abbott, CESC Co-Chairs	2:30 PM (10 minutes)	Informal
II. Announcements: (Upcoming Events & Recent Actions)	CESC Co-Chairs, CESC Members, SSF Staff, & Guests	2:40 PM (5 minutes)	Informational
III. Updates from CoC Board ● **RAPS Year 2** ● **CAS Proposal**	Peter Bell, SSF CE Manager	2:45 PM (5 minutes)	Action
V. CESC Work Plan	Peter Bell, SSF CE Manager & Meadow Robinson, Homebase	2:50 PM (30 minutes)	Informational & Discussion
VIII. Update on Transfer & Termination Policies and Procedures	Peter Bell, SSF CE Manager & Stacey Fong, SSF CE Analyst	3:20 PM (5 minutes)	Informational

IV. Demographic Results & Next Steps	Julie McFarland, Consultant	3:25 PM (20 minutes)	Discussion & Action
VI. CESC Membership: ● **Expectations and Roles** ● **2022 Recruitment**	Peter Bell, Michele Watts, & Julie McFarland, Consultant	3:45 PM (15 minutes)	Informational & Action

X. Meeting Adjourned
    Next Meeting: Thursday, March 10th, 2022, 2:30 PM to 4:00 PM
    Potential topics to cover: Approve Policies, RAPS, CAS, New Member Slate			

Reference the [CoC Meeting calendar](#) for upcoming CoC Board and Committee Meetings.

Coordinated Entry System Committee
Setting Goals for 2022

Goal 1 - **Communications**: Make information on how to access the system publicly available & easily accessible, includes translating P&Ps into user-friendly tools & resources clarifying overall system & component processes

Goal 2 - Recruitment/Membership: Expand CESC membership seats and recruit more diverse membership with a focus on members with lived expertise. Intentionally energize committee, moving away from approving fully bake proposals and steeping members deeper in the work.

Goal 3 - Equity in CE: Collaborate with Racial Equity committee and Equity Initiative Team to drive on Racial Equity Action Plan work

- o **Subgoal:** Develop more racially and ethnically equitable (Post-COVID) prioritization scheme with less emphasis on VI-SPDAT

- o **Subgoal**: Develop and implement community-recommended next steps from Assessors Demographic Survey

- o **Subgoal:** Collaborate with HUD Equity Initiative team to ensure vision and goals are aligned and work in multiple spaces is coordinated and supplemental

- o **Subgoal:** Improve housing outcomes and the human experience for Black, Brown and Indigenous people who enter the CE system.

- o **Subgoal:** Determine racial equity priorities and how those align with components of a dynamic system; understand what gaps remain for future goal setting

Goal 4 - Coordinated Entry Evaluation & Tracking Data: Oversee 2022 CE Evaluation & work toward implementing recommendations from 2020 evaluation

- o **Subgoal:** Develop dashboard/report tracking quantitative data including # of people housed and who, demographically, is being housed. Monitor within CE Committee monthly, at minimum

- o **Subgoal:** Develop process for collecting and sharing qualitative data to better understand the human experience and themes over time

Goal 5 - Coordinated Access

- o **Subgoal:** Expansion of Housing Problem Solving

- o **Subgoal:** TBD as City/County/SSF conversation develop

Annual Workplan

Month	Activities
January 2022	• Review and provide feedback on 2022 CESC Goals
February 2022	• Review and approve 2022 CESC Workplan • Goal 2 - Establish recruitment goals with a focus on diverse representation
March 2022	• Goal 4 – Establish list of qualitative data measures for monthly reporting + identify how the data will be used to inform impact/change • Goal 5 – RAPS expansion activities • Goal 1 – Approve Transfer & Discharge policies
April 2022	• Goal 4 – Discuss and develop process for collecting and sharing qualitative data to better understand the human experience
May 2022	• Goal 5 - Coordinated Access: Update on proposals/implementation
June 2022	• Goal 1 - CES Language materials • Goal 1 - CES Communication Strategy
July 2022	• Goal 3 – TBD Assessment & Prioritization workgroup recommendations
August 2022	• NOFO Implementation Updates • CES Survivor System
September 2022	• CAS Implementation Updates
October 2022	• VI-SPDAT and Prioritization
November 2022	• CE/CAS Evaluation
December 2022	• Goals/Achievements

TO: The Coordinated Entry System Committee

FROM: Peter Bell, SSF CES Manager
              Michele Watts, SSF Chief Planning Officer
              Stacey Fong, SSF CES Analyst

DATE: February 10th, 2022

RE: Coordinated Entry Transfer & Termination Policies &
              Procedures

Background

Sacramento Steps Forward (SSF) shared the Draft of the PSH Transfer Policy and Procedures and Draft of the PSH Termination of Assistance Policy and Procedures for public review and comment. Both drafts were posted on the SSF CoC Policies and Standards webpage with a form created and available between Monday, October 4th, 2021 through Thursday, November 11th, 2021. SSF staff reviewed all responses for the applicability to the policies and procedures and have provided commentary for each where needed. Proposed revisions are listed in the next section for final review by the committee. If approved at the March 2022 CESC meeting, it is recommended that the policies and procedures be brought to the April 2022 CoC Board meeting for approval as a Consent Agenda Action Item.

Summary

SSF received feedback from 10 respondents, including 4 committee

members. In general, the majority of respondents were in agreement with the processes outlined in the PSH Transfer and Termination of Assistance Policies and Procedures. Concerns and recommendations for improving processes were reviewed. SSF took the feedback into account and has proposed the following revisions.

Revisions

Transfer Policy and Procedures:
- Require that providers include the reason for transfer for any internal transfers. SSF may ask for additional information including the acknowledgement of client choice.
- In the case of transfer requests submitted to prevent program termination, documents that show the reason for termination and due diligence of explored options, attempts at resolution and reasons for lack of resolution may be requested.
- Added additional context under 'client choice' to include geographic preference, if it jeopardizes their health (i.e. proximity to a frequently used service, such as dialysis).

Termination Policy and Procedures:
- Clarify that programs are expected to maintain a low-barrier, housing–first approach and only terminate assistance in the most severe cases when the participant is a threat to themselves or another person. Program termination cannot be based solely on non-compliance with property-related requirements that result in housing being jeopardized (i.e. eviction).
- If a transfer request is submitted to prevent program termination and the reasoning meets criteria, programs will notify SSF prior to terminating the participant and give time to explore transfer options.

Responses with SSF Feedback

Transfer Policy
7 responses were in agreement or had no feedback

1. Would there be an option for denial for the agency requesting a referral and being given a transfer? I ask as if the reason the referral being requested is because the participant is not compliant with their current program. The receiving agency would be in jeopardy of losing points during the NOFO if the participant is exited into homelessness.

   SSF will initiate transfers that meet the transfer reasoning criteria (Table 1), which excludes non-compliance as a factor alone. We acknowledge that this is a valid concern and recognize the risk in accepting transferred participants, so SSF will work with both providers to facilitate a smooth transition. If necessary, the request can be reviewed in case conferencing with the provider requesting the transfer and the receiving provider. The group may also meet with the program participant to better understand their housing situation and to confirm their choice.

2. On the transfer reasoning grid it has a space for "Client Choice" but includes geographic preference as an insufficient reason. Suggesting to add caveat: geographic preference may be considered when it is related to a health concern, including proximity to a frequently used service (such as dialysis), or when the resident's health is jeopardized by the location, for example close access to substances if they are pursuing sobriety.

   SSF agrees that this is a valid reason for a transfer and will add this to the criteria.

3. I appreciate that there are clear guidelines. However, I think that it could possibly be restrictive for direct service providers to go through the review process. It seems to be a lot of steps for a generally straight forward process. I do, however, appreciate the efforts to create action plans if programs should lose funding or find another purpose.

   SSF will continue to monitor the processes and explore ways to reduce the burden of documentation and steps. Providers have

expressed that clear processes and documents be made available, including the opportunity for case conferencing.

PSH Internal Transfer
6 responses were in agreement or had no feedback

1. Best practice would be to do a case conference- could make that a requirement.
   SSF may request case conferencing or additional information including the acknowledgement of client choice about the transfer prior to approving the transfer. But we also want to ensure flexibility and allow internal transfers to be approved without additional steps if it is not needed.
2. Can an internal transfer be made for any reason? Or, are there specific reasons that would allow an internal transfer request to be submitted like there are for external transfers?
   Providers will be required to submit a Transfer Request Form, which includes sharing the transfer reason to SSF for any internal transfers. Reasons for internal transfer are not currently restricted but SSF may request case conferencing or additional information including the acknowledgement of client choice about the transfer prior to approving the transfer.
3. Can we add something about documenting what led to the process and what might have been tried.
   Yes, on the Transfer Request Form there will be space to describe attempts to maintain the participant's housing or participation in the program.
4. As part of the request form, there should be a section emphasizing the reasoning to why the program sees the need to do an internal transfer.
   There will be a space on the Transfer Request Form for the provider to include the transfer reasoning.

PSH External Transfer
8 responses were in agreement or had no feedback

1. There may be instances where a transfer will still be warranted but housing may not be secured. We have a client who has requested to

transfer his mental health provider because of the trauma he has experienced that has impacted his view point of the agency but he did not have a housing opportunity at that time but he was requesting the transfer.

> *Clients will remain on the transfer list for up to 6 months if their request was not able to be completed due to a lack of resources/program spots available. After 6 months, a new request will need to be submitted by the provider.*

2. Would a third party request be mandatory? What if the only reason the referral is being requested is because the third party doesn't want the person being exited from the program? Should the agency still request the referral?

> *It is not required to submit third party advocacy. The program should provide it if possible.*

PSH Facilitating a Transfer
9 responses were in agreement or had no feedback

1. I think this all works well, but what about if during the wait time for the actual transfer to take place, the participant does something that gets them exited? Would there be a process for providing that information to the CES Manager?

> *Yes, the provider will be required to notify the CES manager prior to them being exited from the program. Termination documents that show reasoning and due diligence may be requested.*

PSH Termination of Assistance Policy
5 responses were in agreement or no feedback

1. Provider-initiated termination of housing assistance should be rare and used only as a last resort to ensure safety or compliance with regulations, laws, or the signed lease agreement. And only terminate assistance in the most severe cases when the participant is a threat to themselves or another person. These 2 statements aren't consistent. Also, in BHS we must have a signed Housing Plan or we terminate housing assistance because those service dollars could be recouped in an audit.

SSF has revised the policy to clarify that programs are expected to maintain a low-barrier, housing–first approach and only terminate assistance in the most severe cases when the participant is a threat to themselves or another person. Program termination cannot be based solely on non-compliance with property-related requirements that result in housing being jeopardized (i.e. eviction).

2. Will approved termination of assistance be counted as a negative discharge for the NOFA competition? Also for those included in the note (assistance terminated, not yet housed) will these terminations be counted as a negative discharge for the NOFA competition?

   The scored factor that relates to program retention does not depend on termination being approved, but on whether or not the housing destination is permanent. Any participant that exits to a temporary destination is counted as a "negative exit."

3. Good direction, maybe a minimum standard for alternative housing solutions and/or problem-solving.

   SSF will continue to explore other options that help participants maintain housing including housing problem-solving.

4. There didn't seem to be a concrete time requirement beyond "due process" - is it possible that prior to any termination decision each housing provider must notify SSF (at least 30 days prior to a decision?) and must give 60 days for a possible transfer opportunity. Just hoping that it would be that there is some requirement that SSF be aware in advance and that there be a transfer opportunity when at all possible.'

   SSF has included in the policy that all In the case of transfer requests submitted to prevent program termination, documents that show the reason for termination and due diligence of explored options, attempts at resolution and reasons for lack of resolution may be requested.

5. What if they are consistently harassing staff and unwilling to cooperate with the program when it comes to providing income, completing their Annual Assessment or something in that nature?

   Termination is appropriate if the participant is causing harm to themselves, staff member or other residents. But non-compliance with services is not sufficient reason for termination.

PSH Termination of Assistance Procedures

9 were in agreement or had no feedback

1. Wondering if we could say that there should be a case conference or panel review between housing provider and outreach team prior to an exit, for example to troubleshoot the situation and avoid things like cash for keys

   > *Providers can submit transfer requests when all other options have been exhausted to prevent returns to homelessness. Requests submitted to prevent program termination will be reported to SSF. Termination documents that show reasoning and due diligence may be requested.*

PSH Termination of Assistance Documentation

9 were in agreement or had no feedback

1. Will there be examples of the type of documents that SSF expects from the provider? There needs to be more clarity on the expectations of the provider about the avenues explored before termination.

   > *SSF has a sample termination form that will be shared. Termination documents should show reasoning for the decision, due diligence of the services, steps and housing options that were offered, attempts at resolution and reasons for lack of resolution and due process. Documents may be requested during monitoring or if SSF needs to further investigate client concerns or complaints.*

Sacramento County Continuum of Care

Permanent Supportive Housing (PSH) Transfer Policy and Procedure

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Policy:

The Sacramento Continuum of Care supports the request and transfer of program participants who may need specific services or accommodations to support long-term housing stability. Transfer requests may be used in rare instances when all other options have been exhausted to prevent returns to homelessness and is applicable to PSH-to-PSH transfers only. In the case of transfer requests submitted to prevent program termination, documents that show the reason for termination and due diligence of explored options, attempts at resolution and reasons for lack of resolution may be requested.

Transfer policy and procedures are centered in housing first principles and participant-choice practices. Transfer requests due to fleeing/experiencing domestic violence, dating violence, sexual assault, stalking and/or human trafficking are prioritized over all other requests and follow the specific processes outlines in Sacramento's Continuum of Care Violence Against Women Act (VAWA) Emergency Transfer Plan. This policy also does not cover the process of transferring clients when a HUD-CoC project is closing. When an entire project is closing, SSF will work with the applicable agency and HUD to develop a plan of action to ensure that, to the extent possible, no participants return to homelessness (see the CoC's Defunded Project Policy).

All other transfers must be requested and approved through the procedures outlined below.

Procedures:

Internal Transfer

HUD-CoC housing providers can request an internal transfer between projects within the same agency.

Housing providers must complete a Transfer Request Form, which includes the reason for transfer, and submit it to the CES Manager. Case conferencing or additional information including the acknowledgement of client choice about the transfer may be needed prior to approving the transfer. After review, the CES manager with send a notification email to the provider of the approval or denial. Standard HMIS practices will still apply.

External Transfer

HUD-CoC housing providers can request a participant transfer to a program with a different provider, if the participant meets eligibility. Providers requesting an external transfer must complete a Transfer Request Form and submit it to the CES Manager. If possible, the provider requesting the transfer will provide written advocacy from a third-party service provider, and documentation from the participant acknowledging the transfer is their choice.

All requests will be reviewed based on meeting the outlined transfer criteria in *Table 1 - Transfer Reasoning*, demonstrated need, and available resources that match the

participant's needs to support a successful transfer. The request will be approved on the condition that appropriate housing is available, and that the transfer is warranted. Initial decisions will be based on the information received in the transfer request form.

A written response of the determination will be provided to the requesting program, including rationale for denials in *Table 2- Transfer Denial Reasoning*. If the transfer is denied, the housing program will continue to assist the client with their housing situation. Clients can remain on the transfer roster, in order of priority to be considered when housing becomes available if the transfer denial reason was because current existing resources were not able to meet the request. CES staff will regularly monitor the list for vacancies and appropriate matches. If the client has been on the list for more than 6 months, a new request form will need to be submitted by the housing program. Clients will be removed if they have been on the list for more than 6 months without a new request, no longer need a transfer, or turn down more than three housing options. If the client is removed due to not accepting three housing options, the program must wait 3 months before submitting a new request. Requests for exceptions can be submitted on the Transfer Request Form.

If necessary, requests will be reviewed in case conferencing with the provider requesting the transfer and the receiving provider, prior to facilitation of the transfer. The group may also meet with the program participant to better understand their housing situation and to confirm their choice.

Facilitating a Transfer

Approved transfer requests will take priority over new referrals to all eligible and appropriate intervention types which can meet the identified needs of the transferring participant.

Agencies submitting the transfer request must share eligibility documentation with the receiving provider. The receiving provider must verify participant eligibility criteria before enrolling the client into their project. Both agencies are required to maintain documentation of the process and approval, including:

- Copies of all documentation used to determine eligibility into the original housing program (i.e. Homelessness Certification, Chronic Homelessness Certification, etc.).
- Transfer request as submitted by original housing provider.
- Notification email and HMIS records

Providers submitting the transfer request must continue to provide services and support to the participant to be transferred, including supporting attaining housing or maintaining housing, and to assist with the logistics of the transfer (transportation to appointments, etc.).

Table 1. Transfer Reasoning

Reason	Definition	Insufficient Reason
Conflict and Safety ConcernsOutside of VAWA	The space has become unsafe for the household that does not qualify for emergency transfer criteria under VAWA Housing Protection. As examples, someone has taken over the unit and the household can no longer live there, violence taking place in the apartment building, or tenants in the building harassing the participant.	Crime in the neighborhoodthat is not specifically targeting the household or building.
Reasonable Accommodationsand/or Modifications	The household is unable to live in their homedue to requiring accommodations that cannotbe made. Examples can include requiring an elevator or larger door frame for a wheelchairin a building without these features, larger units required due to medical equipment or needing an additional room to accommodate a live-in aid.	Feasible accessibility accommodations needed in the current project that can be put into place such as grab bars or a lift.
Change in Household Composition	The family size changes so that the householdrequires a smaller or larger unit. This can include the unit size impacting the household retaining or obtaining custody of children or households that included children and now only include the parent(s)/adults. This can includethe need for a young adult to move from a TAY program to an adult program to accommodate service needs.	Desire for a larger unit thatis not required based on family size.
Client Choice	The household would be able to reach employment and educational goals, or not have their health jeopardized living in a different location that cannot be obtained in the current program. An example can include needing to be located closer to a medically necessary service such as dialysis. Or the household has identified that they require a different housing provider to successfully maintain housing.	Geographic preference that is unrelated to employment/education/health, preference for a larger unit, or preference for a different provider when challenges with the current provider can be resolved. Client is challenging to engage in services or has ongoing conflicts with agency staff.

Table 2. Transfer Denial Reasoning

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

*Clients can remain on the transfer roster for up to 6 months before a new request is needed.

Sacramento County Continuum of Care
Termination of Assistance Policy and Procedures

Policy:

Provider-initiated termination of housing assistance should be rare and used only as a last resort to ensure safety. Programs are expected to maintain a low-barrier, housing–first approach and only terminate assistance in the most severe cases when the participant is a threat to themselves or another person. Program termination cannot be based solely on non-compliance with property-related requirements that result in housing being jeopardized (i.e. eviction). Termination does not bar the program from providing further assistance at a later date to the same individual or family.

Housing providers are to exhaust all other options and resources to provide services and alternative housing solutions and/or problem-solving before termination. Housing providers need to document steps demonstrating that all options have been explored, attempted, and did not resolve the reasons for termination. SSF may request to review documents in certain circumstances, like in the example of a transfer request or other instances. Transfers can be explored in rare instances, but not all transfers may be approved. If a transfer request is submitted to prevent program termination and the reasoning meets criteria, programs will notify SSF prior to terminating the participant and give time to explore transfer options.

The policy protects participants from arbitrary reasons of termination and limits the use of termination to manage programs. It is the goal of the Continuum of Care to prevent returns to homelessness.

> Note: This policy does not cover participants who are enrolled in a program, but not yet housed. Programs may need to exit a participant who is not yet housed. Examples include no contact for at least 90 days, participant moves away, and participant is no longer in need of the program.

Procedures:

Due process must be given to each participant when terminating assistance which includes providing a formal process that recognizes the rights of individuals receiving assistance under the due process of law. Programs must:
- Provide the participant with a written copy of any participant responsibilities and the termination process (including number of business days that each process step will take) before the participant begins to receive assistance
- Review the policy and possible termination causes verbally with participants upon entry
- Provide written notice to the participant containing a clear statement of termination reasons
- Offer a review of any termination decisions, in which the participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision
- Provide written notice of the final decision to the participant

Documentation:

Documentation should be stored in the participant's file, and include the following:

- Signed acknowledgement of receipt of the termination policy and verbal review

- Written documentation of termination reasons (signed by participant when possible)

- Copy of any written objections (or a notation in the file of any verbal objections) made by the participant, and any action taken by staff

- Signed acknowledgement of receipt of the final decision made by program staff of any further objection made by participant (or a copy of the notice when a signature isn't possible) – encourage upload to HMIS, if in the event there are objections/transfer requests/

- Documented steps showing staff's due diligence of explored options, attempts at resolution and reasons for lack of resolution

Termination documents may be requested during monitoring or if SSF needs to further investigate client concerns or complaints.