

RFP 21310

Appendix A

Coordinated Entry and Referral Process

Service Provider(s) will participate in Lane County's Coordinated Entry System which will include a phased assessment approach. This approach involves working to connect households to permanent housing as quickly as possible. The phased assessment approach begins with a housing problem solving conversation (paired with flexible Diversion funds when needed) to determine if permanent housing may be able to be obtained without a household needing to go through the Front Door Assessment process. Only after all other potential housing options have been explored, should a Front Door Assessment be conducted. These services should be low-barrier and available to eligible clients in real-time as much as possible. Service Provider will also be expected to participate in efforts to improve the Coordinated Entry System which could include participation in the Coordinated Entry Stakeholder Committee or responding to surveying conducted by Lane County Coordinated Entry staff.

The project must participate in the Homeless Management Information System (HMIS) managed by Lane County. Participation is defined as entering all required data into the HMIS in alignment with the local system policies and procedures. Service Provider must complete timely data collection and entry into Wellsky. Real-time, direct data entry is expected for this project.

Required Services and Activities

The minimum, required services that must be provided include:

- Operate a physical location where day access for homeless individuals (must be located in Eugene), households with children (one location must be in Eugene and one must be in Springfield), or youth will be provided, with hours of operation 5 days a week, for at least 40 hours (including at least some weekend/evening hours).
- Provide access on a drop-in basis to essential services which meet basic needs including but not limited to: laundry, showers, meals and/or food boxes, clothing, hygiene supplies, transportation assistance, mail service, ID/birth certificates, daytime warming center, and storage.
- Conduct problem-solving conversations and/or coordinate with diversion/rapid resolution services to connect the household to other suitable options outside of the homeless service system.
- Provide access to the Coordinated Entry System (CES) for Lane County, including acting as Front Door Assessor for population served, attempting assessments for 100% of eligible households presenting for access.

Front Door Assessments should be available at times sufficient to meet the level of need.

- Provide directly or facilitate through warm hand-offs:
- Connection to mainstream benefits such as SNAP, WIC, TANF, OHP, Veterans services, etc.
- Connect individuals and households to other services and community supports such as substance use treatment, mental, physical, or behavioral health services, childcare, employment or education, etc. as needed
- SOAR certified staff to begin/continue application for SSI/SSDI as appropriate
- Motel vouchers where appropriate for inclement weather

Facilitate referral and warm hand offs to the following services:

- Connect individuals and households to housing resources in the community, including emergency shelter, alternative shelter, and/or other short-term housing options.
- Emergency services, in this instance, include crisis housing, drop-in centers, and emergency services available for survivors of domestic violence, human trafficking, and sexual assault
- If a participant accesses an Access Center that serves a population or population(s) other than that of the participant's household composition (e.g. a family accesses an Access Center for Adults), Contractor must provide a warm hand-off referral to the appropriate Access Center serving that population in Lane County.

Additional services for access centers servicing households with children:

- Provide childcare or provide referral to community-based resources for childcare services. For childcare services provided as part of program, space is prioritized for children of families who are actively unhoused (sleeping in an overnight shelter, car, tent, motel).
- Assist families in ensuring children are enrolled in school and connected to appropriate services in the community including early childhood programming, Head Start, and McKinney-Vento Educational Services.

Additional services for access centers serving unaccompanied youth:

- Assist with connection to education, including McKinney-Vento services.
- Identify and facilitate reunification with family, as appropriate.
- Make appropriate connections for foster youth with Oregon Department of Human Services Staff, Independent Living Program, and other foster youth-specific services.
- Providers serving unaccompanied youth under age 18 must comply with all other State, local, and Federal regulations as applicable to serving children under 18 and may need to adjust program design to address additional requirements not stated in this RFP.

Additional General Requirements

Program should ensure quality assurance processes are in place to evaluate effectiveness and progress toward performance goals. Fiscal monitoring to ensure efficient spend down of funds should be conducted no less than quarterly.

- All access centers must be implemented in accordance with locally established Written Standards, as well as any program-specific standards based on the funding source requirements.
- Provider must develop and provide written copies of program rules, policies, and procedures, including a participant grievance policy. This includes any additional CDC COVID-19 guidelines and their application to the project (i.e. distancing, remote communication methods, use of masks or plastic barriers, etc.).
- Provider must maintain client files, either physically or electronically, that can be made available to the funder(s) for monitoring purposes.
- The proposer must make the program open to all eligible populations regardless of sexual orientation, gender identity, marital status, race, color, religion, national origin, age, or disability status.

Core Values and Standards

This project will follow Housing First, Low Barrier, Harm Reduction, and Trauma Informed Care program standards as defined below.

1. **Housing First:** Housing First programs focus on quickly moving people experiencing homelessness into permanent housing and then providing the additional supports and services each person needs and wants to stabilize in that housing. Services are never mandatory and cannot be a condition of obtaining the housing intervention. The basic underlying principle is that persons are better able to move forward with their lives once the crisis of homelessness is over and they have control of their housing. Supportive services focus on the acquisition of housing, income, health resources, skills and tools needed to: pay rent, comply with a lease, take reasonable care of a housing unit, and avoid serious conflict with other tenants, the landlord, and/or the police.
2. **Low Barrier:** Housing First programs do not require persons to prove “housing readiness.” There are no preconditions. Persons experiencing homelessness do not have to: demonstrate sobriety, engage in treatment, have employment, or have income to obtain program entry or for continued assistance. Rules should not be imposed on participants for them to access services. Stable housing is of critical importance for participants’ health, education, employment, and other related quality of life determinants. The basic underlying principle of program standards is that access to housing is the primary need for its program participants, and as such, there should be minimal barriers to assist persons to end their homelessness. Enrollment requirements for all Coordinated Entry system components, outreach included, reflect a low-barrier philosophy.
3. **Harm Reduction:** All contracted programs must emphasize a Harm Reduction approach. In accordance with Harm Reduction principles, contracted programs must not require treatment or sobriety. Contractor must seek to work with program participants to reduce the negative consequences of the person’s continued use of alcohol and/or drugs, or non-compliance with medications. Programs utilizing a Harm Reduction approach do not terminate assistance based solely on a person’s inability to achieve sobriety or because of medication non-compliance. Efforts should include all possible approaches to assist the person to reduce or minimize their risky behaviors, while at the same time assisting them to move into, and stabilize in, permanent housing. Harm reduction is not intended to

prevent the termination of a participant whose actions or behavior constitute a threat to the safety of other participants and staff.

4. Trauma Informed Care: All programs must incorporate Trauma Informed Care policies and procedures into their program design and delivery of services. Trauma Informed Care is defined as: an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both participant and providers, and helps participants rebuild a sense of control and empowerment. Trauma Informed services take into account an understanding of trauma in all aspects of service delivery and place priority on the trauma survivor's safety, choice, and control. Trauma Informed Services create a culture of nonviolence, learning, and collaboration. Contractors must also develop sets of policies and procedures for educating and training staff on Trauma Informed Care practices and how trauma may adversely affect aspects of a person's development.

Equity Framework

All programs must incorporate an equity framework in development of program design, provision, and evaluation. Many services, programs, and policies systematically discriminate against people with diverse racial, ethnic, and gender inequities. An equity framework aims to address those disparities and achieve fairness for all.

HMIS – Homeless Management Information System

The project must participate in the Homeless Management Information System (HMIS) managed by Lane County. Participation is defined as entering all required data into the HMIS in alignment with the local system policies and procedures. Service Provider must complete timely data collection and entry into Wellsky, as defined by the HMIS Lead designated Rapid Re-housing workflow. Real-time, direct data entry is expected for this project.