HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)
Coordinated Entry Committee Meeting Agenda

October 28, 2026, 11 a.m.

Committee members must participate in person (except for just cause reasons, or for emergency reasons approved by the HSOC):

Room 358, County of San Luis Obispo Department of Social Services
3433 South Higuera Street, San Luis Obispo

Members with approved just cause reasons and the public may participate by Zoom video call:

https://us06web.zoom.us/j/86983829542?pwd=wb5dDD00DHFJYxeaGctoXUsSQUutOt.1

Or dial in:
+1 669 444 9171
Meeting ID: 869 8382 9542
Passcode: 467963

1. Call to Order and Introductions (2 minutes*)
2. Public Comment (5 minutes*)
3. Consent: Approval of Minutes (1 minute*)
4. Action/Information/Discussion
   - 4.1. Information Item: CES Ongoing Activity and Report (5 minutes*)
   - 4.2. Discussion Item: Coordinated Entry Guidance and Workgroup Updates (5 minutes*)
   - 4.3. Information Item: Coordinated Entry Website Update (5 minutes*)
   - 4.4. Discussion Item: Prioritization & CES Long Stayers Report (10 minutes*)
   - 4.5. Action Item: CES Goals for FY26-27 (50 minutes*)
   - 4.6. Information Item: CoC Staff Update (5 minutes*)
5. Future Discussion/Report Items (2 minutes*)

*All times are approximate

6. Next Regular Meeting: November and December TBD

7. Adjournment

The full agenda packet for this meeting is available on the SLO County HSOC web page:

https://www.slocounty.ca.gov/departments/social-services/homeless-services-division/homeless-services-oversight-council

*All times are approximate

HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)
COORDINATED ENTRY COMMITTEE MEETING MINUTES

Date
September 23, 2026

Time:
11:10 a.m. - 12:43 p.m.

Location
Room 358, Department of Social Services, 3433 S. Higuera St., San Luis Obispo, CA 93401

Members Present
Jack Lahey
Linda Belch
Liz Smith
Michael Azevedo
Michelle Pedigo
Thomas Crottogini

Members Absent
Mark Lamore
Wendy Lewis

Staff and Guests
Ashley Baker Tolman
Berenice Andrade
Erica Jaramillo
Hayley Stefanakos
Josephine Price
Julie McFarland
Kate Bourne
Laurel Weir
Merlie Livermore
Morgan Torell
Nathan Rubinoff
Nathaniel Bearson
Paula McGrath

1. Call to Order and Introductions
Jack called the meeting to order at 11:10 a.m. Attendees provided introductions both in person and via Zoom.

2. Public Comment

Jack announced the ribbon cutting ceremony for CAPSLO's Outreach and Engagement Center at St. Stephen's Church on Friday, September 25 beginning at 11:00 a.m.

Michael shared that 5Cities Homeless Coalition will host its 15th annual Empty Bowls Luncheon at St. Patrick Catholic Church in Arroyo Grande on Thursday, October 1 to support local families who are facing homelessness.

3. Consent: Approval of Minutes

Linda moved to approve the minutes and Liz seconded the motion. The motion passed by voice vote.

4. Action/Information/Discussion

4.1. Information Item: CES Ongoing Activity and Report

Nathan reported on the upcoming go-live of the Client Preference and Permanent Housing Referral Checklist, preparations for the HMIS update, fiscal year goal setting, the launch of Welcome Home Village (WHV) referrals, progress on Inventory Configuration Outreach—including configured inventory at WHV and expanded beds at 40 Prado—and ongoing website updates.

4.2. Discussion Item: Coordinated Entry Guidance and Workgroup Updates

Nathan provided updates on the Alternative Prioritization Process Guidance and WHV PSH Guidance, noted the completion of the Client Choice and Housing Checklist workgroups, and outlined plans to restart the Prevention/Diversion workgroups based on FY 26–27 goals. He also highlighted the next steps in setting priorities for upcoming Assessment and Prioritization workgroups.

4.3. Discussion Item: Community Queue and Long-Term Homelessness

Nathan reported data from the CES PHQ and ESQ Dashboards, which provided an overview of Community Queue activity and trends related to long-term homelessness. The dashboards highlighted current referral volumes, household needs, time spent on the queue, and system performance indicators. These data points informed a discussion on how CES can better support households with prolonged homelessness by improving prioritization, matching processes, and coordination with housing programs.

In addition, Nathan also shared an analysis of clients who exited CES to housing between 9/1/25 and 9/1/26, focusing on enrollment duration and barriers faced by long-term stayers. The report showed that clients who remained in CES for more than a year before being housed had significantly higher rates of mental health conditions, substance use, and chronic and physical health conditions, along with lower income and older age compared with those housed within six months. These patterns suggest that clients with greater vulnerabilities require more time and intensive support to secure housing. The findings raise important considerations for prioritization within the Community Queue, including whether current assessment criteria sufficiently capture high-complexity needs and how prolonged time on the queue should factor into prioritization. The committee noted that additional analysis—including comparisons with clients still on the queue and those who exited to non-housing outcomes—would further inform potential refinements to CES prioritization.

4.4. Discussion Item: CES Goals for FY26-27

Jack led the discussion on the draft Coordinated Entry goals, which focus on strengthening system coordination, improving housing outcomes, and increasing accountability. Key priorities include

updating CE policies, developing tailored access pathways for subpopulations, enhancing prevention and diversion tracking, improving housing matching and HMIS workflows, standardizing service models and MOUs, expanding accurate housing inventory, and advancing cross-system coordination with mainstream partners.

4.5. Information Item: CoC Staff Update

Laurel provided a brief update on the HUD CoC NOFO, noting that the deadline for submitting funding applications is September 30.

5. Future Discussion/Report Items

- Deep dive on housing inventory
- CES goals discussion

6. Next Regular Meeting: October 28, 2026

7. **Adjournment**

Jack adjourned the meeting at 12:43 p.m.

Community Queue Name is SLO County CoC Emergency Shelter Individual Shelter Queue (EE) or SLO County CoC Emergency Shelter Family Shelter Queue (EE) Active in Project is Yes Over Time Date Filter is in the last 2 years

Coordinated Entry: Currently on a Community Queue

This dashboard includes all clients that have a Coordinated Entry program enrollment and are also currently on a Community Queue.
For more information about dashboard logic and fields utilized, please review the dashboard article at Coordinated Entry: Currently on a Community Queue and info bubbles on dashboard tiles.

Community Queue (CQ) Overview

Clients Currently on Community Queue
313
307 Households

Veterans Currently on CQ
13

Chronically Homeless Clients Currently on CQ
133

Youth Summary

Unaccompanied Youth	Parenting Youth
12	<10

Older Adults/Seniors Summary

Older Adults (Age 55 - 61)	Seniors (Age 62+)	Total Older Adults and Seniors
54	50	104

Average Length of Time (Days) on CQ
91

Monthly Referrals to CQ



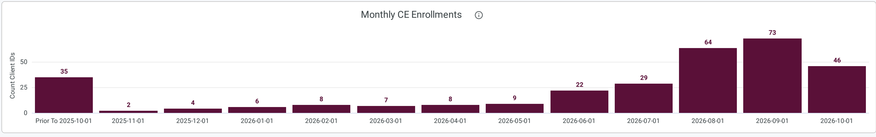
Monthly Referrals Over Time



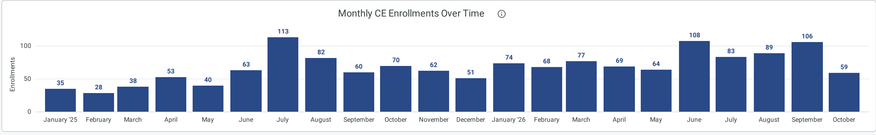
Enrollment Information

For more information about CE enrollments, please review the Coordinated Entry: Enrollments Dashboard.

Monthly CE Enrollments



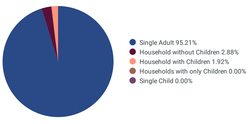
Monthly CE Enrollments Over Time



Household Information - Latest Coordinated Entry Enrollment

Household type for all clients currently on a Community Queue

Household Type Breakdown



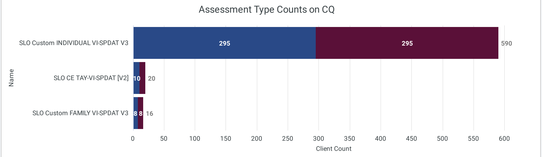
Household Size Counts

Household Size	Client Count
1	298
2	<10
3	<10
4	<10
5+	<10
Totals	313

Assessment Information

Assessments connected to Referrals Currently on a Community Queue

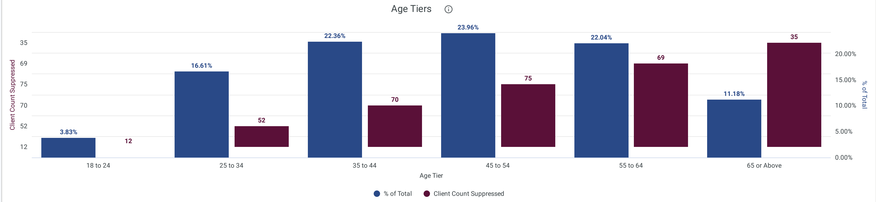
Assessment Type Counts on CQ



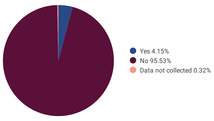
Demographics/Special Populations

Clients currently on a Community Queue

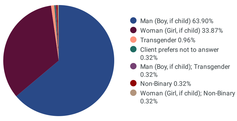
Age Tiers



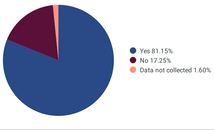
Veteran Status



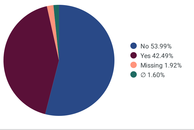
Gender



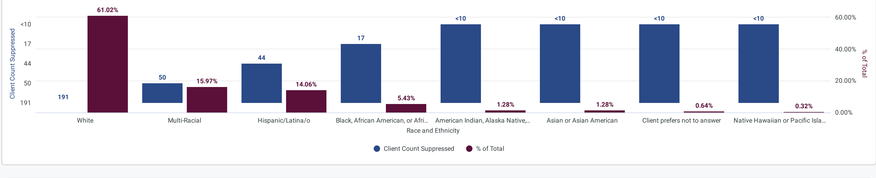
Disabling Condition at Project Start



Chronically Homeless at Project Start



Race & Ethnicity



Coordinated Entry: Currently on a Community Queue

This dashboard includes all clients that have a Coordinated Entry program enrollment and are also currently on a Community Queue.
For more information about dashboard logic and fields utilized, please review the dashboard article at Coordinated Entry: Currently on a Community Queue and info bubbles on dashboard tiles.

Community Queue (CQ) Overview

Clients Currently on Community Queue
560
551 Households

Veterans Currently on CQ
15

Chronically Homeless Clients Currently on CQ
244

Youth Summary

Unaccompanied Youth	Parenting Youth
22	<10

Older Adults/Seniors Summary

Older Adults (Age 55 - 61)	Seniors (Age 62+)	Total Older Adults and Seniors
88	97	185

Average Length of Time (Days) on CQ
165

Monthly Referrals to CQ



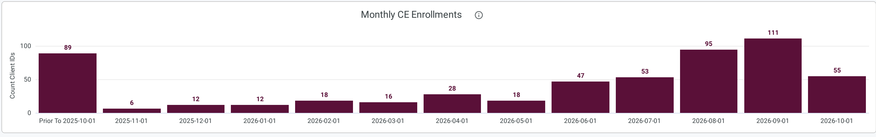
Monthly Referrals Over Time



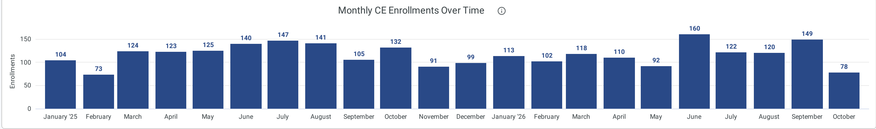
Enrollment Information

For more information about CE enrollments, please review the Coordinated Entry: Enrollments Dashboard.

Monthly CE Enrollments



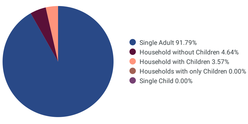
Monthly CE Enrollments Over Time



Household Information - Latest Coordinated Entry Enrollment

Household type for all clients currently on a Community Queue

Household Type Breakdown



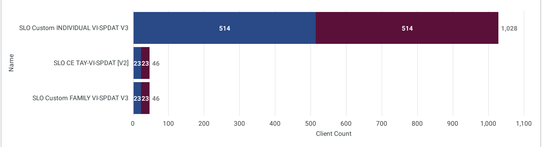
Household Size Counts

Household Size	Client Count
1	514
2	33
3	<10
4	<10
5+	<10
Totals	560

Assessment Information

Assessments connected to Referrals Currently on a Community Queue

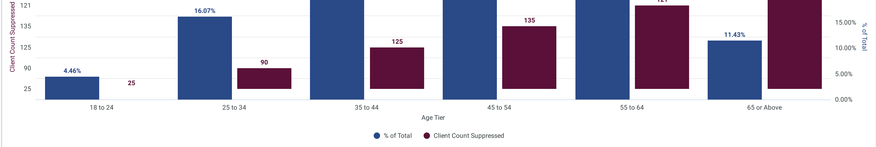
Assessment Type Counts on CQ



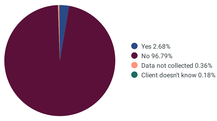
Demographics/Special Populations

Clients currently on a Community Queue

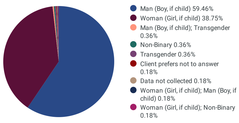
Age Tiers



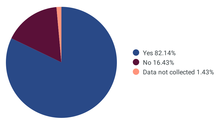
Veteran Status



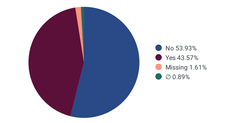
Gender



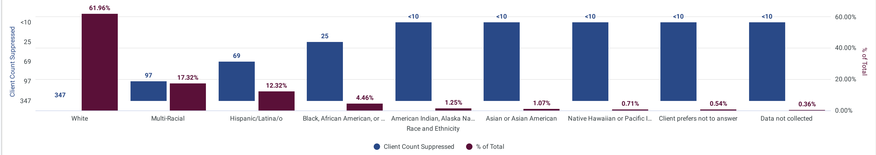
Disabling Condition at Project Start



Chronically Homeless at Project Start



Race & Ethnicity



Coordinated Entry System Enrollment Duration & Exit Data Analysis

Coordinated Entry System Enrollment Duration & Exit Data Analysis..... 1
Summary..... 1
Key Findings..... 1
Enrollment Duration & Client Characteristics.....2
Table 1. CES Enrollment by Duration..... 2
Table 2. Client characteristics by enrollment duration..... 3
Enrollment Duration & Housing Outcomes.....4
Table 3. Housing outcomes by enrollment duration.....4
Table 4. Client characteristics and housing outcomes within each duration group.....5
Housing Destination Breakdown..... 6
Table 5. CES exit destination categories..... 6
Table 6. Additional CES Client Characteristics and System Data..... 7
Field Definitions.....9
Table 7. Field definitions..... 9

Summary

Between October 1, 2025 and October 21, 2026, San Luis Obispo CoC Coordinated Entry System served 2,990 unique clients. Of those clients, 683 exited to permanent housing, representing 22.8% of the total population. 931 clients maintained active CES enrollments through the end of the reporting period.

The goal of this analysis is to examine the relationship between enrollment duration, client characteristics, and recorded housing outcomes to identify patterns associated with housing exits and better understand the characteristics of clients experiencing different outcomes. The analysis uses three enrollment duration groups: less than 6 months, 6 to 12 months, and 1 year or more.

Key Findings

1. Most CES clients fall within the shortest enrollment-duration group. Approximately 81% of clients were enrolled for less than six months.

2. Longer enrollment durations are associated with greater documented vulnerability. Clients in longer-duration groups are, on average, older and more likely to have documented disabilities and to experience chronic homelessness.

3. Recorded housing-exit percentages differ by enrollment duration. Among completed enrollments, housing exits account for 30.4% of the less-than-six-month group, compared with approximately 47% of enrollments lasting six months or longer.

4. Differences in housing outcomes by client vulnerability are most pronounced among shorter enrollments. Disability and chronic homelessness indicators show substantial differences in recorded housing exits within the less-than-six-month group.

5. Incomplete exit documentation limits interpretation. About 59% of completed enrollments lack a completed exit interview, making it difficult to determine the actual housing outcomes for all clients.

Enrollment Duration & Client Characteristics

The majority of CES clients fall within the group having enrollment durations less than 6 months. However, many clients in this group have active enrollments. There is a clear trend that clients who have longer enrollments have higher rates of documented disability and experience chronic homelessness at higher rates.

Table 1. CES Enrollment by Duration

Enrollment duration	Unique clients	% of population	Active enrollments	Median enrollment days
Less than 6 months	2,427	81.2%	711	23
6–12 months	343	11.5%	115	245
More than 12 months	220	7.4%	105	497
Total	2,990	100.0%	931	41

Table 2. Client characteristics by enrollment duration

Characteristic	Less than 6 months	6–12 months	More than 12 months
Average age	38.9	45.0	48.3
Any disability	69.3%	81.0%	88.2%

Chronic homelessness indicator*	26.8%	42.0%	49.5%
VI assessment completed	54.3%	84.0%	92.7%
Health insurance coverage	82.2%	86.6%	85.9%

Enrollment Duration & Housing Outcomes

Housing outcomes vary across enrollment duration groups. Clients whose CES enrollment lasted less than 6 months had a housing rate of 30.4%, while those who exited after 6 to 12 months had a housing rate of 47.4%, and those exceeding a year had 46.1%.

Clients who stay enrolled in CES longer are more likely to have a documented housing exit. However, this doesn't necessarily mean that staying enrolled longer leads to better housing outcomes. Some clients may need more time and support to find housing, while others may leave CES before securing housing. Furthermore, clients who self-resolve and have no recorded exits are most likely in the under-6-month group, data not reflected in HMIS.

Table 3. Housing outcomes by enrollment duration

Enrollment duration	Completed enrollments	Housing exits	Recorded housing-exit %

Less than 6 months	1,716	522	30.4%
6–12 months	228	108	47.4%
More than 12 months	115	53	46.1%
Total	2,059	683	33.2%

Table 4. Client characteristics and housing outcomes within each duration group

Enrollment duration	Characteristic	With characteristic	Without characteristic
Less than 6 months	Any disability	24.6%	42.2%
	Chronic homelessness indicator	12.0%	36.2%
	VI assessment completed	16.2%	43.7%
6–12 months	Any disability	47.0%	48.9%

	Chronic homelessness indicator	48.5%	46.6%
	VI assessment completed	47.8%	45.2%
More than 12 months	Any disability	48.6%	20.0%*
	Chronic homelessness indicator	45.8%	46.4%
	VI assessment completed	48.1%	22.2%*

When reviewing differences in housing outcomes by client characteristics, gaps are particularly pronounced among clients with an enrollment duration of less than 6 months. Within this group, 24.6% of completed enrollments involving clients with disabilities resulted in housing exits, compared with 42.2% among those without documented disabilities. Chronic homelessness provides an even larger observable difference, with recorded housing exit percentages of 12% and 36.2%, respectively.

Housing Destination Breakdown

Table 5. CES exit destination categories

Destination	Clients	% of completed enrollments
No Exit Interview Completed	1,206	58.6%
Rental Housing	611	29.7%
Permanent Housing with Family/Friends	70	3.4%
Other Destinations	172	8.4%
Total	2,059	100.0%

Analysis is limited by exit data availability. The majority of system exits are to unknown destinations.

Table 6. Additional CES Client Characteristics and System Data

October 1, 2025 – October 21, 2026 | 2,990 Unique Clients

Category	Field / Description	Count	% of All Clients / Value

Demographics	Female	1,272	42.5%
	Male	1,693	56.6%
Health	Physical Health Condition	889	29.7%
	Chronic Health Condition	952	31.8%
Income & Household	Clients with Income Reported	2,492	83.3%
	Median Average Cash Income	—	$355
	Average Household Size	—	1.77
User Home Agency	CAPSLO	1,225	41.0%
	5Cities Homeless Coalition	1,050	35.1%
	El Camino Homeless Organization	433	14.5%
	All Other Agencies	282	9.4%

Grouped Exit Destination	No Exit Destination (Active Enrollment)	931	31.1%
	No Exit Interview Completed	1,206	40.3%
	Rental Housing	611	20.4%
	Permanent Housing with Family/Friends	70	2.3%
	Other Destinations	172	5.8%

Field Definitions

Table 7. Field definitions

Field	Definition
Unique Client ID	Distinct clients represented in the analysis.
Enrollment Duration	Length of CES enrollment in days, grouped into less than six months, six to twelve months, and more than twelve months.

Active Enrollment	Indicator identifying clients with active CES enrollments at the reporting cutoff.
Completed Enrollment	CES enrollment that has ended by the reporting cutoff.
Housing Exit	Completed CES enrollment with an exit destination classified as an exit to a permanent housing destination.
Recorded Housing-Exit Percentage	Number of documented housing exits divided by the relevant completed-enrollment population.
User Home Agency	Agency associated with the user responsible for the CES enrollment.
Grouped Destination	Categorized housing or non-housing destination associated with CES exit.
Any Disability	Indicator identifying clients with a documented disability.
Physical Health Condition	Indicator identifying clients with a documented physical health condition.
Chronic Health	Indicator identifying clients with a documented chronic health condition.

Chronically Homeless Households	Indicator relating to chronic homelessness status.
Health Insurance Coverage	Indicator identifying clients with documented health insurance.
Income Reported	Indicator identifying clients with reported income information.
Median Average Cash Income	Median of the underlying client-level average cash income values.
VI Completed	Indicator identifying completion of a VI assessment.
Average Current Age	Mean recorded age of clients within a group.
Average Household Size	Mean recorded household size within a group.
Median Enrollment Days	Median CES enrollment duration for the population represented.

HSOC Coordinated Entry Committee
Proposed Goals and Direction of Work
October 2026

Overview

These goals establish the Coordinated Entry Committee's direction and priorities for improving San Luis Obispo County's Coordinated Entry System (CES).
Each goal identifies its intended implementation partners and their anticipated roles.

These partnerships do not constitute final assignments of accountability. CAPSLO and County HSD staff will develop a detailed implementation plan identifying accountable leads, responsible parties, decision-making authority, timelines, and reporting requirements.

1. HUD Required Actions

1. **Goal 1.1: Review and approve Coordinated Entry policies; review and comment on CE practices**
   Priority: High | **Timeline:** Short-term
   Proposed direction of work
   - Establish an annual process for reviewing and approving CES policies.
   - Identify a consistent review schedule and process for bringing policy updates and proposed changes in CES practices to the Committee.

   Implementation partnerships
   - **CAPSLO CES Management Entity:** Draft and maintain CES policies, coordinate provider feedback, and propose operational changes.
   - **County HSD:** Coordinate policy review with CoC requirements, governance processes, and County responsibilities.
   - **HSOC Coordinated Entry Committee:** Review and approve CES policies and provide direction on system practices.
   - **Participating CES providers:** Identify implementation concerns and provide feedback on proposed policies.

2. **Goal 1.2: Build formal subpopulation pathways for TAY and families**
   Priority: Medium | **Timeline:** Medium-term
   Proposed direction of work
   - Identify youth access points and develop a youth-specific access policy.
   - Establish youth-specific case conferencing, identify youth-specific housing inventory, and incorporate referral information into the youth CES process.
   - Develop a family-specific access policy.
   - Establish family- and TAY-specific resources accessible through CES.

Implementation partnerships

- **CAPSLO CES Management Entity:** Coordinate pathway development and integration with countywide CES processes.
- **TAY and family service providers:** Develop population-specific access procedures, identify available resources, and participate in case conferencing.
- **County HSD HMIS Team:** Support necessary assessment, referral, and inventory configuration.
- **HSOC Coordinated Entry Committee:** Review and approve proposed policies and pathways.
- **People with lived experience:** Provide input on accessibility, barriers, and the effectiveness of proposed pathways.

3. **Goal 1.3: Track prevention and diversion activities**
   Priority: Medium | **Timeline:** Short-term
   Proposed direction of work
   - Establish shared community definitions for prevention and diversion activities.
   - Review diversion tracking processes and provide HMIS training.
   - Develop processes to cross-reference diversion activities in CES with co-enrollment in other project types.

   Implementation partnerships
   - **CAPSLO CES Management Entity:** Coordinate development of definitions, referral processes, and operational expectations.
   - **County HSD HMIS Team:** Develop appropriate HMIS tracking and reporting processes and support provider training.
   - **Prevention and diversion providers:** Identify existing workflows, contribute to shared definitions, and implement tracking procedures.
   - **HSOC Data and Performance Committee:** Review proposed data definitions and reporting standards.
   - **HSOC Coordinated Entry Committee:** Review and approve CES-related policies and referral expectations.
   - **County HSD:** Coordinate alignment with prevention funding initiatives and the County's broader homeless response strategy.

2. Improve Housing Matching for Clients

Overall objective: Reduce the time from referral to housing placement, decrease duplicative assessments, and ensure appropriate housing matches.

1. **Goal 2.1: Revise assessments and refine prioritization and matching**
   Priority: High | **Timeline:** Long-term

Proposed direction of work

- Review and revise existing CES assessments, including development of a youth-specific assessment tool.
- Establish a workgroup with clearly defined scope, responsibilities, and goals.
- Conduct workgroup activities over approximately 6–12 months, including testing the reliability of assessment tools.
- Review existing prioritization and matching practices, including opportunities to reduce duplicative assessments and improve appropriate housing matches.
- Develop an implementation plan for revised assessments, prioritization, and matching.

Implementation partnerships

- **CAPSLO CES Management Entity:** Coordinate the assessment and prioritization redesign, workgroup activities, and implementation planning.
- **County HSD:** Support alignment with CoC requirements, written standards, and systemwide policies.
- **County HSD HMIS Team:** Assess technical requirements, configure revised tools, and support data analysis and testing.
- **HSOC Coordinated Entry Committee:** Establish policy direction, review findings, and approve proposed changes.
- **HSOC Data and Performance Committee:** Provide input on assessment reliability, data quality, and performance measures.
- **Participating housing and service providers:** Identify eligibility and matching requirements, participate in testing, and provide operational feedback.
- **People with lived experience:** Inform assessment design and evaluation of accessibility and fairness.
- **Consultant or technical assistance provider:** Support assessment research, development, testing, and validation as determined through implementation planning.

2. **Goal 2.2: Map the current CES HMIS workflow and identify legacy issues**
   Priority: Low | **Timeline:** Short-term
   Proposed direction of work
   - Prepare a written summary of CES activities currently taking place in HMIS.
   - Identify CES activities that are not currently captured in HMIS.
   - Clarify responsibilities between HMIS and CES staff, particularly their interactions with service providers.
   - Use the findings to inform the integrated CES/HMIS workflow redesign described in Goal 3.3.

   Implementation partnerships

- **CAPSLO CES Management Entity:** Document current CES practices, referral workflows, and operational requirements.
- **County HSD HMIS Team:** Document current HMIS configuration, data structures, reporting processes, and technical limitations.
- **HSOC Data and Performance Committee:** Review findings related to data quality, reporting, and system performance.
- **Participating CES providers:** Identify duplicative processes, reporting gaps, and workflow challenges.
- **HSOC Coordinated Entry Committee:** Review findings and establish priorities for operational changes.

3. **Goal 2.3: Implement housing inventory in CES**
   Priority: Medium | **Timeline:** Short-term
   Proposed direction of work
   - Obtain accurate housing inventories from participating housing providers.
   - Configure housing units in HMIS.
   - Begin making referrals through the housing inventory.
   - Establish procedures for maintaining accurate inventory and tracking referrals.

   Implementation partnerships
   - **CAPSLO CES Management Entity:** Develop referral workflows, coordinate provider participation, and monitor implementation.
   - **County HSD HMIS Team:** Configure housing inventory and referral functions within HMIS and provide technical support.
   - **Housing providers, including HASLO and participating PSH/RRH programs:** Supply accurate inventories, establish eligibility requirements, and maintain unit availability information.
   - **County HSD:** Coordinate systemwide expectations and relevant housing program requirements.
   - **HSOC Coordinated Entry Committee:** Review referral policies and monitor implementation progress.
   - **HSOC Data and Performance Committee:** Provide input on inventory data quality and reporting.

3. Improve Accountability and Performance Through Improved Data Quality

1. **Goal 3.1: Standardize and track the functional model of homeless services**
   Priority: Low | **Timeline:** Medium-term
   Proposed direction of work

- Develop a written summary of homeless service providers participating in CES and identify significant providers not currently participating.
- Map how different provider types, including Access Points and Specialized Agencies, interact with CES.
- Map how clients move through the system based on their needs and where they access services.
- Develop a visual representation of the functional model for publication on the CES website.

Implementation partnerships

- **CAPSLO CES Management Entity:** Coordinate development of the functional model, map provider participation, and document client pathways.
- **County HSD:** Support alignment with the County's homeless services strategy and systemwide planning.
- **Participating CES providers:** Describe program functions, access processes, and referral pathways.
- **County HSD HMIS Team:** Assist in identifying which functions and client movements can be tracked through HMIS.
- **HSOC Coordinated Entry Committee:** Review and provide direction on the proposed functional model.
- **HSOC Data and Performance Committee:** Provide input on data definitions and reporting implications.

2. **Goal 3.2: Standardize and implement CES MOUs**
   Priority: High | **Timeline:** Short-term
   Proposed direction of work
   - Finalize and approve standardized CES Memoranda of Understanding.
   - Execute MOUs with participating CES providers.
   - Establish quarterly review meetings with CES providers to support ongoing monitoring and accountability.
   - Define provider responsibilities for assessments, referrals, denials, referral follow-up, data quality, and participation in CES processes.
   - Align HMIS data quality and performance standards within CES MOUs with standards developed by the HSOC Data and Performance Committee.

   Implementation partnerships

   - **CAPSLO CES Management Entity:** Develop CES participation requirements, coordinate MOU execution, and establish provider monitoring procedures.
   - **County HSD:** Review agreement language and coordinate approvals within its authority and CoC administrative responsibilities.

- **County HSD HMIS Team:** Define applicable HMIS participation requirements, data quality obligations, and technical responsibilities.
- **HSOC Data and Performance Committee:** Review data quality and performance standards included in agreements.
- **HSOC Coordinated Entry Committee:** Review and approve CES participation policies and provide oversight of implementation.
- **Participating CES providers:** Execute agreements, implement participation requirements, and participate in monitoring and review activities.

3. **Goal 3.3: Transition CES from a Standalone HMIS Project to an Integrated Systemwide Workflow**
   Priority: High | **Timeline:** Phased implementation

   Redesign how Coordinated Entry functions within HMIS, transitioning from a standalone CES project to an integrated, countywide process supported by standardized assessments, CE Events, referrals, housing inventory, and formal provider MOUs. This goal will be developed through a substantial partnership between CAPSLO, the County HSD HMIS team, and the HSOC Data and Performance Committee.

   Proposed direction of work
   - Jointly map current CES and HMIS workflows, identifying legacy processes, duplicative data entry, reporting gaps, and activities occurring outside HMIS.
   - Develop standardized CES assessments, CE Events, referral processes, and housing inventory workflows within HMIS.
   - Align CES provider MOUs with HMIS participation requirements, data quality standards, and referral responsibilities.
   - Identify and implement necessary HMIS configuration changes, reporting tools, provider training, and technical support.
   - Pilot integrated workflows with participating agencies before broader implementation.
   - Transition away from the standalone CES HMIS project once replacement workflows have been tested and can support required tracking, reporting, and system oversight.
   - Establish ongoing performance monitoring and shared reporting to the CES and Data and Performance Committees.

   Implementation partnerships
   - **CAPSLO CES Management Entity:** Define CES operational requirements, coordinate provider workflows, develop referral procedures, and oversee operational transition.

- **County HSD HMIS Team:** Lead HMIS configuration, data architecture, technical implementation, reporting functionality, and related provider support.
- **HSOC Data and Performance Committee:** Review and provide direction on data standards, reporting expectations, data quality, and system performance.
- **County HSD:** Coordinate implementation with CoC administrative responsibilities, policy requirements, and available resources.
- **HSOC Coordinated Entry Committee:** Establish CES policy direction, review proposed workflows, and oversee implementation progress.
- **Participating CES providers:** Participate in workflow development and testing, implement approved processes, and maintain compliance with participation agreements.

Expected outcome

A countywide CES process embedded within participating providers' HMIS workflows, supported by consistent data standards, clear provider responsibilities, and coordinated oversight by the CES and Data and Performance Committees.

4. Improve Cross-System Coordination

1. **Goal 4.1: Integrate CenCal and mainstream service pathways**
   Priority: Medium | **Timeline:** Medium-term
   Proposed direction of work
   - Establish written goals for collaboration between CES and CenCal Health.
   - Develop referral pathways from CES to CenCal programs.
   - Clarify referral requirements, provider responsibilities, and procedures for coordinating access to applicable services.

   Implementation partnerships
   - **CAPSLO CES Management Entity:** Coordinate development of CES referral workflows and participating provider procedures.
   - **CenCal Health:** Collaborate on applicable program eligibility, referral requirements, and coordination processes.
   - **CalAIM and other participating service providers:** Assist with pathway development, warm handoffs, and implementation.
   - **County HSD:** Support alignment with broader homeless services planning and cross-system coordination.
   - **County HSD HMIS Team:** Assess necessary documentation, tracking, and reporting processes.
   - **HSOC Coordinated Entry Committee:** Review CES referral policies and monitor development of the pathways.

Implementation will depend on coordination and agreement with CenCal Health.

2. **Goal 4.2: Strengthen connections between subpopulation-specific pathways**
   Priority: Medium | **Timeline:** Medium-term
   Proposed direction of work
   - Establish clear pathways of access for each subpopulation and identify associated resources.
   - Clarify how population-specific providers participate in the broader Coordinated Entry System.
   - Identify opportunities to improve coordination, referrals, and communication between specialized providers and other CES participants.
   - Ensure that population-specific pathways remain connected to countywide CES processes.

   Implementation partnerships
   - **CAPSLO CES Management Entity:** Coordinate the development and integration of population-specific pathways with countywide CES operations.
   - **Population-specific providers:** Identify access needs, specialized resources, and referral procedures.
   - **County HSD:** Support coordination with relevant County programs and community partnerships.
   - **County HSD HMIS Team:** Support appropriate assessment and referral processes and applicable privacy requirements.
   - **HSOC Coordinated Entry Committee:** Review proposed pathways and provide policy direction.
   - **People with lived experience:** Identify barriers to access and provide feedback on proposed changes.

Direction to CAPSLO and County Staff

Upon adoption of these goals, the Coordinated Entry Committee directs CAPSLO, as the CES Management Entity, and the County Homeless Services Division to jointly prepare a proposed implementation plan for Committee review.

The implementation plan shall identify, for each goal and its associated deliverables:

1. **Accountable lead:** A single designated person or entity accountable for completion of each deliverable.
2. **Responsible agencies and required partners:** The organizations responsible for performing the work and those whose involvement is necessary.

3. **Approval and decision-making authority:** The entity authorized to approve policies, technical changes, agreements, or implementation decisions.
4. **Target dates and dependencies:** Proposed milestones, completion dates, staffing and funding needs, and dependencies between activities.
5. **Reporting expectations:** How progress, barriers, outcomes, and decisions requiring Committee action will be reported.

The implementation plan should distinguish between activities CAPSLO and County staff can undertake administratively and activities requiring Committee approval, HMIS technical decisions, additional agreements, or other governing-body authorization.

For goals requiring substantial CES/HMIS coordination, the County HSD HMIS team and HSOC Data and Performance Committee will be involved in developing the implementation approach.

The implementation plan should also identify activities that can proceed in the near term while longer-term work, including assessment and prioritization redesign, is underway. The Coordinated Entry Committee will retain oversight of progress toward the adopted goals and review significant changes to priorities, scope, or implementation direction.

Proposed Committee Action

Recommended Motion
Approve the 2026–2027 Coordinated Entry Committee Goals as the Committee's direction of work and direct CAPSLO, as the CES Management Entity, and County Homeless Services Division staff to jointly develop and return with an implementation plan identifying accountable leads, responsible agencies and partners, approval and decision-making authority, target dates, dependencies, and reporting expectations.

The implementation plan shall be developed in coordination with the County HSD HMIS team, HSOC Data and Performance Committee, and participating providers as applicable to each goal.

Staff will present the proposed implementation plan at a subsequent regularly scheduled Coordinated Entry Committee meeting for review and consideration