Appendix 6

Glossary:

**Assessment**  An evaluation of a participant’s strengths and barriers in achieving housing stability and other outcomes related to stability. The information provided through the assessment informs program referrals and Housing and Services Planning.

**Coordinated Entry System (CES)**  The Los Angeles County Coordinated Entry System (LA County CES) facilitates the coordination and management of the resources that comprise the homeless crisis response system in the county. CES allows users to efficiently and effectively connect people to interventions that aim to rapidly resolve their housing crisis. CES works to connect the highest need, most vulnerable persons in the community to available housing and supportive services equitably.

**Coordinated Entry System (CES) Assessment**  The Los Angeles County Coordinated Entry System utilizes a triage and prioritization assessment tool called the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). This tool is implemented as part of CES to assist in prioritization of housing program resources based on participant vulnerability.

**Diversion**  A strength-based, creative problem-solving conversation with people experiencing immediate housing crisis and who are currently seeking assistance through the homeless response system. Examples of diversion can include conflict resolution, family reunification, and one-time financial assistance that will assist with an alternative housing solution (short or long term) outside of the homeless response system.

**Equal Access Gender Identity Policy**  On August 25, 2017, the LAHSA Board of Commissioners adopted its policy on equal access in accordance with an individual’s gender identity in the Los Angeles Continuum of Care. This policy, titled Equal Access and Gender Identity (EAGI), requires that contractor, programs, shelters, other buildings and facilities, benefits, services and accommodations, regardless of funding source, ensure equal access to an individual in accordance with their gender identity.

**Family**  Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability. A child who is temporarily away from the home because of placement in foster care is considered a member of the family.

**Harm Reduction**  Harm reduction is a set of practical strategies that reduces the negative consequences associated with risky behaviors. This can include safer use, managed use, ways to deal with hoarding, etc.

**Housing First**  Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

**Intake**  Capturing basic client data into a database upon entry into a program (e.g., capturing and loading required data to HMIS upon entry to emergency shelter). This process should also begin to identify a participants’ service needs and lay the foundation for a housing plan to return the participant to stable housing.
Appendix 6

**Low Barrier** Policies and practices designed to “screen in” rather than screen out applicants with the greatest barriers to housing, such as having very low-income, poor rental history, or criminal history. Low Barrier is an active approach to the Housing First model that ensures homeless participants and families may quickly exit homelessness.

**Motivational Interview Principles** A clinical approach that emphasizes a collaborative therapeutic relationship in which the clinician “draws out” the client’s own motivations and skills for change, thereby empowering the client.

**Practice Standards** Practice Standards are minimum baseline requirements for each system component which all funders and funding administrators agree to adopt and incorporate into their program guidance and funding contracts with contractors.

**Tenant Screening Barrier**

**Trauma Informed Care** 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.

**Warm Handoff (aka Linkages)** A personalized participant referral or transfer of care from one service provider to another. A warm handoff typically includes a face-to-face introduction between participant and providers to promote successful connections with the new provider and minimize any service disconnection.