

## Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
  - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
    - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
    - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
  - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
  - All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

## 1A. Continuum of Care (CoC) Identification

### **Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1A-1. CoC Name and Number:** CA-609 - San Bernardino City & County CoC

**1A-2. Collaborative Applicant Name:** San Bernardino Office of Homeless Services

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** San Bernardino Office of Homeless Services

## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	Yes	Yes
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	No
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Not Applicable	Not Applicable	Not Applicable
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Faith Based Organizations	Yes	Yes	Yes
Businesses	Yes	Yes	Yes
Veteran Service Providers	Yes	Yes	Yes

**1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)**

The CoC Board includes representation from; government, non-profits, faith-based organizations, businesses, advocates, hospitals, universities, and the homeless. When a Board vacancy occurs, the Board circulates an application via e-mail, CoC website, and CoC meetings. An Application Review Committee reviews, rates, and recommends Board candidates. The Board reviews the recommendations and votes on the new members. Examples of workgroups that provide the Board with expertise are the Homeless Youth Task Force (HYT) and the Homeless Vet Comm. Planning Group (HVCPG). The HYT was created to investigate the needs of homeless youth in the county. The HYT is a sub-committee of the local Board. HYT members include; faith-based and non-profit agencies, school liaisons, and homeless youth. HVCPG provides guidance to the Board on ending Veteran homelessness in 2015. HVCPG members include; Sheriff; ESG providers; VA Loma Linda Healthcare; non-profits; ESG, Housing Authority and Outreach Teams.

**1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
County of San Bernardino - TAY Programs	No	Yes	Yes
Our House	Yes	Yes	Yes
San Bernardino Superintendent of Schools	No	Yes	Yes
Young Visionaries	No	Yes	No
Youth Hope	No	Yes	No
Global One	No	Yes	No
Morongo Basin Youth Services	No	Yes	Yes
The STAY	No	Yes	Yes

**1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Family Service Association	Yes	Yes
High Desert Homeless Services	Yes	Yes
Morongo Basin Unity Home	Yes	Yes
House of Ruth	Yes	No
DOVES	Yes	No
Victor Valley Domestic Violence	No	No

**1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?**

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?  
 (limit 1000 characters)**

The Homeless Veterans Community Planning Group (HVCPG) consists of agencies that provide veteran housing, law enforcement, mental health agencies, Housing Authority, VA, and civic representatives. The HVCPG evaluates the scope of homeless veterans in the CoC, establishes goals, and identifies the resources to house veterans by 2015. The Coordinated Entry System Committee (CESC) is responsible for implementing a system that targets the chronically homeless (CH) and households with children. CESC ensures that agencies providing PSH to the CH utilize outreach teams and housing navigators to move CH households into PSH. The Homeless Youth Taskforce (HYT) examines the needs of homeless youth and ensures that youth homelessness issues are appropriately addressed through a comprehensive CoC network of service delivery. The CoC ensures that all homeless and prevention issues are addressed for all homeless subpopulations through a comprehensive Coordinated Entry System network

**1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)**

Throughout the year, the CoC provides workshops to educate local service providers on a variety of HUD funding sources including CoC funds. The lead CoC agency, Office of Homeless Services (OHS), releases a Request for Proposals (RFP) and advertises the County's desire to solicit proposals from agencies identifying projects providing permanent housing and/or other housing-related activities regarding the PH Bonus and new programs as a result of reallocation. Prospective proposers are notified of the RFP through announcements at Homeless Partnership meetings, mail distribution, newspaper and Internet posting. A Grant Review Committee (GRC) reviews, evaluates, and rates each proposal based on the local priorities, Project Eligibility and Quality Threshold requirements as noted in the CoC NoFA. Agencies not recommended for funding are notified of the GRC findings and provided feedback as to the reasons why they were not recommended and encouraged to apply in future competitions.

**1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?** Monthly

## 1C. Continuum of Care (CoC) Coordination

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.**

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

**1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.**

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	13	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	11	84.62%
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	11	84.62%
How many of the Con Plan jurisdictions are also ESG recipients?	4	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	4	100.00%
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	4	100.00%

**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)**

County of San Bernardino-Monthly-Planning Mtgs. (2 hrs.)and e-mails. City of San Bernardino- Monthly-Planning Mtgs. (2 hrs.), Bi-annual-Comm. Mtgs. (2 hrs)-Surveys (1 hr.), Con Plan Survey (1 hrs.) and e-mails. Apple Valley- Annually-Planning Mtg.(1 hr.), Comm. Mtg. (2 hrs.) and e-mails. Chino-Qrtly-Planning Mtgs. (1 hr.), Con Plan Survey (1 hr) and wkshp (2 hrs.) Chino Hills- Annual Planning Mtgs. (1 hr.) and wkshp (2 hrs.). Fontana- Monthly-Planning Mtgs. (2 hrs.), Bi-annual Community Mtgs. (3 hrs)-Survey (1 hr.) and e-mails. Hesperia-Annual Planning Mtgs. (1 hr.) and wkshp (2 hrs.). Ontario- Monthly-Planning Mtgs. (2 hrs.), Quarterly-Conference Calls (1 hr.), Con. Plan Surveys (1 hr.) and e-mails. Redlands- Annually-Comm. Mtgs. (2 hrs.) and e-mails. Rialto-Bi-annual-Comm. Mtgs. (2 hrs)-Survey (1 hr.), and Con Plan Survey (1 hrs.). Upland-Bi-Monthly Planning Mtgs. (1 hr.), Con Plan Survey (1 hr.), Annual Comm. Mtgs. (4 hrs).

**1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)**

The CoC facilitated workshops for ESG recipients to develop the CoC and ESG Written Standards based on ESG agency input, HMIS data, local PIT results, and CAPER. The CoC's roles in evaluating outcomes for the State ESG programs is required by the California Housing and Community Development (HCD) 25 California code of Regulations, Section 8411(b)(2), which states that the local CoC will be required to assign points on all State ESG applications received within the CoC. CA-609 State ESG Grant Review Committee (GRC) developed a review and ranking process based on local CoC and ESG Written Standards, HMIS and PIT data. ESG GRC reviews, rates, and ranks the applications and provides the HCD with the final ranking and reviews. The CoC participates in the County of San Bernardino Community Development and Housing ESG RFP process. The CoC reviews, rates, and consults with the ESG Administrator to determine funding allocations for each ESG recipient.

**1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)**

Clients fleeing domestic violence (DV) present to a DV shelter and are assessed to identify safe housing. If a client calls, staff will pick up the client at a safe location. Clients stay at shelter, which has an alarm/security system and cameras, or they may opt to stay at a motel. Clients are linked to mainstream and employment services. Housing locators assist clients when they are ready to find permanent housing (PH). Clients continue to receive services once they obtain PH. Data is tracked by a HMIS comparable software with a strict adherence to confidentiality. DV survivors present to a homeless service provider and are assessed and assigned a case manager who is trained in Seeking Safety –an evidence based program which employs a trauma-informed approach. Shelters have a security system and adhere to strict client privacy mandates. Staff work with clients to increase income through mainstream benefits and employment. Clients work with housing specialists to secure PH.

**1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of the County of San Bernardino	7.50%	Yes-Both
Housing Authority of the City of Upland	0.00%	No
Housing Authority of the City of Needles	0.00%	No

**If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.**

**1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)**

The CoC has 357 HUD-VASH vouchers, Proposition 41 funded programs provided 168 veteran permanent housing beds, and SSFV provides funds to Rapidly Re-house (RRH) 214 veteran households. Housing Opportunities for Persons with AIDS (HOPWA) funds target low-income or homeless persons with HIV/AIDS and their families. HOPWA funded nonprofit organizations provide 80 beds for persons living with HIV/AIDS and their families. California Mental Health Services Act (MHSA) provides a dedicated source of funds to reduce the long term impacts of untreated serious mental illness. MHSA provides 46 dedicated beds for the homeless. Temporary Assistance for Needy Families (TANF) provides rental assistance and stabilization services through the Housing Support Program (HSP) and the Family Stabilization Program (FSP). The HSP provides 350 households with permanent housing and the FSP provides permanent housing for 200 families.

**1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

## 1D. Continuum of Care (CoC) Discharge Planning

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.  
(limit 1000 characters)**

Not Applicable

## **1E. Centralized or Coordinated Assessment (Coordinated Entry)**

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait 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.**

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.  
(limit 1000 characters)**

The coordinated entry system (CES) is linked to street outreach efforts throughout the CoC region so people living on the streets, particularly the chronically homeless are prioritized for assistance in the same way as other homeless persons. The Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT) is used as a tool that determines chronicity and medical vulnerability of homeless individuals. Outreach workers administer the VI-SPDAT on the streets, in encampments, and remote areas. The VI-SPDAT identifies support and housing that fit their needs such as permanent supportive housing with a Housing First approach and rapid re-housing. CoC advertises the CES to reach homeless persons least likely to access the process which includes: 1) leaving business cards of outreach workers; 2) leaving information at service sites, homeless connects, veteran stand downs, meal programs and public locations; 3) educating mainstream service providers; 4) 2-1-1 help line.

**1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.**

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Veteran Service Providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Faith Based Providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	21
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	3
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	18
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

### 1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

<b>Monitoring criteria</b>	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

<b>Need for specialized population services</b>	
Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

<b>None</b>	<input type="checkbox"/>
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**1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)**

CoC did consider the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications as outlined in its written standards. Projects serving those persons with highest needs and greatest barriers towards obtaining and maintaining housing on their own were factored into the CoC's review, ranking, and selection process. For example, projects serving, and new projects proposing to serve, CH Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs were given weighted performance consideration. This also included history of high utilization of crisis services of emergency rooms, jails, and psychiatric facilities and significant health or behavioral health challenges and/or functional impairments which require a significant level of support in order to maintain permanent housing. Projects serving, or proposing to serve, higher percentages of persons coming from the streets were also considered.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)  
(limit 750 characters)**

Each agency requesting renewal funding completed a Letter of Intent to provide info based on HUD performance criteria identified in 2014 and 2015 NOFAs for review. On Oct 16, 2015, the CoC posted the renewal review, ranking and selection criteria for the 2015 CoC Program Competition on the San Bernardino County Homeless Partnership website and an e-mail was sent to the SBCHP listserv. The CoC released a RFP for the PH Bonus on September 25, 2015. The RFP was released via CoC's listserv and the County's Electronic Procurement Network. The RFP was posted on the SBCHP website, E-Pro website and announced at all CoC member meetings. Gathered information was used to make recommendations for reallocation and rank projects in Tier 1 and 2.

**1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)**

11/18/2015

**1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)**

Yes

**1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)** 10/23/2015

**1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?** Yes

# 1G. Continuum of Care (CoC) Addressing Project Capacity

## Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The CoC monitors agencies providing services within the CoC. The monitoring includes a review of program activities, client eligibility; fiscal policy, HMIS grievance procedures, posting of privacy notices, HMIS Security, and data sharing agreements. A follow-up report is provided to each agency which notes findings and the corrective action required to remedy the finding. The CoC requires program recipients to submit a copy of their HUD Annual Performance Report (APR) and a Letter of Intent (LOI) to renew to the CoC. The LOI consists of questions regarding the following; LOCCs drawdowns; cost effectiveness; match review; HMIS participation; and monitoring findings. The CoC conducts a monthly review of data entered in HMIS. The HMIS data review is an assessment of HUD performance standards, bed utilization, and data elements. Agencies failing to meet performance standards are offered technical assistance but face reallocation if they continue to fail performance standards.

**1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?** Yes

**1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?** Yes

## **2A. Homeless Management Information System (HMIS) Implementation**

**Intructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit.** Yes

**2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.** GC-7-10 & 22

**2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.** Yes

**2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?** Yes

**2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)?** ClientTrack  
**Applicant will enter the HMIS software name (e.g., ABC Software).**

**2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?** ClientTrack  
**Applicant will enter the name of the vendor (e.g., ABC Systems).**

## 2B. Homeless Management Information System (HMIS) Funding Sources

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2B-1. Select the HMIS implementation coverage area:** Single CoC

**\* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

### 2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$250,158
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$250,158</b>

### 2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$24,092
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
<b>Other Federal - Total Amount</b>	<b>\$24,092</b>

**2B-2.3 Funding Type: State and Local**

<b>Funding Source</b>	<b>Funding</b>
City	\$0
County	\$275,000
State	\$112,978
<b>State and Local - Total Amount</b>	<b>\$387,978</b>

**2B-2.4 Funding Type: Private**

<b>Funding Source</b>	<b>Funding</b>
Individual	\$0
Organization	\$0
<b>Private - Total Amount</b>	<b>\$0</b>

**2B-2.5 Funding Type: Other**

<b>Funding Source</b>	<b>Funding</b>
Participation Fees	\$0
<b>Other - Total Amount</b>	<b>\$0</b>

<b>2B-2.6 Total Budget for Operating Year</b>	<b>\$662,228</b>
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## 2C. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):** 05/07/2015

**2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.**

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	694	99	527	88.57%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	498	49	441	98.22%
Rapid Re-Housing (RRH) beds	270	0	235	87.04%
Permanent Supportive Housing (PSH) beds	955	0	943	98.74%
Other Permanent Housing (OPH) beds	0	0	0	

**2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)**

Not Applicable

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.  
 (limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

**2C-4. How often does the CoC review or assess its HMIS bed coverage?** Bi-Monthly

## 2D. Homeless Management Information System (HMIS) Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.**

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	0%
3.3 Date of birth	0%	0%
3.4 Race	0%	1%
3.5 Ethnicity	0%	1%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	1%	1%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	0%	0%

**2D-2. Identify which of the following reports your HMIS generates. Select all that apply:**

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

**2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?** 4

**2D-4. How frequently does the CoC review data quality in the HMIS?** Bi-Monthly

**2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both?** Both Project and CoC

**2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.**

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)**

Not Applicable

## 2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.**

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/22/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/07/2015

## 2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:**

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

**2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

**2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)**

Methodology included: 1) prior to the PIT count, the HIC that was submitted to HUD in 2014 was updated to include new ES, TH, and overflow beds including motel vouchers or deleted any that were no longer in existence; 2) HMIS was used to verify the beds of participating programs and the total number of occupied beds during the night of the PIT and was used to collect subpopulation data; 3) a program survey was completed by each non-HMIS participating program that included questions that gathered the same information which was gathered through HMIS (the survey was administered by staff); and 4) data collected through HMIS and the program survey was combined which provided the number of sheltered persons and the breakdown of the number of persons within each subpopulation. These activities ensured the accuracy of data particularly of all subpopulation data.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)**

not-applicable

**2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? Yes**

**2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)**

In 2015, the following new projects were added to the sheltered PITC: Mercy House ES; 11 RRH projects funded by the CoC, ESG, and SSFV; Central City Lutheran added 1 privately funded TH project; 1 TH project for Time for Change Foundation (TFCF) was incorrectly identified in 2014 as an ES. The following projects were removed or changed components; FSA Redlands and House of Ruth no longer provide ES, TFCF ES was removed and added to the TH inventory, Victor Valley Resource AB-109 ES has been changed to TH, and New Horizons and Good Samaritan PSH programs were combined into one PSH

## 2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:**

Training:	<input type="checkbox"/>
Provider follow-up:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
	<input type="checkbox"/>

**2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

Not Applicable

## 2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people 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. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.**

**2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes

**2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/22/2015

**2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable

**2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/07/2015

## 2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:**

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

**2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)**

Methodology included: a) dividing county into organizational regions; b) dividing these regions into planning communities; c) dividing planning communities into implementation areas; and d) dividing implementation areas into count zones. Coordinating count and survey included 1) establishing key person teams for each planning community; 2) distinguishing areas within planning communities where homeless people live; 3) identifying specific places where homeless people live within count zones; and 4) identifying places where homeless people receive social services. All persons were asked if they were homeless. A count and survey instrument was used to gather required data and answers were also used to create an identifier for deduplication purposes and to determine the number of persons for subpopulations required by HUD. HMIS data was also used to identify unsheltered persons who were entered during time of the count and an identifier was created and used to prevent duplication.

**2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)**

not applicable

**2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016?** Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

## 2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

In 2015, the CoC PITC included a targeted unaccompanied youth count in cities that are known for having high numbers of homeless youth. Prior to the 2015 CoC PITC, planners and stakeholders identified the time and areas where youth tend to congregate. PITC youth volunteers were sent to the identified areas on the date of the 2015 PIT to survey the youth. Stakeholders committed to ending youth homelessness were sought out and participated in the planning and implementation of the 2015 PITC. These included organizations that deliver services to homeless youth and current and formerly homeless transitional age youth as well. A unique identifier was used to ensure non-duplicative counts.

## 3A. Continuum of Care (CoC) System Performance

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

#### \* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2,315	2,149	-166
Emergency Shelter Total	454	445	-9
Safe Haven Total	0	0	0
Transitional Housing Total	614	393	-221
Total Sheltered Count	1,068	838	-230
Total Unsheltered Count	1,247	1,311	64

### 3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	2,792
Emergency Shelter Total	2,088
Safe Haven Total	0
Transitional Housing Total	828

**3A-2. Performance Measure: First Time Homeless.**

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.  
(limit 1000 characters)**

A county-wide homeless prevention strategy has been implemented that has helped identify specific risk factors based on fact-finding with general assistance, mainstream, and prevention assistance providers that include unemployment, underemployment, sudden death or illness, and temporary and permanent disability. This strategy includes a county-wide homeless RRH prevention strategy in conjunction with the CES which was implemented with CoC and ESG recipients for individuals and families and provides rental and utility cash assistance to households with the highest likelihood of becoming homeless. Distinguishing criteria includes household income at or below 30% of AMI and whether or not a household has a history of homelessness or not. For families who become homeless, short-term shelter is provided as bridge housing with low barriers until PH is obtained and families receive ongoing case management to help prepare them to maintain their housing after they move in.

**3A-3. Performance Measure: Length of Time Homeless.**

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.  
(limit 1000 characters)**

VI-SPDAT has been implemented including questions regarding the length of time the client has been on the streets or in ES as part of the CES. Client’s length of homelessness, disability status, and chronicity determine the client’s ranking on the CES Prioritization list. CoC also uses HMIS to record episodes of homelessness by program participants who exit ES, RRH, TH, and PSH projects. The current method also uses APRs to monitor participants’ Destination at Program Exit. This report includes the ability to drill into detailed destination data with client name to provide full audit and monitoring capabilities. HMIS will be used to generate the percentage of each destination data element to ensure how many participants exit to Permanent destination, and which agency is performing positive in housing stability. CoC is increasing the supply of PSH and RRH as a strategy to reduce LOT homeless. Households with the longest LOT homeless are housed first.

**\* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

**In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.**

**3A-4a. Exits to Permanent Housing Destinations:**

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	262
Of the persons in the Universe above, how many of those exited to permanent destinations?	217
<b>% Successful Exits</b>	<b>82.82%</b>

**3A-4b. Exit To or Retention Of Permanent Housing:**

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	1,000
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	932
<b>% Successful Retentions/Exits</b>	<b>93.20%</b>

**3A-5. Performance Measure: Returns to Homelessness:**

**Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)**

Five implemented strategies include: 1) expanding the number of RRH programs through CoC funds, ESG funds, and state funds such as the CA Homeless Support Program; 2) providing wrap-around services with case management after households obtain PH in order to help maintain housing; 3) developing landlord liaison relationships as 1st point of contact for tenant issues and serve as mediator as needed; 4) new and renewal projects have adopted low barrier and housing first strategies to minimize the number of returns to homelessness; and 5) identifying individuals and families who return to homelessness through the CES which is imbedded into HMIS and creates a unique identifier upon entry. The HMIS Lead Agency runs performance reports for all project types on an on-going basis, and one of the measurements of the report is tracking the percentage of households that return to homelessness after exiting to PH. These reports are reviewed by the CoC to help minimize returns to homelessness.

**3A-6. Performance Measure: Job and Income Growth.**

**Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)**

Every homeless person entering into a residential component of the CoC is assessed for employment as part of a housing first approach. At least one case manager identifies and provides the kind of services that are needed for employable residents that include pre-employment supports which likely involve life skills such as proper grooming and confidence-building. Other necessary services include job-readiness activities such as effective resumes and interview preparation, and job searching are obtained through referrals as noted in 3A-6a. Residents that are not employable are helped with non-employment related income through the County Transitional Assistance Department which provides a wide-range of cash benefits including CalWorks, CalFresh, and Medi-Cal. There are 18 office locations throughout the county. Case managers help provide transportation when necessary, complete necessary paperwork, and assist residents with follow-up to ensure benefits are received and maintained.

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)**

Primary organizations include a collaboration with the County Workforce Investment Board, county Department of Workforce Development, and County Employment Resource Centers. Services that help overcome barriers to employment include job preparation, job search, job placement, vocational training, mentorship, career guidance, and assistance meeting educational goals. There are programs that tailor services for veterans, youth, and seniors. The collaboration coordinates events, workshops, technical assistance and training activities to help overcome barriers. County Transitional Assistance Department has a Welfare to Work Program for CalWorks recipients and a child care program for CalWORKs recipients in approved work or training programs. SSA's Ticket to Work Program is a work incentive that is for eligible people who are between the ages of 18 and 65 and who receive Social Security Disability Insurance or Supplemental Security Income benefits.

**3A-7. Performance Measure: Thoroughness of Outreach.**

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?  
(limit 1000 characters)**

Coordination between outreach teams and homeless assistance providers consists of targeted outreach to all unsheltered individuals and families including those who are chronically homeless. Outreach workers engage unsheltered persons by entering them into a coordinated entry system by administering the Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT) to determine the chronicity and medical vulnerability of homeless persons and identify the best support and housing that fit their needs. For families, placement in bridge housing occurs when a family's homelessness can't be immediately prevented. Rapid rehousing assistance is provided quickly in order to limit their stay in temporary housing. For individuals, placement in bridge housing is needed when appropriate permanent housing is not available. A housing first approach is used so persons are able to maintain their temporary housing and assure that such persons maintain housing once obtained.

**3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?** Yes

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?  
(limit 1000 characters)**

The county was divided into Red, Yellow, or Green Areas. Red Areas were defined as areas where there were no homeless persons as determined by local community representatives and stakeholders. Only a few small rural communities spread throughout the desert and mountain regions of the county were identified by key persons as Red Areas. Yellow Areas were defined as areas where only professional outreach workers would go. These areas may prove too difficult to cover and/or unsafe for volunteer counters. Prior to the count, local professional representatives involved in the homeless count such as law enforcement or street outreach workers verified if homeless persons lived in these areas. Few areas were noted as yellow and all yellow areas were included in the count. Green Areas were defined as areas where homeless persons can be found as determined by local community representatives. All cities and much of the unincorporated areas of the county were designated as green areas.

## 3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

### Objective 1: Ending Chronic Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.**

**3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	596	564	-32
Sheltered Count of chronically homeless persons	114	77	-37
Unsheltered Count of chronically homeless persons	482	487	5

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)**

Reasons for the decrease include: 1) additional PSH beds as a result of reallocation; 2) additional HUD-VASH beds for chronically homeless veterans; 3) prioritizing CH persons within the CES; and 4) focusing outreach and engagement workers on CH persons that resulted in housing such persons quicker and more efficiently.

**3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)**

The CoC has begun to implement a two year plan that will increase the number of PSH beds for CH persons. The plan consists of increasing the number of PSH for CH persons by 1) encouraging PSH programs that do not serve 100% CH to serve 100% CH; 2) requiring PSH programs to fill vacant beds with CH; 3) maintain CoC funded TH beds for youth ages 18 – 24 and victims of DV and reallocating other CoC funded TH beds to PSH for CH; 4) reallocating CoC funded SSO projects to PSH for CH; 5) supporting the creation of PSH for CH persons through non-CoC sources of funding- including state, county, and city funding sources, including Mental Health Services Act funds. Support will include funding for the acq., rehab., and new construction of units/beds for CH persons; and 6) supporting private investments/financing and private foundation grants to support operations of a PSH for CH.

**3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)**

In February 2013, PSH programs that did not serve 100% CH were encouraged to serve 100% CH and PSH programs were required to fill vacant beds with CH. The CoC maintained funding for TH beds that serve youth ages 18-24 and victims of DV while reallocating CoC funded SSO projects to PSH for CH. The CoC supported the creation of PSH for CH persons through non-CoC sources of funding- including county and state funding sources which include the Mental Health Services Act funds. Support will include funding for the acquisition, rehabilitation, and new construction of units for CH persons supporting private investments and foundation grants to support operations of a SH for CH.

**3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.**

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	28	282	254

**3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)**

The reason for the increase is due to the HUD-VASH voucher program. In 2014, 0 beds were reported for chronically homeless veterans whereas in 2015 183 beds were reported for chronically homeless veterans. In addition, there were five permanent supportive housing programs that did not have any beds for chronically homeless persons in 2014 but 67 beds for chronically homeless persons in 2015.

**3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?**

Yes

**3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.**

page 3

**3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.**

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
--	----------------------------

Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.

663

Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	34
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	34
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

**3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?** Yes

This question will not be scored.

**3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)**

In addition to the strategies and resources that are being implemented in 3B-1.2a, the CoC is 1) focusing more intensely on CH individuals and families through assertive street outreach and engagement into areas and encampments where CH persons are known to live; 2) engaging CH households through the coordinated entry system to help link them to the appropriate PSH provider and level of supportive services; 3) increasing resources to provide bridge housing for CH households who need a short-term stay while awaiting permanent housing availability that includes low barrier shelter and vouchered stays in motels; 4) connecting CH households to mainstream resources including Medi-Cal and behavioral health services while awaiting PSH placement; 5) connecting CH households to community resources such as food, transportation, money management, housing counseling services, etc. to ensure they maintain their housing; and 6) emphasizing a consumer-driven mindset that is choice-based.

## 3B. Continuum of Care (CoC) Strategic Planning Objectives

### Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).**

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)**

The Coordinated Entry System plays a critical role in providing the right intervention for each homeless family to effectively house them within 30 days. The CES is designed to help families avoid entering shelters by offering assistance to families to help them remain in their housing for a short period of time in order to gain time to move them into PH. If ES is need for a family, supportive services are provided to help ensure a stay of no more than 30 days. Such services are provided within a housing first and low barrier environment. RRH assistance is provided to also ensure that a stay in ES is no more than 30 days and is flexible so families with lower barriers receive modest financial assistance and those with higher barriers receive moderate assistance. CoC has reallocated TH programs to RRH and has worked with ESG recipients to allocate more funding to RRH. PSH is targeted to CH in need ongoing subsidies and consistent support services.

**3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.**

	2014	2015	Difference
RRH units available to serve families in the HIC:	0	91	91

**3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)**

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

**PIT Count of Homelessness Among Households With Children**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	192	172	-20
Sheltered Count of homeless households with children:	156	147	-9
Unsheltered Count of homeless households with children:	36	25	-11

**3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)**

The number of sheltered and unsheltered households with children decreased from 192 in 2013 to 172 in 2015. The reduction in sheltered and unsheltered households with children is due to an increase in the number of Rapid Re-Housing programs for households with children that began operations in 2014. The programs are responsible for an additional 218 beds and additional outreach to households with children. The programs are funded by Emergency Solutions Grant, Supportive Service for Veterans and their families, HUD CoC, Transitional Assistance Department (TAD) Family Stabilization Funds, and a Housing Stability grant awarded by the State of California to the San Bernardino County TAD office. The same methodology was utilized in the 2013 PITC and the 2015 PITC.

**3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:**

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

**3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.**

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input checked="" type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)**

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).**

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	41	74	33

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)**

Not Applicable.

**3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.**

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$385,775.00	\$385,775.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:	\$185,775.00	\$185,775.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$200,000.00	\$200,000.00	\$0.00

**3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?**

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	36
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	12
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	36

**3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)**

The CoC governing board oversees the Homeless Youth Taskforce (Taskforce). The Taskforce was created to investigate the needs of homeless youth in the CoC and to find solutions to those needs. The Taskforce and school district liaison have established protections to keep homeless students from discrimination based on their housing status. Homeless youth are a distinct and vulnerable population in need of intensive and targeted support. The Taskforce seeks to raise awareness of the issue of child and youth homelessness, educate the public about the unique needs and challenges of this population. The Taskforce is comprised of representatives of faith-based and community-based organizations, the Human Services Executive Officer which heads the local Head Start program, public and private agencies, concerned members of the public, and youth currently experiencing homelessness.

**3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)**

The CoC has regular meetings with local school district liaisons and mutually provide information and resources. Together, they work with CoC and ESG funded programs to identify homeless children and youth through the coordinated entry system. Once placed in a CoC and ESG funded program, program representatives' work with liaisons through designated staff to ensure the identification of homeless youth and children. They also work together to inform homeless families of eligibility for McKinney-Vento education services which includes ensuring that families are aware of educational rights through regular school mailings and handouts at the beginning of the school year. Such materials are provided in English and Spanish and reviewed orally between families, children, youth, case managers, and liaisons. More specifically, they assure families receive a letter verifying eligibility for services, ensure transportation (bused to their school of origin if possible); formally reviews educational rights with parents; posts Educational Rights at program sites; provide mutual advocacy when educational rights are violated, have access to academic tutoring and counseling, and incorporate education in exit planning with clients. If possible, they help ensure every homeless child and youth remain enrolled in the school of their original residence prior to becoming homeless. When necessary, they give families and youth access to shelters and transitional housing programs closet to the school where they are enrolled. Also, when necessary, they work together to help enroll children escaping Domestic Violence in a school of their choice within the district and establish procedures to protect their safety and rights. CoC and ESG funded programs inform liaisons when children have exited their programs to help ensure their education continues uninterrupted.

## 3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

### Objective 3: Ending Veterans Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	184	176	-8
Sheltered count of homeless veterans:	52	31	-21
Unsheltered count of homeless veterans:	132	145	13

**3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)**

The reasons for the decrease include: 1) 75 HUD-VASH vouchers were awarded between January 2014 and January 2015; 2) two SSVF grants totaling \$1,250,000 were awarded between January 2014 and January 2015 ; 3) renewal of three CoC funded PSH projects which included 104 beds; 4) the formation of the Veterans' Community Planning Group (VCPG) in November of 2014 which includes all agencies within the San Bernardino-Riverside VISN that provide any type of service for homeless veterans. The VCPG meets weekly and coordinates outreach, bridge and permanent housing activities in the VISN. As of November 1, 2015, the VCPG is responsible for housing over 200 veterans in the San Bernardino CoC alone. There were not any changes in methodology between 2013 and 2015.

**3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)**

The Veterans Community Planning Group (VCPG) was established in November 2014 and includes representatives from SSFV, VA, County of San Bernardino Sheriff's Department-HOPE Team, County of San Bernardino Department of Behavioral Health-HOST Team, HAs, and CoC funded projects providing services to Veterans. The VCPG meets weekly and has established a specific weekly housing placement goal to end Veterans' homelessness by 12/2015. The VCPG agencies coordinated their outreach workers to develop a "By Name List" which identifies each Veteran by name and ensures that the CoC is effectively serving all Veterans needing housing and homelessness assistance within the CoC. Veterans are quickly assessed by the VCPG agencies through a DD-214, HINQ, VA Card, Letter of Service or verification from the local VA Medical Center. A Weekly Target Tracking Tool (Tool) is sent to all participating agencies. The Tool identifies weekly goal progress and confirms housing placement location.

**3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)**

An action plan for veterans who are determined to be ineligible for VA services is initiated by the interagency group and assigned to housing navigators who implement a housing first approach. Primary housing resources include S+C program and PSH units. Total number of PSH units including S+C is nearly 1,300. Approximately, 15% of the total number of PSH units and units subsidized by S+C turnover annually. CoC Program-funded projects prioritize veterans and their families who cannot be effectively assisted with VA services. When it is determined a veteran cannot be effectively assisted with VA housing and services and has the same level of need as a non-veteran (as determined using a standardized assessment tool) the veteran receives priority. In addition to the CoC Program-funded resources noted above, other resources include Section 8 Housing Choice Voucher Program; Housing Opportunities for Persons with AIDS, and HOME Investment Partnerships Program tenant-based rental assistance.

**3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).**

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	249	176	-29.32%
Unsheltered count of homeless veterans:	191	145	-24.08%

**3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.** Yes

This question will not be scored.

**3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)**

In addition, to the strategies and resources noted in 3B-3.2 and 3B-3.3, maximization includes 1) connecting veterans with mainstream resources outside of VA system for veterans ineligible for VA benefits and services and veterans who do but VA benefits can be supplemented; 2) communicating and integrating VA services with non-VA community-based organizations including CoC members in order to provide resources that VA services do not provide, or provide but supplement VA services, which include food, transportation, child care, housing counseling services, financial planning, etc.; 3) increasing resources to provide bridge housing for veterans who need a short-term stay while awaiting permanent housing availability that includes low barrier shelter, vouchered stays in motels, and low barrier transitional housing programs; and 4) increasing resources to help veterans with furnishing permanent housing that includes furniture and other household items.

## 4A. Accessing Mainstream Benefits

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients?** Yes

**4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?**

### FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	23
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	20
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	87%

**4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)**

Covered California is the State's marketplace for the federal Patient Protection and Affordable Care Act. The CoC hosts outreach events throughout the CoC for homeless individuals and families. Covered California, community health centers, Inland Empire Health Plan, Molina Medical, and County Medi-cal attend the events to provide information and assist with insurance enrollment for low income and homeless families and individuals. The CoC organizes training sessions for the homeless service providers to teach staff about rules and resources so they can respond to resident's questions. Covered California provides training at CoC meetings on an annual basis. A positive outcome of this collaboration resulted in Covered California enrolling a gentleman who was laid off and lost his medical benefits. The initial monthly cost of COBRA was \$660 for only him and his wife with an increase to \$1500. Covered California was able to find a health plan for \$375 per month for the entire family of 5.

**4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?**

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

## 4B. Additional Policies

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.**

### FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	21
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	21
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

**4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

### FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	21
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	21
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	100%

**4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?**

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.**

	2014	2015	Difference
RRH units available to serve any population in the HIC:	0	56	56

**4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?  
 (limit 1000 characters)**

Not Applicable.

**4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?** No

**4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)**

Not Applicable.

**4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition?** No

**4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)**

Not Applicable.

**4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application.** Yes

**4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.**

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input checked="" type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.**

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
HMIS	09/10/2014	4
Vets@Home	10/01/2015	3

## 4C. Attachments

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	CoC Consolidated ...	11/17/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure	Yes	CoC Rating and Re...	11/17/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC's Rating and ...	11/17/2015
05. CoCs Process for Reallocating	Yes	CoC's Process for...	10/09/2015
06. CoC's Governance Charter	Yes	Governance Charter	11/17/2015
07. HMIS Policy and Procedures Manual	Yes	CA-609-HMIS Polic...	10/09/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	Housing Authority...	10/20/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No	SBC-Written Stand...	11/10/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No	--	11/17/2015
14. Other	No	CoC Reallocation ...	11/17/2015
15. Other	No		

## **Attachment Details**

**Document Description:** CoC Consolidated Application-Evidence of the CoC's Communication to Rejected Projects

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** CoC Rating and Review Procedures

## **Attachment Details**

**Document Description:** CoC's Rating and Review Procedure Public Posting Evidence

## **Attachment Details**

**Document Description:** CoC's Process for Reallocating

## **Attachment Details**

**Document Description:** Governance Charter

## **Attachment Details**

**Document Description:** CA-609-HMIS Policy and Procedures Manual

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Housing Authority SB Annual MTW Plan Excerpt

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** SBC-Written Standards

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Attachment Details

**Document Description:** CoC Reallocation Process-Evidence of Public Posting

## Attachment Details

**Document Description:**

## Submission Summary

Page	Last Updated
<b>1A. Identification</b>	11/12/2015
<b>1B. CoC Engagement</b>	11/17/2015
<b>1C. Coordination</b>	11/12/2015
<b>1D. CoC Discharge Planning</b>	11/12/2015
<b>1E. Coordinated Assessment</b>	11/17/2015
<b>1F. Project Review</b>	11/17/2015
<b>1G. Addressing Project Capacity</b>	11/12/2015
<b>2A. HMIS Implementation</b>	11/17/2015
<b>2B. HMIS Funding Sources</b>	11/12/2015
<b>2C. HMIS Beds</b>	11/17/2015
<b>2D. HMIS Data Quality</b>	11/12/2015
<b>2E. Sheltered PIT</b>	11/17/2015
<b>2F. Sheltered Data - Methods</b>	11/12/2015
<b>2G. Sheltered Data - Quality</b>	11/12/2015
<b>2H. Unsheltered PIT</b>	11/17/2015
<b>2I. Unsheltered Data - Methods</b>	11/12/2015
<b>2J. Unsheltered Data - Quality</b>	11/12/2015
<b>3A. System Performance</b>	11/13/2015
<b>3B. Objective 1</b>	11/12/2015
<b>3B. Objective 2</b>	11/17/2015
<b>3B. Objective 3</b>	11/12/2015
<b>4A. Benefits</b>	11/12/2015
<b>4B. Additional Policies</b>	11/16/2015
<b>4C. Attachments</b>	Please Complete
<b>Submission Summary</b>	No Input Required



**Behavioral Health  
Administration**

CaSonya Thomas, MPA, CHC  
Director

October 21, 2015

Patricia Nickols-Butler  
Community Action Partnership of San Bernardino  
696 S. Tippecanoe Avenue  
San Bernardino, CA 92408

RE: LETTER OF NOTIFICATION – Request for Proposals (RFP) 2015 Continuum of Care (CoC) Permanent Housing Bonus RFP - DBH 15-98

Dear Ms. Nickols-Butler:

The County of San Bernardino Department of Behavioral Health would like to thank you for submitting your proposal in response to RFP-DBH 15-98 2015 Continuum of Care (CoC) Permanent Housing Bonus. We appreciate your commitment to the RFP application process.

We regret to inform you that the Interagency Council on Homelessness did not select your organization to move forward with the application process. If you would like more information regarding your submission and the selection process, the Office of Homeless Services (OHS) will be available to meet with your agency representative on November 5, 2015. You may contact Amy Edwards at OHS at (909) 909-386-8297 to schedule an appointment.

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If you are unable to meet with OHS or have any questions regarding this letter, you may contact Tom Hernandez at (909) 388-8208.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Atkins".

Elizabeth Atkins, Staff Analyst II  
Department of Behavioral Health

cc: CaSonya Thomas, Director  
Tanya Bratton, Deputy Director, Administrative Services  
Tom Hernandez, Homeless Services Manager, Office of Homeless Services  
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## Behavioral Health Administration

CaSonya Thomas, MPA, CHC  
Director

October 21, 2015

Darrin Fikstad  
Desert Manna Ministries  
201 North First Avenue  
Barstow, CA 92311

RE: LETTER OF NOTIFICATION – Request for Proposals (RFP) 2015 Continuum of Care (CoC) Permanent Housing Bonus RFP - DBH 15-98

Dear Mr. Fikstad:

The County of San Bernardino Department of Behavioral Health would like to thank you for submitting your proposal in response to RFP-DBH 15-98 2015 Continuum of Care (CoC) Permanent Housing Bonus. We appreciate your commitment to the RFP application process.

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Sincerely,

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Elizabeth Atkins, Staff Analyst II  
Department of Behavioral Health

cc: CaSonya Thomas, Director  
Tanya Bratton, Deputy Director, Administrative Services  
Tom Hernandez, Homeless Services Manager, Office of Homeless Services  
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# San Bernardino County Homeless Partnership

**Interagency Council on Homelessness**  
Administrative Office  
303 E. Vanderbilt Way, San Bernardino, CA 92415-0026  
Office: (909) 386-8297 \* Fax: (909) 890-0868



October 30, 2015

Candice Martin  
Frazee Community Center  
1140 W Mill Street  
San Bernardino, CA 92410

Dear CoC Grantee,

On Wednesday, June 24, 2015 the County of San Bernardino Interagency Council on Homelessness (ICH) met and approved the reallocation of funding for the Homeless Veterans' Program (HVP) administered by Frazee Community Center.

**ICH's determination that Frazee Community Center may no longer request renewal status and may not reallocate the Homeless Veterans' Program was due to the following reasons; 1) Frazee failed to submit a HUD Annual Performance Report within 90 days of the end of the program year; 2) Frazee reported that only 50% of persons in the HVP exited to a permanent housing desitination; and 3) Frazee reported that only 7% of persons in HVP increased their income from employment.**

Thank you and if you have any questions please contact the Office of Homeless Services.

Sincerely,

A handwritten signature in black ink that reads 'Thomas Hernandez'.

Tom Hernandez  
Homeless Services Manager  
Office of Homeless Services  
(909) 386-8208

cc: Christy Hamilton, Office of Homeless Services

#### Members of the Interagency Council on Homelessness

Members of the Board of Supervisors  
City of Ontario  
City of San Bernardino  
San Bernardino County Human Services  
Community Action Partnership of San Bernardino County  
Housing Authority of the County of San Bernardino  
San Bernardino County Superintendent of Schools  
Department of Community Development and Housing

City of Barstow  
City of Redlands  
Town of Yucca Valley  
Department of Probation  
Veteran Administration Loma Linda  
Workforce Development Department  
Members of the Homeless Provider Network  
HMIS Lead Agency

City of Colton  
City of Rancho Cucamonga  
Department of Behavioral Health  
Department of Rehabilitation  
211 United Way  
Sheriff's Department  
General Members-At-Large



## Behavioral Health Administration

CaSonya Thomas, MPA, CHC  
Director

October 21, 2015

Lisa Jones  
Knowledge, Education for Your Success, Inc.  
Housing Authority of San Bernardino  
680 South Waterman Avenue  
San Bernardino, CA 92408

RE: LETTER OF NOTIFICATION – Request for Proposals (RFP) 2015 Continuum of Care (CoC) Permanent Housing Bonus RFP - DBH 15-98

Dear Ms. Jones:

The County of San Bernardino Department of Behavioral Health would like to thank you for submitting your proposal in response to RFP-DBH 15-98 2015 Continuum of Care (CoC) Permanent Housing Bonus. We appreciate your commitment to the RFP application process.

We regret to inform you that the Interagency Council on Homelessness did not select your organization to move forward with the application process. If you would like more information regarding your submission and the selection process, the Office of Homeless Services (OHS) will be available to meet with your agency representative on November 5, 2015. You may contact Amy Edwards at OHS at (909) 909-386-8297 to schedule an appointment.

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Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Atkins".

Elizabeth Atkins, Staff Analyst II  
Department of Behavioral Health

cc: CaSonya Thomas, Director  
Tanya Bratton, Deputy Director, Administrative Services  
Tom Hernandez, Homeless Services Manager, Office of Homeless Services  
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**Behavioral Health  
Administration**

CaSonya Thomas, MPA, CHC  
Director

October 21, 2015

Jeff Little  
Inland Temporary Homes  
P.O. Box 239  
Loma Linda, CA 92354

RE: LETTER OF NOTIFICATION – Request for Proposals (RFP) 2015 Continuum of Care (CoC) Permanent Housing Bonus RFP - DBH 15-98

Dear Mr. Little:

The County of San Department of Behavioral Health would like to thank you for submitting your proposal in response to RFP-DBH 15-98 2015 Continuum of Care (CoC) Permanent Housing Bonus. We appreciate your commitment to the RFP application process.

We regret to inform you that the Interagency Council on Homelessness did not select your organization to move forward with the application process. If you would like more information regarding your submission and the selection process, the Office of Homeless Services (OHS) will be available to meet with your agency representative on November 5, 2015. You may contact Amy Edwards at OHS at (909) 909-386-8297 to schedule an appointment.

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Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Atkins".

Elizabeth Atkins, Staff Analyst II  
Department of Behavioral Health

cc: CaSonya Thomas, Director  
Tanya Bratton, Deputy Director, Administrative Services  
Tom Hernandez, Homeless Services Manager, Office of Homeless Services  
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## Behavioral Health Administration

CaSonya Thomas, MPA, CHC  
Director

October 21, 2015

Eddie Estrada  
US Vets  
1001 East Cooley Drive  
Colton, CA 92324

RE: LETTER OF NOTIFICATION – Request for Proposals (RFP) 2015 Continuum of Care (CoC) Permanent Housing Bonus RFP - DBH 15-98

Dear Mr. Estrada:

The County of San Bernardino Department of Behavioral Health would like to thank you for submitting your proposal in response to RFP-DBH 15-98 2015 Continuum of Care (CoC) Permanent Housing Bonus. We appreciate your commitment to the RFP application process.

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Department of Behavioral Health

cc: CaSonya Thomas, Director  
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Tom Hernandez, Homeless Services Manager, Office of Homeless Services  
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## Behavioral Health Administration

CaSonya Thomas, MPA, CHC  
Director

October 21, 2015

Margaret Diaz  
Victor Valley Domestic Violence, Inc.  
14114 Hesperia Road  
Victorville, CA 92395

RE: LETTER OF NOTIFICATION – Request for Proposals (RFP) 2015 Continuum of Care (CoC) Permanent Housing Bonus RFP - DBH 15-98

Dear Ms. Diaz:

The County of San Bernardino Department of Behavioral Health would like to thank you for submitting your proposal in response to RFP-DBH 15-98 2015 Continuum of Care (CoC) Permanent Housing Bonus. We appreciate your commitment to the RFP application process.

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governments.

SBCHP was developed to promote a strong collaboration between agencies to direct the planning, development, and implementation of the County's 10-year Strategy to end chronic homelessness. The Partnership provides leadership in creating a comprehensive countywide network of service delivery to the homeless and near homeless families and individuals through facilitating better communication, planning, coordination, and cooperation among all entities that provide services and/or resources for the relief of homelessness in San Bernardino County.

**Purpose**

Our purpose is to develop a countywide public and private partnership and to coordinate services and resources to end homelessness in San Bernardino County.

**Mission Statement**

The mission of the San Bernardino County Homeless Partnership is to provide a system of care that is inclusive, well planned, coordinated and evaluated and is accessible to all who are homeless or at-risk of becoming homeless.

**Definitions of Homelessness**

- [Hearth Act: Definition of Homelessness](#)
- [Housing California: Federal Definition of Homelessness](#)
- [National Alliance Definition](#)

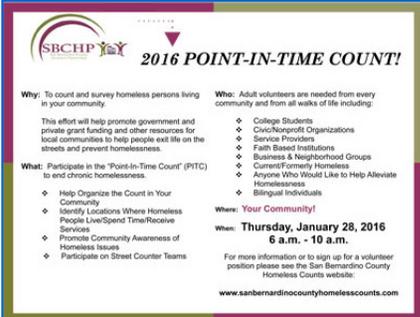
**Indicators of Potential Homelessness**

- [City of Adelanto](#)
- [City of Barstow](#)
- [City of Big Bear Lake](#)
- [City of Chino Hills](#)
- [City of Chino](#)
- [City of Colton](#)
- [City of Fontana](#)
- [City of Grand Terrace](#)
- [City of Hesperia](#)
- [City of Highland](#)
- [City of Loma Linda](#)
- [City of Montclair](#)
- [City of Needles](#)
- [City of Ontario](#)
- [City of Rancho Cucamonga](#)
- [City of Redlands](#)
- [City of Rialto](#)
- [City of San Bernardino](#)
- [City of Twentynine Palms](#)
- [City of Upland](#)
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veterans and families by December of 2015 — and it's working! [Find out more about the campaign.](#)

**Announcements**



**2016 POINT-IN-TIME COUNT!**

**Why:** To count and survey homeless persons living in your community. This effort will help promote government and private grant funding and other resources for local communities to help people exit life on the streets and prevent homelessness.

**What:** Participate in the "Point-In-Time Count" (PITC) to end chronic homelessness.

- Help Organize the Count in Your Community
- Identify Locations Where Homeless People Live/Spend Time/Receive Services
- Promote Community Awareness of Homeless Issues
- Participate on Street Counter Teams

**Who:** Adult volunteers are needed from every community and from all walks of life including:

- College Students
- Civic/Nonprofit Organizations
- Service Providers
- Faith Based Institutions
- Business & Neighborhood Groups
- Current/Formely Homeless
- Anyone Who Would Like to Help Alleviate Homelessness
- Bilingual Individuals

**Where:** Your Community!

**When:** Thursday, January 28, 2016  
6 a.m. - 10 a.m.

For more information or to sign up for a volunteer position please see the San Bernardino County Homeless Counts website:  
[www.sanbernardinocountyhomelesscounts.com](http://www.sanbernardinocountyhomelesscounts.com)

[Register or Get Information for the 2016 Point In Time Count](#)

- [Homeless Youth Survey Final Report](#)
- [CoC Renewal Letters](#)
- [New Project - Reallocated Funds](#)
- [Denial Letters](#)
- [Award Letter - Step Up on Second RFP 15-98](#)
- [Notice of Rejection-Fraze](#)
- [Addendum No. 3 Questions and Answers](#)
- [2015 CoC Permanent Supportive Housing Bonus](#)
- [Addendum No. 1 Permanent Housing Bonus-2015 Application](#)
- [Addendum No. 2 Permanent Housing Bonus-2015](#)
- [Revised FY 2015 CoC Program Notice of Funding Availability](#)
- [SBC Written Standards Worksheet-Final](#)
- [Recalibrating for Results: 10-Year Strategy Update](#)
- [ICH Amended By-Laws](#)
- [2015 LOI PSH](#)
- [2015 LOI TH](#)
- [Dedicated and Non-Dedicated Veteran Housing Inventory](#)
- [CA-609 SBC Rating and Ranking Policy](#)
- [CA-609 SBC Reallocation Process](#)
- [ICH Meeting Minutes - Evidence of Rating-Ranking-Review Decision](#)

**Upcoming Events and Meetings**

- [Interagency Council on Homelessness 2016 Schedule](#)
- [Interagency Council on Homelessness Agenda and Minutes](#)
- [ICH Bylaws and Membership Subcommittee Meeting](#)

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veterans and families by December of 2015 — and it's working! [Find out more about the campaign.](#)

**Announcements**



**Why:** To count and survey homeless persons living in your community. This effort will help promote government and private grant funding and other resources for local communities to help people exit life on the streets and prevent homelessness.

**What:** Participate in the "Point-In-Time Count" (PITC) to end chronic homelessness.

- Help Organize the Count in Your Community
- Identify Locations Where Homeless People Live/Spend Time/Receive Services
- Promote Community Awareness of Homeless Issues
- Participate on Street Counter Teams

**Who:** Adult volunteers are needed from every community and from all walks of life including:

- College Students
- Civic/Nonprofit Organizations
- Service Providers
- Faith Based Institutions
- Business & Neighborhood Groups
- Current/Formely Homeless
- Anyone Who Would Like to Help Alleviate Homelessness
- Bilingual Individuals

**Where:** Your Community!

**When:** **Thursday, January 28, 2016**  
**6 a.m. - 10 a.m.**

For more information or to sign up for a volunteer position please see the San Bernardino County Homeless Counts website:  
[www.sanbernardinocountyhomelesscounts.com](http://www.sanbernardinocountyhomelesscounts.com)

[Register or Get Information for the 2016 Point In Time Count](#)

- [Homeless Youth Survey Final Report](#)
- [CoC Renewal Letters](#)
- [New Project - Reallocated Funds](#)
- [Denial Letters](#)
- [Award Letter - Step Up on Second RFP 15-98](#)
- [Notice of Rejection-Fraze](#)
- [Addendum No. 3 Questions and Answers](#)
- [2015 CoC Permanent Supportive Housing Bonus](#)
- [Addendum No. 1 Permanent Housing Bonus-2015 Application](#)
- [Addendum No. 2 Permanent Housing Bonus-2015](#)
- [Revised FY 2015 CoC Program Notice of Funding Availability](#)
- [SBC Written Standards Worksheet-Final](#)
- [Recalibrating for Results: 10-Year Strategy Update](#)
- [ICH Amended By-Laws](#)
- [2015 LOI PSH](#)
- [2015 LOI TH](#)
- [Dedicated and Non-Dedicated Veteran Housing Inventory](#)
- [CA-609 SBC Rating and Ranking Policy](#)
- [CA-609 SBC Reallocation Process](#)
- [ICH Meeting Minutes - Evidence of Rating-Ranking-Review Decision](#)

**Upcoming Events and Meetings**

- [Interagency Council on Homelessness 2016 Schedule](#)
- [Interagency Council on Homelessness Agenda and Minutes](#)
- [ICH Bylaws and Membership Subcommittee Meeting](#)

## San Bernardino County Continuum of Care (CoC) Reallocation Policy and Procedure

### Background

The U.S. Department of Housing and Urban Development (HUD) states that one of the primary responsibilities of the CoC is to develop a reallocation process for projects funded with CoC funds.

Reallocating funds is an important tool used by CoCs to make strategic improvements to their homelessness system. Through reallocation, the CoC can create new, evidence-informed projects by eliminating projects that are underperforming or are more appropriately funded from other sources. Reallocation is particularly important when new resources are not available.

### **A. Reallocation Policy**

**All** renewal projects are reviewed by the Office of Homeless Services (OHS) and the Interagency Council on Homelessness (ICH) to determine if a project should be considered for reallocation. The OHS staff will provide technical assistance by responding to questions of the ICH, correcting technical inaccuracies if they arise in conversation, and reminding the ICH of their responsibilities if they step outside their authority.

The recommendation for reallocation is based on any one of the following HUD criteria:

- 1) Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
- 2) Audit finding(s) for which a response is overdue or unsatisfactory;
- 3) History of inadequate financial management accounting practices;
- 4) Evidence of untimely expenditures on prior award;
- 5) History of other major capacity issues that have significantly impacted the operation of the project and its performance;
- 6) Timeliness in reimbursing sub recipients for eligible costs. HUD will consider a project applicant as meeting this standard if it has drawn down grant funds at least once per month; or
- 7) History of serving ineligible persons, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.

**HMIS Data Quality.** The CoC evaluates all programs on their HMIS quality for the operating year. It is expected that programs will have no greater than 5% of missing values for any of the universal data elements; programs are able to correct incomplete data to improve the percentages. Data quality outcomes will be collected via the monthly Performance Report Cards and APRs generated for each project.

**San Bernardino County CoC 10-Year Strategy to Prevent and End Homelessness.** Performance measures are used to assess projects' alignment with the priorities noted in the CoC's 10 Year

Strategy to End Homelessness in San Bernardino County. In alignment with *Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness*, our community's revised and updated its strategy entitled, *Recalibrating for Results*:

A Three Year Evaluation of the 2009–2019 San Bernardino County 10-Year Strategy to End Homelessness goals are as follows:

- 1) Housing First Model
- 2) End Homelessness among Veterans.
- 3) Prevent and End Homelessness for Families, Youth, and Children.

Through the reallocation process, the CoC ensures that projects submitted with the CoC Collaborative Application best align with the HUD CoC funding priorities and contribute to a competitive application that secures HUD CoC dollars to address and end homelessness in San Bernardino County. The CoC will make decisions based on alignment with HUD guidelines, performance measures, and unspent project funds. Reallocated projects will be encouraged to seek funders that will support the contributions these projects make to the CoC.

**Applicant Notification.** Project applicants that administer a project that has been recommended for reallocation will receive notification in writing, outside of *e-snaps* and will include the reasons for the reallocation no later than 15 days before the application deadline which is November 20, 2015.

# San Bernardino County Continuum of Care (CoC) Operations and Governance Manual

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Prepared by the Office of Homeless Services for the  
Interagency Council on Homelessness

**2/27/2014**

**Amended June 25, 2014**

This document summarizes the Responsibilities and Authorities for Operation and Governance of the San Bernardino County Continuum of Care (CoC) under the U.S. Department of Housing and Urban Development (HUD) Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH).

# San Bernardino County CoC Operations and Governance Manual

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# San Bernardino County CoC Operations and Governance Manual

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## HUD REQUIREMENTS for CoC OPERATION AND GOVERNANCE

The U.S. Department of Housing and Urban Development (HUD) charges communities that receive funds under the Homeless Continuum of Care Program of the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act) with specific responsibilities. Section 578.3 of the HEARTH Interim Rule<sup>1</sup> 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 [Part 578-Continuum of Care Program] and that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based 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.”

The Interim Rule requires CoCs to establish a Board to act on behalf of the CoC. The CoC assigns the Board responsibilities through a written agreement called a Governance Charter that reflects the policies developed by the CoC. The CoC Board does not have any authority except as specified in the Governance Charter and Bylaws. Otherwise, authority and responsibility are retained by the CoC. This Operations and Governance Manual is adopted as the Governance Charter for CA609 - San Bernardino City and County CoC (also known as the San Bernardino County CoC or Homeless Partnership). This Governance Charter is established in consultation with the designated Collaborative Applicant, and the HMIS Lead Agency. This document outlines the establishment of the CoC and the roles and responsibilities assigned by the CoC to the Board. It also incorporates the By-Laws of the Board which provide additional insight into the duties of the Board and describe the standing committees, subcommittees, task groups, and liaisons structure of the CoC. The Code of Conduct for those conducting business on behalf of the CoC is also set forth herein.

The policies and provisions in this Operations and Governance Manual (i.e., Governance Charter) are subject to regular review of the CoC Board, which may establish a task group to accomplish this task with input from the Board.

## RESPONSIBILITIES OF THE COC

Section 578.7 of the HEARTH Interim Rule (July 2012) identifies the Responsibilities of the CoC as described:

### **A. Operate the CoC**

The CoC must:

- (1) Hold meetings of the full membership, with published agendas, at least semiannually;
- (2) Make an invitation for new members to join publicly available within the geographic at least annually;

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<sup>1</sup> All statutory references are to 24 CFR Part 578 [HEARTH Interim Rule (July 2012)] unless otherwise stated.

# San Bernardino County CoC Operations and Governance Manual

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- (3) Adopt and follow a written process to select a Council to act on behalf of the CoC. The process must be reviewed, updated, and approved by the CoC at least once every 5 years;
- (4) Appoint additional committees, subcommittees, or workgroups;
- (5) In consultation with the collaborative applicant and the Homeless Management Information System (HMIS) Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with subpart B of this part and with HMIS requirements as prescribed by HUD; and a code of conduct and recusal process for the Council, its chair(s), and any person acting on behalf of the Council;
- (6) 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;
- (7) Evaluate outcomes of projects funded under the Emergency Solutions Grants (ESG) program and the CoC program, and report to HUD;
- (8) In consultation with recipients of ESG program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The CoC must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. This system must comply with any requirements established by HUD by Notice.
- (9) In consultation with recipients of ESG program funds within the geographic area, establish and consistently follow written standards for providing CoC assistance. At a minimum, these written standards must include:
  - (i) Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;
  - (ii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
  - (iii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;
  - (iv) Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance;
  - (v) Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and
  - (vi) Where the CoC is designated a high-performing community, as described in Subpart G, policies and procedures set forth in 24 CFR 576.400(e)(vi), (e)(vii), (e)(viii), and (e)(ix).

# San Bernardino County CoC Operations and Governance Manual

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## B. Designating and Operating an HMIS

The CoC must:

- (1) Designate a single HMIS for the geographic area;
- (2) Designate an eligible applicant to manage the CoC's HMIS, which will be known as the HMIS Lead;
- (3) Review, revise, and approve a (i) privacy plan, (ii) a security plan, and (iii) a data quality plan for the HMIS.
- (4) Ensure consistent participation of recipients and sub-recipients in the HMIS; and
- (5) Ensure the HMIS is administered in compliance with requirements prescribed by HUD.

## C. CoC Planning

The CoC must develop a plan that includes:

- (1) Coordinating the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses the following:
  - (i) Outreach, engagement, and assessment;
  - (ii) Shelter, housing, and supportive services;
  - (iii) Prevention strategies.
- (2) Planning for and conducting, at least biennially, a point-in-time count (PITC) of homeless persons within the geographic area that meets the following requirements:
  - (i) Homeless persons who are living in a place not designed or ordinarily used as a regular sleeping accommodation for humans must be counted as unsheltered homeless persons.
  - (ii) Persons living in emergency shelters and transitional housing projects must be counted as sheltered homeless persons.
  - (iii) Other requirements established by HUD by Notice.
- (3) Conducting an annual gaps analysis of the homeless needs and services available within the geographic area;
- (4) Providing information required to complete the Consolidated Plan(s) within the CoC's geographic area;
- (5) Consulting with State and local government ESG program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and sub-recipients.

## **SAN BERNARDINO COUNTY COC GOVERNANCE**

### **A. SAN BERNARDINO COUNTY COC GEOGRAPHIC BOUNDARIES**

In 2008, the County of San Bernardino assumed the responsibilities for the coverage of the HUD established CA609 - San Bernardino City and County CoC boundaries that include the geography within the County of San Bernardino, including 24 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 HUD designated program components, including six (6) Housing Authorities, thirteen (13) HUD geocode areas, four (4) local Emergency Solutions Grant (ESG) Funded Areas, nine (9) communities eligible for State ESG funds, as well as federally designated Community Development Block Grant (CDBG) entitlement areas, HOPWA, 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 is referred to collectively as the San Bernardino County CoC.

### **B. ESTABLISHMENT OF THE COC**

Per Interim Rule **578.5**, representatives from relevant organizations within a geographic area must “establish a Continuum of Care for the geographic area to carry out the duties of this part. Relevant organizations include nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans, and homeless and formerly homeless individuals.”

The San Bernardino County CoC is known as the San Bernardino County Homeless Partnership (Partnership). The Partnership consists of three distinct bodies: the San Bernardino County Interagency Council on Homelessness (ICH), the Homeless Provider Network (HPN) and the Office of Homeless Services (OHS). The Partnership was developed to promote a strong collaboration between agencies to direct planning, development, and implementation of the San Bernardino County 10-Year Strategy to End Homelessness. The Partnership provides leadership in creating a comprehensive countywide network of service delivery to homeless individuals and families, and those at-risk of becoming homeless.

The ICH is the CoC coordinating body which has also been acknowledged by HUD as the HUD-designated primary decision-making group and oversight Council for the San Bernardino County CoC. In addition, the ICH is the policy making body for the Partnership. ICH works to ensure that the recommendations listed in the Partnership’s 10-Year Strategy to End Homelessness are realized. ICH Membership is composed of elected officials, state and local representatives, community and faith-based organizations, and corporate advocates.

# San Bernardino County CoC Operations and Governance Manual

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## Goals of the ICH

As identified by the 10-Year Strategy to End Homelessness, the goals of the ICH include:

- Acting as a homeless planning and policy development resource for the Partnership;
- Monitoring and overseeing implementation of the homeless related services to ensure accountability and results;
- Recommending resource, policy and regulatory changes necessary to accomplish the recommendations of the Plan; and
- Reviewing and accepting ongoing changes to improve the delivery of homeless services to county residents.

The HPN provides a forum and environment where collaborative public and private nonprofit service providers and faith-based organizations can work together to improve the current delivery of available homeless related services. HPN seeks to fill the identified gaps in services to the homeless and those at-risk of becoming homeless through the use of innovative strategies and access to the wide range of expertise provided through its partners.

The OHS was created September 2007 by the San Bernardino County Board of Supervisors. OHS strives to develop a countywide public and private partnership that coordinates services directed towards reducing and preventing homelessness by providing comprehensive services and resources for homeless persons, and increasing permanent supportive housing opportunities for very low income and long-term homeless persons in order to end homelessness in San Bernardino County.

## CoC Membership

The CoC works to ensure community-wide commitment to ending and preventing homelessness in all parts of the County through inclusion of representation from the entire CoC geographic area. In addition to the entities identified in Interim Rule section 578.5, CoC membership includes a variety of other community stakeholders to the extent that they are invested in resolving homelessness and present in the CoC geography. Examples of additional stakeholders include private foundations, philanthropists, fraternal organizations, employment development, organized labor, and private health service organizations.

For the San Bernardino County CoC, participation in the overall San Bernardino County Homeless Partnership is readily available. Interested organizations and individuals can join the Partnership by attending a regularly scheduled meeting, requesting to be added to the HPN membership roster, and committing to participate in the work of the CoC to achieve stated purposes and goals. The membership commitment can be fulfilled in various ways such as participation in subcommittee work, contributing to data collection and analysis, or fulfilling the role of liaison between the Partnership and other community groups. The HPN Members obtain and retain voting privileges through attendance and participation in accord with established policies. HPN Members also select five (5) representatives annually to participate as voting members of the ICH.

## Identification of Lead Agents and the Applicant

When the County of San Bernardino assumed the responsibilities for the CoC, the OHS was created and designated as the administrative arm of the Partnership and the lead agency of the CoC under the

# San Bernardino County CoC Operations and Governance Manual

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advisement of the ICH. The OHS was appointed as the CoC Point of Contact for the submission of the San Bernardino County CoC funding application.

## **C. GOVERNANCE**

### **Authority of the CoC**

The ICH is ultimately responsible for all duties assigned in the CoC Program interim rule. Regulations do not require the ICH to be a legal entity, however, Part 578 requires that the compiling and submitting of the CoC application and operating the HMIS functions be completed by “eligible applicants,” meaning organizations that have been designated by the ICH to apply for assistance on behalf of the continuum. Eligible applicants are legal entities such as government or non-profit organizations that are registered in the federal CCR / SAM. All CoCs must designate eligible applicants to serve in the Collaborative Applicant and HMIS Lead functions. The ICH may also set up committees, subcommittees, or working groups to carry out its duties, however, the ICH always retains ultimate responsibility, including the final approval of the application which is submitted by a Collaborative Applicant and the operation of the HMIS which is managed by the HMIS Lead. The ICH has identified a central Point of Contact (POC) and an Alternate POC for official communications with HUD through the OHS.

### **Selection of Collaborative Applicant and HMIS Lead Agency**

The ICH has designated the OHS as the eligible entity to complete the 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 in the CoC and submitting this combined CoC application on behalf of the ICH. The Collaborative Applicant is the only applicant that is able to apply for planning funds to support the CoC in carrying out all of its responsibilities. The Collaborative Applicant provides these functions on behalf of the broader CoC. The ICH always retains ultimate responsibility, including the final approval of the application. The Collaborative Applicant for the CA-609 CoC also serves as the HMIS Lead Agency for San Bernardino County.

### **Establishment of an Interagency Council on Homelessness (ICH) as the CoC Board**

#### **Composition of the ICH**

The CoC Program interim rule requires CoC Boards to include representatives from relevant organizations and projects serving homeless subpopulations, such as 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. (One Board member may represent more than one subpopulation.) The Board must also include at least one homeless or formerly homeless individual.

Designation and selection of current Sub Committee members mirrors the general concept of a CoC Board. The Sub Committee constitutes a moderately small committee that provides expertise on the various

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homeless subpopulation and regions and provides a viable means for direct input from homeless and formerly homeless persons. A copy of the ICH Sub Committee Policies and Procedures is available under Appendix A.

## CoC Process for Selection of the Board

- The ICH serves as the Board of the CoC and includes thirty (30) seats. Members of the ICH must be able to represent an array of community sectors, special needs populations, and geographic areas throughout the region.
- ICH Member selection is pre-designated by terms established in the Bylaws and as recommended by the San Bernardino County Homeless Partnership 10-Year Strategy to End Homelessness.
- ICH Composition is reviewed regularly through the ICH Bylaws and Membership Sub Committee.
- Members of the ICH serve as liaisons to other community stakeholders.
- Volunteers and nominations for general-at-large members are taken from the full CoC.
- Results of nominations are reviewed by the ICH Bylaws and Membership Sub Committee to ensure that adequate representation is available for each of the required constituencies (community sectors, subpopulations, geography).
- Appointment of general-at-large members is made annually in a meeting of the ICH with one vote per eligible voting organization or designated community representative.
- ICH Members, other than general-at-large members, serve an unlimited term unless the relationship is terminated at either the request of the serving member, member organization or ICH.
- General at-large members serve two-year terms, which may be renewed at the discretion of the ICH.
- Regular attendance at ICH meetings and participation in CoC activities is required. Members failing to meet the attendance and participation standard are subject to removal and replacement.
- The HPN serves as the advisory body of the ICH. The HPN maintains six standing committees: Discharge Planning, Funding, Housing Services, Income and Support Services, Out Reach and Engagement, and Planning and Evaluation. The HPN is charged with facilitating a joint working approach through collaborations among the HPN members to implement action steps adopted in the 10-Year Strategy.
- ICH officers are elected to two-year terms. HPN officers are elected annually.

## **Governance Responsibilities Designated to CoC Board**

The ICH is charged by the CoC with the following responsibilities:

- A) To ensure that the CoC is meeting all of the responsibilities assigned to it by HUD regulations:
  - Maintain accurate information about HUD and other funding source regulations
  - Inform the CoC of changes in policy, or community conditions that impact the effective operation of the CoC

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- Ensure Annual Performance reviews for funded projects
  - Ensure timely compliance with activities required to submit the annual application for CoC funds
  - Provide for annual review of the Housing Inventory Count including the Chart of Unmet Need, the Point In Time Summary Table and the AHAR
  - Working with the Data Governance Committee, maintain oversight of HMIS compliance with HUD regulations and timely completion of required HMIS activities and reports
  - Advise the CoC regarding the Annual Review of the Operations and Governance Manual
  - Recommend policy changes
  - Post all meeting agenda items and minutes to its website for public viewing
  - At the request of the CoC, perform tasks necessary for compliance with changes in HUD regulations
- B) To ensure that relevant organizations and projects serving homeless various subpopulations are represented in planning and decision-making (for use of HUD funds).
- C) Ensure viability of the regional CoC by identifying and securing administrative financing and support
- Support the COC in acquiring resources to assist homeless persons in their movement from homelessness to economic stability and affordable permanent housing throughout the region;
- D) To facilitate responses to issues and concerns that affect the agencies funded by the CoC that is beyond those addressed in the annual CoC application process.
- E) To build community awareness inclusive of the needs of all homeless populations found in the region.

The ICH is empowered to take the following actions:

- Establish an annual calendar of ICH meetings;
- Schedule activities for achievement of assigned duties
- Review Performance Reports for the CoC as a whole and make recommendations and corrective actions in accordance with established policies
- Set Council Meeting times and Agendas as necessary to complete the responsibilities assigned
- Advise the full body on best practices, recommendations for systems enhancement
- Assume tasks and activities as necessary to act as liaisons to other community forums

## **D. CODE OF CONDUCT**

The Members of the ICH 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, ICH Members are expected to carry out the mandate of the CoC to the best of their ability, and to maintain the highest standards of integrity for actions with other Members of the ICH, CoC Representatives, Service Recipients, Service Providers, and members of the public.

# San Bernardino County CoC Operations and Governance Manual

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## ***General Conduct***

Members of the ICH are expected to conduct themselves with courtesy and respect, without harassment, or 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 CoC.

ICH Members are expected to exercise adequate control and supervision over matters for which they are individually responsible.

## ***Stewardship of Resources***

ICH Members must assure that the resources entrusted to them are used for conducting official business only.

Members of the ICH must abide by the Conflict of Interest Policies established for CoC operations.

## ***Protection of Confidential Information***

In line with the rules and guidelines of the CoC, Members of the Partnership have a responsibility to protect the security of any confidential information provided to, or generated by, the activities of the CoC.

## ***Public Statements and Media Response***

When making public statements or speaking to the media on CoC matters, ICH Members will make clear whether they are speaking in their own name or if the CoC or ICH has empowered them to speak on the group's behalf.

## ***Review of Charges of Violation of the Code of Conduct***

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

## ***Board Leadership***

Every two years, the ICH will select its officers, an ICH Chairperson and a Vice Chair to conduct meetings in the absence of the ICH Chairperson. The Vice Chair will officiate business in circumstances where the

# San Bernardino County CoC Operations and Governance Manual

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conduct of the Chair has been formally challenged or in instances when the Chair must recuse himself/herself.

## ***Documentation of Board Action***

The CoC Board must conduct/transact business in a fair and transparent manner. To this end, the ICH will promptly create a record of actions, consideration, and decisions to be made available to members of the public in accord with the Ralph M. Brown Act [CA Government Code, section 54950, et seq.] and the California Public Records Act [CA Government Code, section 6250, et seq.]. Meetings of the ICH are open to members of the public wishing to observe in accordance with the Brown Act. The public may address the ICH at its regular meetings concerning any matter within its purview during the time set aside for public comment. If a Visitor to an ICH meeting is verbally or physically disruptive to the proceedings, they may be asked to leave.

## ***Ability to Conduct Business with Government Funds – Debarment or Suspension by Public Funding Sources***

Members of the ICH must be eligible to transact business with federal and local government. At the time of nomination, potential Members of the Council must not be individuals or agencies that are barred from, or suspended from transacting business with federal, state, or local government.

## ***Conflict of Interest and Recusal Policy***

Although it is not established as a legal entity, the ICH membership will 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 Conflict of Interest Policy for the CoC Board must also meet the conditions set forth in the Interim Rule, section 578.95(b).

## **Conflict of Interest – Contracts, Awards and Other Benefits to Recipient**

No ICH Member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to that individual or the organization that the member represents.

An organizational 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 Part 578, or when an individual's objectivity in performing work with respect to any activity assisted under Part 578 is or might be otherwise impaired.

Organizational conflicts arise when an ICH Member is who is specifically associated with an applicant organization participates in a decision concerning the award of a grant, or provision of other financial benefits, to the organization that such member represents. It would also arise when an employee,

# San Bernardino County CoC Operations and Governance Manual

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recent employee, ICH Member, or family member affiliated with a recipient or sub-recipient organization participates in contract monitoring or rate setting tasks that directly impacts said organization. Examples of ongoing conflicts 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 or determination of awards .

## **Conflicts of Interest – Financial Interest of Member**

- 1) The solicitation and acceptance of gifts by an individual who is in a position to participate in a decision making process or gain inside information regarding the activities of the CoC (or by the organization(s) that he or she represents) that would provide a benefit in excess of the minimal value from persons, organizations, or corporations with a vested interest in the outcomes of decisions made by the ICH on behalf of the CoC or its member agencies is strictly prohibited.
- 2) ICH Members shall not participate in the selection, award, or evaluation of a contract supported by CoC funds if a real 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 6 months, has a financial or other interest in the organization under consideration for an award, or evaluation.
- 3) ICH Members shall not solicit monetary value from CoC-funded recipients, sub-recipients, contractors, or vendors.
- 4) ICH Members will not accept gratuities from CoC-funded recipients, sub-recipients, contractors, or vendors except for unsolicited gifts of nominal value as provided in item 5 below.
- 5) 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 ICH Member must maintain a record of gifts received, including source, date, value, and type of gift.

## **Recusal Policy**

ICH Members and persons acting on behalf of the Partnership must remove themselves from the decision-making or evaluation process when a personal or organizational conflict exists. ICH Members must recuse themselves during the decision-making or evaluation process, and may not participate in absentia through electronic or other means.

## **Obligation to Declare Potential Conflict of Interest**

To avoid apparent conflicts of interest, ICH Members and Partnership members shall declare any real or potential conflicts of interest or the appearance of such conflicts. The person must disclose this information

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before participating in the discussion and decision-making or evaluation process, including appointment to any sub-committee having influence over such decisions. This policy applies to both personal and organizational conflicts. Members of the public participating in Partnership committees shall also be screened for potential conflicts.

## **E. Amendments to This Document**

This Governance Charter may be amended upon a majority vote of an established quorum of the Members of the ICH who are eligible to vote and are present at a meeting called for such purpose, provided that notice is provided seven (7) days prior to the meeting. The vote is conducted in accord with the established Policies and Procedures of the full body. Absentee voting is not permitted.

## **BYLAWS OF THE INTERAGENCY COUNCIL ON HOMELESSNESS<sup>i</sup>**

### **San Bernardino County Homeless Partnership Interagency Council on Homelessness**

#### **BY-LAWS**

**Adopted March 22, 2010**

**Amended May 22, 2013**

*A Continuum of Care is a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. The mission of the San Bernardino County Homeless Partnership is to provide a system of care network that is inclusive, well planned, coordinated, evaluated and accessible to all who are homeless or at-risk of being homeless.*

#### **Article I**

##### **Purpose**

The Interagency Council on Homelessness (“ICH”) is a vital component of the San Bernardino County Homeless Partnership (“Partnership”). The ICH serves as the policy making body of the Partnership and oversees the implementation of the 10-Year Strategy to End Homelessness in San Bernardino County (“10-Year Strategy”). The ICH will focus on resource development to insure the funding of homeless projects and 10-Year Strategy recommendations. In addition, ICH serves as the HUD-designated primary decision-making group and oversight board of the City of San Bernardino & County (hereinafter referred to as the “geographic area”) Continuum of Care for the Homeless (CA-609) funding process, (hereinafter referred to as the “CoC”).

#### **Article II**

##### **Vision**

Provide leadership in creating a “comprehensive countywide network” of service delivery for the homeless population. Identify families and individuals at-risk of homelessness and circumstances leading to homelessness through facilitation of better communication, planning, coordination, and cooperation among all entities that provide services and/or resources for the relief of homelessness in the County of San Bernardino in a united effort to eliminate homelessness county-wide.

#### **Article III**

##### **Duties**

The ICH is charged with directing, coordinating and evaluating all of the activities related to implementation of the 10-Year Strategy to End Homelessness. The ICH members are directed to report progress on the implementation of the 10-Year Strategy to their colleagues and constituents following each meeting of the ICH. The ICH will promote collaborative partnerships among homeless providers and stakeholders throughout San

# San Bernardino County CoC Operations and Governance Manual

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Bernardino County in order to carry out implementation activities and will develop resources to insure the funding of homeless projects and 10-Year Strategy recommendations.

As the oversight board of the CoC, the ICH duties are:

1. To ensure that the CoC is meeting all of the responsibilities assigned to it by the United States Department of Housing and Urban Development (HUD) regulations including:
  - a. The operation and oversight of the local CoC;
  - b. Designation and operation of a Homeless Management Information System (HMIS);
    - i. Designate a single HMIS for the geographic area;
    - ii. Designate an eligible applicant to manage the CoC's HMIS, which will be known as the HMIS Lead;
    - iii. Ensure consistent participation of recipients and sub-recipients of CoC and Emergency Solutions Grant (ESG) funding in the HMIS.
    - iv. Ensure the HMIS is administered in compliance with all requirements prescribed by HUD.
  - c. The development of a CoC plan that includes outreach, engagement, assessment, annual gap analysis of the homeless needs and services available, prevention strategies, shelter and housing supportive services, and HUD CoC annual and biennial requirements;
2. To represent the relevant organizations and projects serving homeless subpopulations;
3. To support homeless persons in their movement from homelessness to economic stability and affordable permanent housing within a supportive community;
4. To be inclusive of all the needs of all of geographic area's homeless population, including the special service and housing needs of homeless sub-populations;
5. To facilitate responses to issues and concerns that affect the agencies funded by the CoC that is beyond those addressed in the annual CoC application process;
6. To consult with recipients and sub-recipients of CoC funding to establish performance targets appropriate for population and program type, monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers; and
7. To evaluate outcomes of projects funded under the County of San Bernardino CoC program including the ESG.

## **Article IV** **Membership**

### **A. ICH Membership Composition**

The membership of the ICH shall be broadly based with representation from all sectors of the community, including but not limited to: homeless service providers, representatives of federal, state and local government, corporations, and concerned individuals.

The ICH membership shall be composed of no more than 30 members.

1. Two (2) members from the San Bernardino County Board of Supervisors or designee;

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2. Seven (7) elected officials or designee (i.e., city manager, economic development or city director) representing cities within San Bernardino County:
  - a. Three (3) from cities with populations greater than 100,000 residents,
  - b. Two (2) from cities with populations between 50,000 to 99,999 residents,
  - c. Two (2) from cities with populations less than 50,000 residents;
3. Director or designee of the Department of Behavioral Health;
4. Director or designee of the Community Action Partnership of San Bernardino County;
5. Director or designee of Human Services<sup>2</sup>;
6. Director or designee from the San Bernardino County Public Housing Authority;
7. Director or designee of the Department of Probation;
8. Director or designee of Community Development and Housing for San Bernardino County;
9. One (1) representative from the Veterans Administration Health Care System;
10. Director or designee of the Workforce Development Department;
11. Administrator or designee of the State Department of Rehabilitation;
12. Superintendent of San Bernardino County Schools or designee;
13. Director of 2-1-1 San Bernardino or designee;
14. One (1) representative from the San Bernardino County Sheriff's Department;
15. One (1) representative from the Homeless Management Information System (HMIS) Lead Agency;
16. Chair of the Homeless Provider Network or designee;
17. Four (4) members at-large from organizations and agencies selected to serve as representatives of the Homeless Provider Network; and
18. Up to three (3) general at-large members.

## **B. Membership Application and Approval Process**

Solicitation for ICH membership applications shall begin no less than eight weeks after the vacancy of an individual ICH member. The Office of Homeless Services (OHS) on behalf of the ICH shall circulate a "Call for Applications" to the appropriate organization or parties. The "Call for Applications" will set forth the criteria for appointment to the ICH, and will set the deadline for the receipt of said applications. Applications must be accompanied by a Letter of Recommendation from the sponsoring ICH Member agency or organization or an individual Member of the ICH.

Directors listed in Article IV, section A, and elected officials, which have been designated to sit on the ICH by a local government agency listed in Article IV, section A, shall become a member of the ICH by reason of their position without application. Designees, recommended in lieu of the above listed individuals, must comply with the application process.

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<sup>2</sup> This member shall represent all agencies in the San Bernardino County Human Services Group: Aging and Adult Services, Child Support Services, Children and Family Services, Children's Network, Preschool Services, Public Health, Transitional Assistance, and Veterans Affairs. With the exception that Behavioral Health shall hold a separate seat on the ICH.

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The ICH will establish an ad-hoc Application Review Committee as needed to review applications and develop a screening process. The Application Review Committee will recommend candidates for appointment to the ICH after reviewing the applications. The OHS shall prepare a synopsis of the recommended applicant's qualifications for the ICH. OHS shall forward the recommendations and synopses to the ICH no later than two (2) weeks prior to the next regularly scheduled meeting at which the approval of new members will occur.

## **C. Membership Terms of Service**

Once appointed to the ICH, Members shall serve an unlimited term unless the relationship is terminated at either the request of the serving member, member organization or ICH.<sup>3</sup> With the exception that general at-large members shall serve a two year term, which may be renewed at the discretion of the ICH.

## **D. Membership Responsibilities**

All Members are expected to attend meetings. Member absences will be noted in the minutes. Other responsibilities may include:

1. Providing oral and/or written comment on issues being discussed by the ICH;
2. Assisting in the development and implementation of task forces, subcommittees and/or committees necessary to conduct the business of the ICH;
3. Supporting and participating in training, summits, and activities sponsored by the ICH;
4. Active participation in the biennial Point-in-Time Count;
5. Reviewing and commenting on documents, such as those concerning the Continuum of Care Homeless Assistance Grant funding; and
6. Providing regular reports and updates regarding ICH activities and progress back to member agencies (i.e., inclusion of ICH agenda and minutes in the agency's official public records).

## **E. Membership Voting**

1. A Member representing more than one Agency or Office shall receive only one vote.
2. A Member shall designate one representative to vote on behalf of the Member and may establish one alternate to vote in the absence of the designated representative.

## **F. Membership Vacancies**

1. ICH membership ends when:
  - a. A Member resigns or is unable to serve for justified reasons; or
  - b. A Member is deemed inactive by the ICH upon the relevant facts that have been presented;or

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<sup>3</sup> At least ninety (90) days notice shall be given unless otherwise mutually agreed.

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- c. A Member is replaced by the sponsoring agency or organization; or
- d. A Member is terminated by a majority of the ICH for just cause:
  - i. Charged with a crime that would subject the Member to debarment, suspension, disqualification or other exclusion from participating in a federally funded transaction pursuant to federal law.
  - ii. Unprofessional behavior.
  - iii. Violation of these bylaws.
  - iv. Conduct prejudicial to the best interests of the ICH;
  - v. Lack of participation in three (3) consecutive ICH meetings without prior ICH approval.
  - vi. Just cause as defined by the majority of the ICH.
2. Termination of an individual's membership does not terminate the sponsoring agency or organization's representation of the ICH.
3. If a Member representative who has been duly notified of ICH meetings misses three meetings within a one-year period, the Chair shall formally and in writing contact the Member requesting a written response of the ability of the Member's representative to continue participation in the ICH. If a written response acceptable to the Chair is not received within 30 calendar days, then the Chair may ask that a new representative be designated.

## **Article V** **Officers**

The ICH shall elect from among its Members a Chair and Vice Chair. Each officer shall serve for a term of two (2) years commencing October 1 and ending September 30 of the second year.

### **A. Selection of Officers**

Officers shall be nominated by the membership and elected to office by a majority vote of the Members present at a meeting in which a quorum has been established.

### **B. Duties of Officers**

1. The duties of the Chair shall include:
  - a. Provide oversight, direction and leadership to the ICH.
  - b. Conduct and facilitate ICH Meetings.
  - c. Coordinate agenda setting with the Office of Homeless Services (OHS).
  - d. Appoint Committee Chairs.
2. The duties of the Vice Chair shall include:

# San Bernardino County CoC Operations and Governance Manual

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- a. Perform all of the Chair's duties in the absence of the Chair, unless the Bylaws of the ICH provide otherwise.
- b. Perform other duties as requested.

Note: In the absence of the Chair and the Vice-Chair the Office of Homeless Services Manager shall chair the meeting(s).

## **Article VI** **Vacancies of Officers**

Should the office of Chair become vacant prior to the end of the present term, the Vice-Chair shall complete the term of office. The position of the Vice-Chair shall be filled by a special vote at the next regular ICH meeting.

## **Article VII** **Meetings**

### **A. Regular Meetings**

Regular meetings of the ICH shall be held at least bi-monthly at a time and date determined by the Members, or as modified by a majority vote of the Members at any regular meeting where a quorum has been established.

### **B. Special Meetings**

A special meeting may be called at any time by the Chair, or at the request of the majority of the Members, by delivering personally or by mail or electronically written notice of the date and purpose of the meeting to each Member 48 hours before the time specified in the notice.

### **C. Governing Rules**

Meetings shall be conducted in accordance with the provisions of the Brown Act (Government Code, section 54950, et seq.) and under Robert's Rules of Order. Each member will be provided with a copy of Roberts Rules of Order at installation.

## **Article VIII** **Quorum**

One half of the Members in good standing, plus one, shall constitute a quorum for the transaction of business. The affirmative votes of at least a majority of the Members constituting a quorum at a duly scheduled meeting shall be required to take any action.

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A member in good standing is a Member of the ICH who has met membership and attendance requirements.

## **Article IX**

### **Agenda**

The agenda for the regular meetings shall be prepared in consultation with the ICH Chair and distributed by OHS to each Member at least seven (7) calendar days prior to the meeting. The agenda should be accompanied by agenda support materials and shall be posted per the Brown Act requirements.

## **Article X**

### **Agenda Deadline**

All matters to be considered for the agenda must be submitted to the OHS at least fourteen (14) calendar days prior to the meeting.

## **Article XI**

### **Minutes**

Minutes shall be taken and distributed by the Office of Homeless Services Manager, or designee. The Chair, and/or the Office of Homeless Services Manager shall review and preliminarily approve the minutes prior to distribution. Minutes shall normally go out with the agenda for approval at the next meeting.

## **Article XII**

### **Amendments**

These bylaws may be amended by a two-thirds vote of the Members present at a meeting in which a quorum has been established in compliance with Robert's Rules of Order.

# San Bernardino County CoC Operations and Governance Manual

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## Appendix I

### HMIS Lead Agency Responsibilities

The Office of Homeless Services is the designated is the HMIS Lead Agency in CA-609 has the responsibility to establish, support, and manage HMIS in a manner that will meet HUD's standards for data quality, privacy, security, and other requirements for organizations participating in HMIS.

Responsibilities include:

- A. Oversees the day-to-day administration of the HMIS system;
  - B. Provides staffing for operation of HMIS;
  - C. Provides technical support to participating agencies;
  - D. Ensures system integrity and availability;
  - E. Provides training on software and related issues;
  - F. Ensures HMIS software is capable of producing required reporting including summary reports of unduplicated client records;
  - G. Ensures participation in Annual Homeless Assessment Report (AHAR) and submission of usable data;
  - H. Ensures participation and reviews accuracy of data in the annual Housing Inventory Chart (HIC) and submission of usable data;
  - I. Ensures participation and reviews accuracy of data for the annual Point-in-Time (PIT) chart;
  - J. Ensures compliance with all applicable federal and state laws regarding protection of client privacy and confidentiality regulations;
  - K. Executes Participation Agreements with each contributing HMIS organization and ensures that each HMIS user has signed a HMIS User Agreement;
  - L. Ensures and maintains written agreements with participating agencies who share client level data that describes the level of data element or program information sharing among the data sharing HMIS agencies.
  - M. Provides information on HMIS agency performance for CoC annual ranking,
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OFFICE OF HOMELESS SERVICES POLICY HANDBOOK

CHAPTER 8

**Homeless Management Information System (HMIS)**

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# Project Summary

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## **Background: Congressional directive**

The Homeless Management Information System (HMIS) refers to a system for tracking the use of homeless programs and producing an unduplicated count of the people using homeless programs. Congress directed the United States (US) Department of Housing and Urban Development (HUD) to ensure that homeless programs using federal funds participate in local systems to track the use of services and housing.

To adhere to Congress' directive, HUD has directed communities to assess their own needs and select the HMIS software that best meets those needs. HUD has provided substantial technical assistance to support the planning process.

All service providers in the San Bernardino County Continuum of Care (SBC CoC) are required to participate in HMIS to contribute to a better understanding of homelessness in our communities.

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## **Funding programs**

The funding programs include:

- Supportive Housing Program (SHP)
  - Shelter Plus Care (S+C)
  - Section 8 Moderate
  - Emergency Solutions Grant (ESG)
  - Housing Opportunities for People with AIDS (HOPWA)
  - Community Development Block Grant (CDBG)
  - Homeless Prevention and Rapid Re-Housing (HPRP)
  - Emergency Food and Shelter (FEMA)
  - Runaway and Homeless Youth (HHS)
  - Projects for Assistance in Transition from Homelessness (PATH)
  - Traditional Living for Homeless Youth (HHS)
  - Family Violence Prevention and Services (HHS)
  - Health Center Grants for Homeless Persons (HHS)
  - Veterans Grant-Per Diem (GPD)
  - Supportive Services for Veteran Families (SSVF)
  - HUD VASH Programs (VASH)
  - VA Community Contract Emergency Shelter Beds (VAES)
  - Substance Abuse and Mental Health Services Administration Programs (SAMHSA)
  - Faith-Based and Community Based Organizations that provide Homeless Services
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## Project Summary, Continued

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**Organization:  
The Office of  
Homeless  
Services (OHS)**

The Office of Homeless Services (OHS) is the HUD grantee responsible for administering the HMIS Supportive Housing Program (SHP) grant and the HMIS Lead Organization. OHS has the “responsibility to establish, support and manage HMIS in a manner that will meet HUD’s standards for minimum data quality, privacy, security, and other requirements for organizations participating in HMIS.”

OHS’s goal is to go beyond the HUD mandate of producing unduplicated counts of homeless persons. Our charter is to provide a comprehensive case management system that allows the user to use the collected information to make informed program decisions.

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**Mission  
Statement &  
Vision**

**Vision:** OHS is dedicated to providing the best possible, highest quality HMIS to enhance the delivery of services for persons experiencing homelessness.

**Mission Statement:** OHS will improve data collection, advance the provision of quality services for homeless persons, and promote more responsive policies to end homelessness in San Bernardino County.

Specifically, OHS will:

- Facilitate the coordination of service delivery for homeless persons;
  - Enable agencies to track referrals and services provided, report outcomes, and manage client data using accessible, user-friendly and secured technology; and
  - Enhance the ability of policy makers and advocates to gauge the extent of homelessness and plan services appropriately throughout San Bernardino County.
- 

**Software**

OHS’s goal is to go beyond the HUD mandate of producing unduplicated counts of homeless persons. Our charter is to provide a comprehensive case management system that allows the user to use the collected information to make informed program decisions. The selected software includes a focus on Outcomes Management which is intended to provide value by allowing the user to set and measure client and program milestones and target achievements.

The software includes:

- Outcome Management
  - Client demographic data collection
  - Comprehensive client case management
  - Bed maintenance, tracking and assignment module
  - Customized reporting capability
  - Customized assessment capability
  - Real time data collection and reporting
- 

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## Project Summary, Continued

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### Software (continued)

- Employment, Education and Housing history tracking
- Savings tracking
- Group activities management
- Group case notes management
- Advanced security features
- Outreach capability

OHS is not connected to any federal or national data collection facility and data is not passed electronically to any other national database for homeless or low-income individuals.

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# Participation Eligibilities

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## Introduction

The Department of Housing and Urban Development (HUD) recognized that implementing a Homeless Management Information System (HMIS) is a difficult and time-consuming process, and must necessarily be done in stages. Participation eligibilities and priorities were determined by the following:

- First priority is to bring on board emergency shelters, transitional housing programs, and outreach programs. Providers of emergency shelter, transitional housing, and homeless outreach services should be included in the HMIS as early as possible, regardless of whether they receive funding through the McKinney-Vento Act or from other sources.
  - As a second priority, HUD encourages the Continuum of Care (CoC) to actively recruit providers of permanent supportive housing funded by HUD McKinney-Vento Act programs and other HUD programs.
  - As a third priority, CoC should recruit homeless prevention programs, Supportive Services Only programs funded through HUD's Supportive Housing Program, and non-federally funded permanent housing programs.
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# Participation Requirements

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## Adherence to policies

All Homeless Management Information System (HMIS) participating agencies must agree to the policies in this document in order to participate in the San Bernardino County Continuum of Care (SBC CoC) HMIS. A signed agreement is required of all end users and participating agencies. This section details technical, staffing assignments and training that must be fulfilled prior to being granted access to the system.

This Policies and Procedures Manual and all attachments may be amended as needed at any time. Participating Agencies will be notified of any changes and/or amendments to the Policies and Procedures Manual.

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## Participating Agencies

Participating Agencies are homeless service providers and other Referring Agencies that utilize SBC CoC HMIS for the purposes of data entry, data editing, data reporting and referral. Relationships between the SBC CoC and Participating Agencies are governed by any standing agency-specific agreements or contracts already in place, the HMIS Participating Agency Memorandum of Understanding (MOU), and the contents of the HMIS Policies and Procedures Manual. All Participating Agencies are required to abide by the policies and procedures outlined in this Manual.

Prior to obtaining access to SBC CoC HMIS, every agency must adopt the following documents:

- **Housing and Urban Development (HUD) Data and Technical Standards**
- **HMIS Participating Agency MOU** – The agreement made between the Participating Agency Executive Management and the Office of Homeless Services (OHS), which outlines agency responsibilities regarding participation in the HMIS. This document is legally binding and encompasses all state and federal laws relating to privacy protections and data sharing of client specific information.
- **Interagency Data Sharing Agreement** – Must be established between agencies if sharing of client level data above and beyond the minimum shared elements (Central Intake) is to take place.
- **Client Consent/Information Release Forms** – To be implemented and monitored by agencies and would require clients to authorize in writing the entering and/or sharing of their personal information electronically with other Participating Agencies throughout SBC CoC HMIS where applicable.
- **HMIS End-User Policies and Procedures** – Signed by each HMIS End-User and the user will agree to abide by standard operating procedures and ethics of HMIS.
- **Privacy Notice** – Each Participating Agency will post a written explanation describing the agency's privacy policies regarding data entered into SBC CoC HMIS.
- **Client Revocation of Consent to Release Information Form** – Client revokes permission to share or release personal information in SBC CoC HMIS.

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## Participation Requirements, Continued

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### Participating agency (continued)

- **Grievance Form** – The client has a right to file with the HMIS Lead Organization if he/she feels that the Participating Agency has violated his/her rights.
- **Transfer of Data Agreement** (if applicable) – The agreement made between the Participating Agency Executive Director and OHS to integrate, upload, or migrate data from the agency’s existing system to SBC CoC HMIS.
- **Termination of Employee** – This form is to notify the HMIS System Administrator that the referenced employee will no longer work for the organization and thus all access to the HMIS needs to be revoked.

All agencies will be subject to periodic on-site security monitoring to validate compliance of the agency’s information security protocols and technical standards.

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### Technical standards

OHS, as the HMIS Lead Organization is responsible for each Participating Agency’s oversight and adherence to HUD’s Technical Standards as follows:

#### **High Speed internet access:**

- Fiber Optic, Cable, DSL, T1, etc.
- If a wireless network is utilized, it must be protected with a minimum of Wi-Fi Protected Access II (WPA2). Wired Equivalent Privacy (WEP) has known security weaknesses and should never be used.
- No dial up connections
- Dedicated IP address is recommended
  - DHCP may be used
  - Static IP address will be required if the administrative burden of using DHCP becomes too great

#### **PC, Laptop, Tablet or Smart Phone with an up-to-date operating system and browser supported by the software provider:**

- No Netscape, Mozilla, AOL, etc.

#### **Firewall:**

- Must use Network Address Translation (NAT) behind firewall
- Must be placed between any internet connection and PC for the entire network

#### **Antivirus on ALL systems connected to an agency’s network:**

- Must have most recent Virus Security Updates
  - This includes systems which Terminal or VPN into the network
- 

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## Participation Requirements, Continued

### Staffing responsibilities

Each Participating Agency will need to have staff to fulfill the following roles. The responsibilities assigned to these individuals will vary. However, all functions must be assigned and communicated to the HMIS System Administrator.

Role	Functions
<p><b>Executive Management Oversight</b>  <i>Oversight responsibility for all activities associated with agency's participation in OHS</i></p>	<ul style="list-style-type: none"> <li>• Signs the <b>HMIS Participating MOU</b> and any other required forms prior to accessing SBC CoC HMIS.</li> <li>• Authorizes data access to agency staff and assigns responsibility for custody of the data.</li> <li>• Establishes, adopts and enforces business controls and agrees to ensure organizational adherence to SBC CoC HMIS Policies and Procedures.</li> <li>• Communicates control and protection requirements to HMIS Users and other agency staff as required.</li> <li>• Assumes responsibility for the integrity and protection of client-level data entered into the system.</li> <li>• Assumes liability for any misuse of the software by agency staff.</li> <li>• Assumes responsibility for posting <b>Privacy Notice</b>.</li> <li>• Assumes the responsibility for the maintenance and disposal of on- site computer equipment.</li> <li>• Provides written permission to the HMIS System Administrator to perform the decryption of data to upgrade SBC CoC HMIS technology.</li> <li>• Provides written permission to the HMIS System Administrator to perform the decryption of agency data to upgrade SBC CoC HMIS database server to new technology when the database becomes obsolete.</li> <li>• Periodically reviews system access control decisions.</li> </ul>
<p><b>Outcome/Program Manager and/or Agency Administrator</b>  <i>Internal agency resource for outcome management planning and implementation</i></p>	<ul style="list-style-type: none"> <li>• Serves as the liaison between agency managers, HMIS Users and Outcome Specialists.</li> <li>• Attends required Outcomes Management training, Agency Administrator training, and Technical Assistance (TA) sessions.</li> <li>• Develops and enters into SBC CoC HMIS the outcome performance targets and milestones.</li> <li>• Reports system problems and data-related inconsistencies to HMIS System Administrator or Outcome Specialist as needed.</li> <li>• Attends HMIS End-User Meeting.</li> </ul>

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## Participation Requirements, Continued

### Staffing responsibilities (continued)

Role	Functions
<b>HMIS End User</b>	<ul style="list-style-type: none"> <li>• Completes training on the appropriate use of SBC CoC HMIS prior to accessing the system.</li> <li>• Acknowledges an understanding of this Policies and Procedures Manual.</li> <li>• Adheres to any agency policies that affect the security and integrity of client information.</li> <li>• Is responsible for SBC CoC HMIS Data Quality. Data quality refers to the timeliness of entry, accuracy and completeness of information collected and reported in HMIS.</li> <li>• Signs <b>HMIS End-User Policies and Procedures</b> and any other required forms prior to accessing system.</li> <li>• Reports system problems and data-related inconsistencies to Agency Administrator or Outcome Manager as appropriate.</li> <li>• If applicable, obtains client signature on <b>Client Consent/Information Release Form</b>.</li> <li>• Gives client written copy of <b>Statement of Client Rights</b>.</li> <li>• Verbally communicates client's rights and uses of client's data.</li> </ul>

### Training

All HMIS Users must complete training appropriate to their functions as described in Item B. Staff Responsibilities prior to gaining access to SBC CoC HMIS. OHS will provide training to all users at the beginning of the agency's SBC CoC HMIS implementation and periodic refresher training for other users as needed.

Identified training tracks include:

- Outcomes Management Training
- Privacy/Ethics Training
- Data Security Training
- Data Quality Training
- HMIS User's Training
- Bed Utilization Training
- Report Training

# **RESERVED FOR FUTURE USE**

# Client Rights

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**Introduction** Clients served by agencies participating in the San Bernardino County Continuum of Care (SBC CoC) Homeless Management Information System (HMIS) have the rights described in this section.

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**Communication** Communication rights include the following:

- Clients have a right to privacy and confidentiality.
- Clients have a right to not answer any questions unless entry into the Agency's program requires it.
- Client information may not be shared without informed consent (posting of **Privacy Notice** and **Mandatory Collection Notice**).
- Every client has a right to an understandable explanation of SBC CoC HMIS and what "consent to participate" means. The explanation shall include:
  - Type of information collected.
  - How the information will be used.
  - Under what circumstances the information will be used.
  - That refusal to provide consent to collect information shall not be grounds for refusing entry to the program.
  - A copy of the consent shall be given to the client upon request, and a signed copy kept on file at the Participating Agency, if applicable.
  - A copy of the **Privacy Notice** shall be made available upon client request.
  - A copy of the Statement of Client Rights shall be made available upon client request.

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**Participation opt out** Clients have a right not to have their personal identifying information in SBC CoC HMIS shared outside the agency, and services cannot be refused if the client chooses to opt out of participation in the HMIS. However, clients may be refused program entry for not meeting other agency eligibility criteria.

In the event that a client previously gave consent to share information in SBC CoC HMIS and chooses at a later date to revoke consent (either to enter or to share), a **Client Revocation of Consent to Release Information Form** must be completed and kept on file.

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**Access to records** A client has the right to request access to his/her personal information stored in SBC CoC HMIS from the authorized agency personnel. The agency, as the custodian of the client data, has the responsibility to provide the client with the requested information except where exempted by state and federal law.

When requested, a client has the right to:

- View his or her own data contained within SBC CoC HMIS, or
  - Receive a printed copy of his or her own data contained within SBC CoC HMIS.
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## Client Rights, Continued

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**Access to records**  
(continued)

No client shall have access to another client's records within SBC CoC HMIS. However, parental/guardian access will be decided based upon existing agency guidelines. The information contained in the Central Intake section of SBC CoC HMIS can be provided at any agency the client requests it from, as long as the client has previously given the other agency consent to share and that consent is still in force.

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**Grievances**

The client has the right to file a grievance with Participating Agency. All Participating Agencies must have written grievance procedures that can be provided to a client on demand. If, after following the grievance procedure, the grievance is not resolved, the complaint may be escalated to the Office of Homeless Services (OHS) (See Appendix for Grievance Form).

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# Policies for End-Users and Participating Agencies

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**User access** User access will be granted only to those individuals whose job functions require legitimate access to the San Bernardino County Continuum of Care (SBC CoC) Homeless Management Information System (HMIS). Each HMIS End-User will satisfy all the conditions herein and have signed the HMIS End-User Policies and Procedures before being granted access to SBC CoC HMIS.

Explanation: The Participating Agency will determine which of its employees need access to SBC CoC HMIS. Identified users must sign the HMIS End-User Policies and Procedures stating that they have received training, will abide by SBC CoC HMIS Policies and Procedures, will appropriately maintain the confidentiality of client data, and will only collect, enter and retrieve data in SBC CoC HMIS relevant to the delivery of services to homeless people in the area served by SBC CoC HMIS. The Agency Administrator will be responsible for the distribution, collection and storage of signed HMIS End-User Policies and Procedures. The existence of signed HMIS End-User Policies and Procedures will be verified and a copy obtained during the onsite review process by the HMIS System Administrator.

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**User activation** The HMIS System Administrator will provide unique user names and passwords to each Participating Agency user.

Explanation: User names will be unique for each user and will not be shared with other users. The HMIS System Administrator will set up a unique user name and password for each user upon completion of training and receipt of the signed HMIS End-User Policies and Procedures and the receipt of the signed acknowledgement of the Policies and Procedures Manual from each user via the Agency Administrator. The sharing of user names will be considered a breach of the HMIS End-User Policies and Procedures.

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**Passwords** Passwords must be no less than eight and no more than sixteen characters in length, and must be alphanumeric with upper and lower case and special characters. The HMIS System Administrator will communicate passwords directly to the end-user. Agency Administrators will contact the HMIS System Administrator to reset a user's password.

**Forced Password Change (FPC):** The FPC will occur every one hundred and eighty (180) consecutive days. Passwords will expire and user will be prompted to enter a new password. Users may not use the same password consecutively, but may use the same password more than once.

**Unsuccessful logon:** If a User unsuccessfully attempts to logon three times, the User ID will be "locked out", access permission revoked and user will be unable to gain access until his/her password is reset by the HMIS System Administrator in the manner stated above.

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## Policies for End-Users and Participating Agencies, Continued

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### User levels

**Central Intake Data Entry:** This group consists of the front line intake workers. They will have access to the Central Intake forms in order to intake a client, enter household demographics, and make a referral.

**Client Referral:** This group includes any user at the agency who needs to refer the client to services. They will have access to Central Intake and the Referral Pages only.

**Case Manager:** This group consists of case managers who provide the day-to-day updating of client files. Case Managers will have access to all records located in Central Intake and in the Client folder, including Program Entry, Case Notes, Referral, Track Savings, Assessments, Group Services, and Program Exit.

**Agency Administrator:** The Agency Administrator group has all the access listed above, and additional access to the Agency Folder, in which they will maintain agency set-up information like program set-up, milestones, targets, and contracts/grants.

**HMIS System Administrator:** The HMIS System Administrator is the top-level of support for all SBC CoC HMIS agencies within the continuum and will have access to every part of SBC CoC HMIS in order to support users.

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### Confidentiality and Informed Consent

All Participating Agencies agree to abide by and uphold all privacy protection standards established by SBC CoC HMIS as well as their respective agency's privacy procedures. The Agency will also uphold relevant Federal and California State confidentiality regulations and laws that protect client records, and the Agency will only release program level client data with written consent by the client, or the client's guardian, unless otherwise provided for in the regulations or laws.

**Explanation:** SBC CoC HMIS Participating Agencies are required to develop procedures for providing oral explanations to clients about the usage of a computerized HMIS, and are required to post a **Mandatory Collection Notice** and a **Privacy Notice** in order to share central intake client information with other HMIS Participating Agencies. Housing and Urban Development (HUD) Data Standards provide guidance for Participating Agencies regarding certain HMIS policies. However, in instances of conflict between state or federal law and the HUD Data and Technical Standards, the state and/or federal law take precedence.

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## Policies for End-Users and Participating Agencies, Continued

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### Confidentiality and Informed Consent (continued)

**Oral Explanation:** All clients will be provided an oral explanation stating their information will be entered into a computerized record keeping system. The Participating Agency will provide an oral explanation of SBC CoC HMIS and the terms of consent. The agency is responsible for ensuring that this procedure takes place prior to every client interview. The explanation must contain the following information, which is also included in the “**Privacy Notice**”:

- What SBC CoC HMIS is: A web-based information system that homeless service agencies within the SBC CoC use to capture information about the persons they served.
- Why gather and maintain data: Data collection supports improved planning and policies including determining whether desired outcomes were achieved and where more or other resources may be needed, identifying best and promising practices, and identifying factors that support or hinder achievement of outcomes.
- Security: Only staff who work directly with clients or who have administrative responsibilities can look at, enter, or edit client records.
- Privacy Protection: No program level information will be released to another agency or individual without written consent; client has the right to not answer any question, unless entry into a program requires it; client information is stored encrypted on a central database and information that is transferred over the web is transferred through a secure connection; client has the right to know who has added to, deleted, or edited his/her SBC CoC HMIS record.
- Benefits for clients: Facilitates streamlined referrals, coordinated services, unduplicated intakes and access to essential services and housing.

**Written Explanation:** Each client whose program level information is shared with another Participating Agency must agree via the **Interagency Data Sharing Agreement**. A client must be informed as to what information is being shared and with whom it is shared.

**Information Release:** The Participating Agency agrees not to release client identifiable information to any other organization pursuant to federal and state law without proper client consent. See attached Client Consent Form and Regulations (following).

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## Policies for End-Users and Participating Agencies, Continued

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### Confidentiality and Informed Consent (continued)

**Regulations:** The Participating Agency will uphold all relevant Federal and California State Confidentiality regulations to protect client records and privacy. In addition, the Participating Agency will only release client records with written consent by the client, unless otherwise provided for in regulations, specifically, but not limited to, the following:

- The Participating Agency will abide specifically by the federal confidentiality rules as contained in the Code of Federal Regulations (CFR) 42 Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records, regarding disclosure of alcohol and/or drug abuse records. In general terms, the Federal regulation prohibits the disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by CFR 42 Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Participating Agency understands that the Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.
- The Participating Agency will abide specifically with the Health Insurance Portability and Accountability Act of 1996 and corresponding regulations passed by the U.S. Department of Health and Human Services. In general, the regulations provide consumers with new rights to control the release of medical information, including advance consent for most disclosures of health information, the right to see a copy of health records, the right to request a correction to health records, the right to obtain documentation of disclosures of information may be used or disclosed. The current regulation provides protection for paper, oral, and electronic information.
- The Participating Agency will abide specifically with the California Government Code 11015.5 regarding program level Personal Information Collected on the Internet. In general, the Government Code ensures that any electronically collected personal information about clients cannot be shared with any third party without the client's written consent.

The Participating Agency will not solicit or input information from clients unless it is essential to provide services, or conduct evaluation or research. All client identifiable data is inaccessible to unauthorized users.

Participating Agencies are bound by all restrictions placed upon the data by the client of any Participating Agency. The Participating Agency shall diligently record in SBC CoC HMIS all restrictions requested. The Participating Agency shall not knowingly enter false or misleading data under any circumstances.

The Participating Agency shall maintain appropriate documentations of client consent to participate in SBC CoC HMIS.

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## Policies for End-Users and Participating Agencies, Continued

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### Confidentiality and Informed Consent (continued)

If a client withdraws consent for release of information, the Agency remains responsible to ensure that the client's information is unavailable from date of withdrawal to all other Participating Agencies.

The Participating Agency shall keep signed copies of the **Client Consent Form/Information Release** form (if applicable) and/or the **Interagency Data Sharing Agreement** or for SBC CoC HMIS for a minimum of seven years from the date of client exit.

**Postings: Privacy and Mandatory Collection Notices** must be posted at the agency:

- The Agency must post **Privacy and Mandatory Collection Notices** at each intake desk or comparable location.
  - The **Privacy and Mandatory Collection Notice** must be made available in writing at the client's request.
  - If the agency maintains an agency website, a link to the **Privacy Notice** must be on the homepage of the agency's website.
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### Data integration

**Explanation:** HMIS data integration refers to the data that is integrated from a SBC CoC agency that is currently collecting client level data in a HMIS data system other than the current software that is being utilized by the SBC CoC HMIS Participating Agencies. Agencies who agree to integrate data will complete and sign the **San Bernardino HMIS Participating Agencies Data Integration Memorandum of Understanding** document.

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### Data quality

HMIS users are responsible for ensuring data quality. Data quality refers to the timeliness, accuracy and completeness of information collected and reported in SBC CoC HMIS. All Participating Agencies agree to enter, at a minimum, HUD required universal data elements.

**Explanation:** HMIS data quality refers to the extent that data recorded in the SBC CoC HMIS accurately reflects the same information in the real world. Participating Agencies need to adopt HUD's data quality standards in order to help SBC CoC better understand and address homelessness in San Bernardino County. Data quality refers to the timeliness, accuracy, completeness and consistency of information collected and reported in SBC CoC HMIS.

**Data Timeliness:** To be most useful for reporting, an HMIS should include the most current information about the clients served by participating homeless programs. To ensure the most up to date data, information should be entered by the user as soon as it is collected. Intake data needs to be added within two working days of the intake process or client encounter. Information that tends to change periodically also needs to be regularly verified and/or updated, such as information on income sources and amounts.

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## Policies for End-Users and Participating Agencies, Continued

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### Data quality (continued)

**Using Paper-based Data Collection Forms:** Agencies may choose to collect client data on paper and enter it into the HMIS software later, rather than entering it directly in the system. If data is collected by paper first, that information must be entered into the HMIS system within two days. Each agency will incorporate HMIS into its own operating processes; some agencies will prefer to interview clients and simultaneously enter their information directly into the computer, other agencies will find it easier to collect information on paper first, and then have someone enter the data later. Agencies may utilize the HMIS paper-based forms for initial data collection. Agencies will have two (2) calendar days from the point of the event (intake/enrollment), service delivery, or discharge) to record the information into the HMIS software.

The HMIS Lead Agency strongly recommends that all agencies that enter data into the HMIS complete the program specific data fields even if the funding received by the agency does not dictate they do so. The additional data points on the client will prove extremely helpful for the agency when reporting on client outcome measurement/progress, internal accounting for service delivered, and external reporting to funders.

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## Policies for End-Users and Participating Agencies, Continued

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### Data quality (continued)

**Data Accuracy:** Information entered into the HMIS needs to be valid, i.e. it needs to accurately represent information on the people that enter any of the homeless service programs contributing data to the SBC CoC HMIS.

**Data Completeness:** To release meaningful information from the SBC CoC HMIS, data needs to be as complete as possible, i.e., it should contain all required information on all people served in the program (i.e., emergency shelter) during a specified time period. On the macro level, the goal of achieving adequate HMIS coverage and participation by all local programs is essentially about ensuring that the records are representative of all the clients served by these programs. If a client record is missing, then aggregate reports may not accurately reflect the clients served by the program. Similarly, if an entire program is missing, data from the SBC CoC HMIS may not accurately reflect the homeless population in the community.

**Data Consistency:** HMIS end-user must have an understanding of what data need to be collected and in which way. Different interpretations of how questions for data collection should be asked or a lack of understanding of what answers to questions mean lead to aggregate information that cannot be correctly interpreted and presented.

**CoC Programs:** HUD now requires that all CoC Programs, especially those that house homeless individuals (Homeless Assistance Programs) and are identified on the CoC's Housing Inventory Chart collect universal data and program information on all clients served by CoC Programs regardless of whether the program participates in the HMIS. The following Universal and Program Specific Data Elements must be captured and input into HMIS for each client served including children in all Emergency Shelter Programs, Emergency Solutions Grant, Supportive Housing Program Veteran's Supportive Housing, and Housing Opportunities for People with AIDS:

- Name
- Social Security Number
- Date of Birth
- Race
- Ethnicity
- Gender
- Veteran Status
- Disabling Condition
- Residence Prior to Project Entry
- Project Entry Date
- Project Exit Date
- Destination
- Personal ID
- Household ID
- Relationship to Head of Household
- Client Location Code
- Length of Time on Street, in an Emergency Shelter or Safe Haven

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## Policies for End-Users and Participating Agencies, Continued

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### Data quality (continued)

**Program-Specific Data Elements:** Most of the program-specific data elements are required for HUD McKinney Vento programs that are required to submit Annual Progress Reports (APRs). These programs are Shelter Plus Care, the Supportive Housing Program, Section 8 SRO Mod Rehab for the homeless, and HOPWA-funded homeless programs. The required data elements for programs that submit APRs include:

- Housing Status
- Income and Sources
- Non-Cash Benefits
- Health Insurance
- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AIDS
- Mental Health Problem
- Substance Abuse
- Domestic Violence
- Contact
- Date of Engagement
- Services Provided
- Financial Assistance Provided
- Referrals Provided
- Residential Move-In Date
- Housing Assessment Disposition
- Housing Assessment at Exit

The optional program-specific data elements include:

- Employment
- Education
- General Health Status
- Pregnancy Status
- Veteran's Information
- Children's Education
- Zip Code of Last Permanent Address

**Program Descriptor Data Elements:** The CoC must collect program information in the HMIS for all CoC programs within its jurisdiction, regardless of whether the program participates in the HMIS. The general purpose of these requirements is to ensure that the HMIS is the central repository of information about homelessness in the CoC, including information about programs and clients. Program Descriptor data in HMIS ensures that information about each program is available to: 1) Complete required APRs, 2) Complete Quarterly Performance Reports (QPRs), 3) Calculate rates of HMIS participation; and 4) Monitor data quality.

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## Policies for End-Users and Participating Agencies, Continued

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### Data quality (continued)

The Program Descriptor Data Elements are:

- Organization Identifier
- Organization Name
- Program Identifier
- Program Name
- Direct Service Code
- Site Information
- Continuum of Care Number
- Program Type Code
- Bed and Unit Inventory Information
- Target Population A
- Target Population B
- Method for tracking residential program occupancy
- Grantee Identifier

**Data Quality Assurance:** To ensure HMIS data quality, HMIS System Administrator utilizes a variety of data quality monitoring reports that identify missing universal data elements including program entry and un-exited clients. Program entry and exit dates are validated against paper records from HMIS participating agencies.

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### Data Standards Revised Notice

The overall standards for HMIS software are presented in the HMIS Data Standards Revised Notice dated August 2014. Copies will be available upon request.

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### Missing Value Report

The Missing Value Report calculates the percentage of required client-level data elements with null or missing values divided by the total number of client records. The report will also calculate the number of usable values (all values excluding “Don’t know” and “Refused” responses) in each required field over any desired time period (e.g., last month, last year). The report will be generated for each program, for different types of programs, and across the entire CoC. The program level reports will cover all applicable universal and program-specific data elements. The CoC reports will be limited to the following universal data elements: Name, Social Security Number, Date of Birth, Ethnicity, Race, Veteran Status, Gender, Disabling Condition, Residence prior to program entry, and Zip code of last permanent address. Percentages will be based on the universe of client records for which the data element is required. For example, percent (%) null for veterans = number of clients with no veteran status recorded/number of adults.

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### Unduplication Data Quality Report

The Unduplication Data Quality Report will be available to validate unduplication results based on the HMIS Lead Agency’s unduplication approach against other possible combinations of fields. The Unduplication Quality Report highlights records that match, using the HMIS Lead Agency’s primary methodology but have conflicting values in other identifiable fields.

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## Policies for End-Users and Participating Agencies, Continued

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**Bed Utilization Report** The Bed Utilization Report will calculate for each program the percentage of beds and family units that are filled on any given night for each program, by dividing the number of clients/households served by the total number of beds/units available for occupancy during the specified time period, as well as the average bed and unit utilization rates by program type. The report will help to identify potential data quality issues by flagging facilities with bed or family unit utilization rates above 105% or below 60%. The report requires that client level data as well as Program Descriptor data be entered into HMIS for all clients served in programs that provide beds.

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**Data Timeliness Report** This report calculates the differences between the date on which the Program Entry Date or Program Exit Date was entered on clients and the dates on which actual entry or exit occurred for all programs. The report will be based on Program Entry Dates and Program Exit Dates, and compares the dates this data was entered to the actual values contained in those fields. The “Creation Date” for these fields is automatically recorded when the user enters data. This data will be compared to the Data Timeliness Benchmark set by the CoC.

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**Reduce duplications in HMIS for every HMIS participating agency** In order to reduce the duplication of client records, HMIS participating agency users should:

- Always search for the client in HMIS before creating a new client record.
- Avoid using the ‘Anonymous’ button unless you are a Domestic Violence Shelter who has an agreement to use this feature.

The burden of not creating duplicate records falls on each participating agency. The HMIS system does not prevent duplicate client records from entering the database, therefore it is up to each user to ensure every client is first searched for, and if not found, then added. If duplicate matches are found, the user must determine if any of the records found, match their client. Having multiple (duplicate) records on the database for a single client causes confusion and inaccurate information being stored and for this the users are discouraged from using Anonymous Client feature. When an HMIS participating agency user is collecting data from a client, the HMIS participating agency user will first attempt to locate that client on the system by searching (Add/Find Client button) by either name (first, last, and middle), Date of Birth (DOB), or Social Security Number (SSN).

It may be possible that a person already exists, but chose to have just his/her client identification number (I.D) Personal Identification Number (PIN) recorded instead of his/her name, SSN, and DOB. It may be required to look in the paper files to determine the client I.D number PIN. If no matches are found on the database for the client, the HMIS participating agency user will continue to add the basic Universal Data elements for the client’s intake.

Perform more than one type of search when attempting to find an existing record. Clients often do not use the exact same name that was previously entered. Using a field other than name tends to be more accurate, and not open for much interpretation (DOB, SSN).

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## Policies for End-Users and Participating Agencies, Continued

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### Data quality and correction

Agency Administrators are required to run the Universal Data Quality Report and the Clients in Programs Report for each of the agency's programs and respond to the HMIS Lead Agency's request for data clean-up.

To produce high quality reliable reports, it is imperative to possess high quality data. HMIS Project Managers will help assure stakeholders that the data contained within HMIS is of high quality. Details of the Data Quality Report can be found in the HMIS Quality Plan. At the end of each month, the HMIS System Administrator will review the quality of each agency's data by running reports out of HMIS. The HMIS Committee will then distribute to each agency's Executive Director and Site Administrator a scorecard of the results based on their agency's data. Agency Administrators are required to work with the HMIS System Administrator to rectify any shortfalls in data quality and to fix issues within five business days.

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### Data use by SBC CoC

**Explanation:** For the purposes of CoC planning, the aggregate data can be used to generate an unduplicated count of clients and to understand their characteristics, factors contributing to homelessness, and use of system resources. The information can identify gaps and duplication in services.

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### Data use by OHS

**Explanation:** For the purposes of system administration, user support, and program compliance, OHS will use the data contained within SBC CoC HMIS for analytical purposes only and will not disseminate client-level data. OHS will release aggregate data contained within SBC CoC HMIS for research and reporting purposes only.

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### Data use by agency

**Explanation:** As the guardians entrusted with client personal data, HMIS users have a moral and a legal obligation to ensure that the data they collect is gathered, accessed and used appropriately. It is also the responsibility of each user to ensure that client data is only used to the ends to which it was collected, ends that have been made explicit to clients and are consistent with the mission of the agency and the HMIS to assist families and individuals to resolve their housing crisis. Proper user training, adherence to SBC CoC HMIS Policies and Procedures, and a clear understanding of client confidentiality are vital to achieving these goals. Any individual or Participating Agency misusing, or attempting to misuse SBC CoC HMIS will be denied access to the system.

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## Policies for End-Users and Participating Agencies, Continued

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### Data use by referral agencies

Referral agencies granted access to the SBC CoC HMIS agree to abide by all applicable laws, and SBC CoC HMIS Policies and Procedures pertaining to client confidentiality, user conduct, security, and the ongoing functionality and stability of services and equipment used to support the SBC CoC HMIS.

The Referral agency users will be given Client Referral access only. This access will allow the user to locate clients at the intake level and then create a referral to a service.

Referral agencies agree not to release client identifiable information to any other organization pursuant to federal and California state law without proper client consent.

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### Data use by vendor

**Explanation:** The Vendor and its authorized subcontractor(s) shall not use or disseminate data contained within SBC CoC HMIS without express written permission. If permission is granted, it will only be used in the context of interpreting data for research and for system troubleshooting purposes.

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### Maintenance of onsite computer equipment

**Explanation:** Participating Agencies commit to a reasonable program of data and equipment maintenance in order to sustain an efficient level of system operation. Participating Agencies must meet the technical standards for minimum computer equipment configuration: Internet connectivity, antivirus and firewall.

The Executive Management or designee will be responsible for the on-site computer equipment and data used for participation in SBC CoC HMIS including the following:

**Computer Equipment:** The Participating Agency is responsible for maintenance of onsite computer equipment. This includes the following:

- Workstation(s) accessing SBC CoC HMIS must have a username/password to log onto Microsoft Windows Operating System.
  - Workstation(s) accessing SBC CoC HMIS must have locking, password-protected screen saver.
  - Workstation(s) accessing SBC CoC HMIS must have a PKI (Public Key Infrastructure) certificate.
  - Workstation(s) accessing SBC CoC HMIS must have a static IP address.
  - All workstations and computer hardware (including agency network equipment) must be stored in a secure location (locked office area).
  - **Data Storage:** The Participating Agency agrees to only download and store data in a secure environment.
  - **Data Disposal:** The Participating Agency agrees to dispose of documents that contain identifiable client level data by shredding paper records, deleting any information from diskette before disposal, and deleting any copies of client level data from the hard drive of any machine before transfer or disposal of property.
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## Policies for End-Users and Participating Agencies, Continued

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**Downloading of data** HMIS Users will maintain the security of any client data extracted from SBC CoC HMIS and stored locally, including all data contained in custom reports. HMIS End-Users may not electronically transmit unencrypted client data across a public network.

**Explanation:** To ensure that SBC CoC HMIS is a confidential and secure environment, data extracted from SBC CoC HMIS and stored locally will be stored in a secure location and will not be transmitted outside of the private local area network unless it is properly protected. Security questions can be addressed to the HMIS System Administrator. Any personally identifiable information will not be distributed through e-mail.

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**Data sharing** Basic client information within the system will be shared based upon the level of consent designated by the client within SBC CoC HMIS. A client may choose to limit the period of time for which their data will be shared.

**Explanation:** Data sharing refers to the sharing of information between Participating Agencies for the coordination of case management and client service delivery. Basic client information in the Central Intake includes:

- Demographics
- Household
- Referral
- Eligibility
- Education/Employment
- Scanned Documents

Clients have the ability to agree to the level of consent and time period to which the consent is valid. Participating Agencies are not required to agree to such requested restrictions if collection and sharing of such data is necessary for service delivery and reporting or to consent that is broader than that normally extended at their agency. Clients may elect to share additional information as indicated on the Interagency **Data Sharing Agreement form**.

Program level information in either electronic or paper form will never be shared outside of originating agency without written client consent. Information that is shared with written consent will only be used for the purpose of service delivery, such as:

- Shelter stays
  - Food
  - Clothing
  - Transportation
  - Employment
  - Housing
  - Childcare
  - TB clearance status
  - Utilities assistance
  - Life-skills sessions
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## Policies for End-Users and Participating Agencies, Continued

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### Data release

Aggregate level (client de-identified) data may be released by Agencies, the SBC CoC and/or by SBC CoC HMIS under certain criteria. Client-level data may only be released by written consent from the client for a specified purpose.

**Explanation:** Data release refers to the dissemination of aggregate and/or client-level information for statistical, analytical, reporting, advocacy, regional needs assessment, trend analysis, etc.

**Agency Release:** Each Participating Agency owns all data it enters into SBC CoC HMIS. The agency may not release any client level information without the express written consent of the client. Agencies may release program and/or aggregate level data for all clients to whom the agency provided services. No individual client data will be provided to any group or individual that is neither the Participating Agency that entered the data nor the client without proper authorization or consent by the client. This consent includes the express written authorization for each individual or group requiring access to the client's data.

**OHS Release:** OHS will develop an annual release of aggregate data in a summary report format, which will be the standard response for all requests for data. OHS will not release agency or client-specific data to outside groups or individuals.

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### Agency customization

A Participating Agency will have the ability to request system customization at the Agency level to reflect the data collection needs for its specific program(s). SBC CoC HMIS contains certain fields that can be tailored at no cost to the agency. Additional customization as performed by the software vendor or HMIS System Administrator may be purchased at the expense of the agency.

**Explanation:** Participating Agencies have some ability to customize SBC CoC HMIS fields to meet the specific needs of the program. At the request of the Agency Administrator, the HMIS System Administrator will evaluate the request and implement the changes as warranted.

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### Outcomes Management Training

Outcomes Management Training is required for agencies to participate in SBC CoC HMIS.

**Explanation:** All agencies are required to develop performance targets and milestones and input the data for each program to be entered into SBC CoC HMIS.

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# Technical Support and System Availability

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## Technical support

The Office of Homeless Services (OHS) will provide technical support to all Agency Administrators and HMIS End-Users as needed.

**Explanation:** The Agency Administrator will provide first level technical support. Additionally, the Technical Support team will provide technical support to Agency Administrators and HMIS Users within the continuum.

**Technical Support Hours – 8:00 a.m. – 5:00 p.m. (PST), Monday through Friday (Excluding Holidays).**

OHS staff will respond in a timely manner to any requests for support made during the above hours. For technical support, contact:

System Administrator/Automated Systems Analyst

Michael Bell

Phone: (909) 386-8286

[michael.bell@dbh.sbcounty.gov](mailto:michael.bell@dbh.sbcounty.gov)

[DBH-HMIShelpdesk@sbcounty.gov](mailto:DBH-HMIShelpdesk@sbcounty.gov)

Assistance will be provided in the following areas:

- **Help Desk Support:** Help Desk support is provided to help Homeless Management Information System (HMIS) End-Users access and utilize the San Bernardino County Continuum of Care (SBC CoC) HMIS, including technical support for installed SBC CoC HMIS computer system.
- **Trainings:** User training, Outcome Management training, Data Quality
- **System Customization:** SBC CoC HMIS contains certain fields that can be tailored at no cost to the agency.
- **Reporting:** Training and technical assistance in accessing standardized reports and the creation of ad hoc (custom reports).
- **Data Analysis:** Interpreting reports.

Additional costs may apply in the following areas:

- **System Customization:** Agency-specific customization requests.
- **Reporting:** Agency-specific customized reports.
- **Data Conversion/Migration:** Assist in the development of a data conversion/ migration plan and provide support in data conversion/migration implementation.
- **Data Analysis:** Extensive analysis of agency's data.

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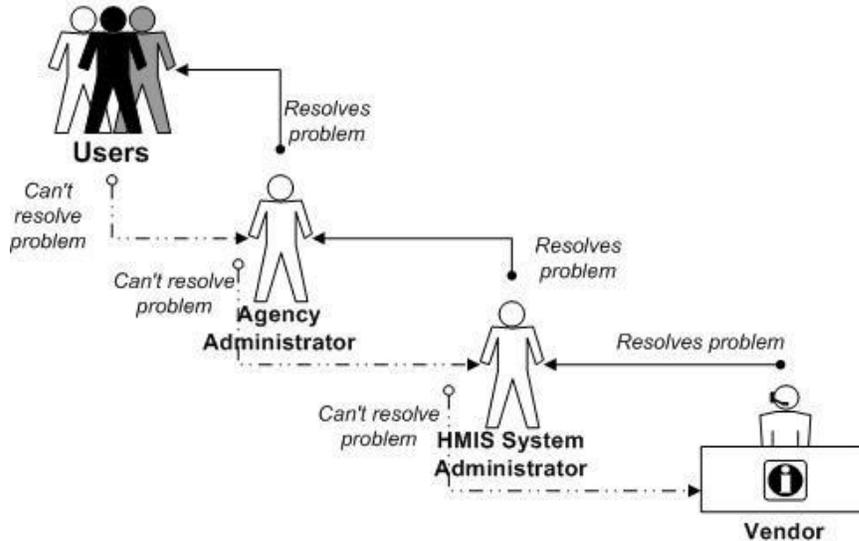
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# Technical Support and System Availability, Continued

## Technical support (continued)

Requests should be delineated as follows:

Technical Assistance Flow Chart



## System availability and scheduled maintenance

SBC CoC HMIS will be available to users at a minimum of 97.5% of the year.

**Explanation:** Necessary downtime for SBC CoC HMIS upgrades and patches will be communicated by HMIS System Administrator system-wide and performed in the late hours when possible. Notification will be made via e-mail and/or fax with the schedule for the interruption to service. The notice will explain the need for the interruption and expected benefits or consequences.

## Unplanned interruption to service

In the event of unplanned interruption to service, HMIS System Administrator will notify all Participating Agencies as soon as possible.

**Explanation:** When an event occurs that makes SBC CoC HMIS inaccessible, the HMIS System Administrator will analyze and determine the problem. In the event it is determined that SBC CoC HMIS accessibility is disabled system-wide, then the HMIS System Administrator will work with the software vendor to repair the problem. Within two hours of problem awareness, Participating Agencies will be informed of the estimated system availability. HMIS System Administrator will notify Participating Agencies via e-mail and/or fax when service has resumed.

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## Technical Support and System Availability, Continued

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### End-User Manual

Every HMIS End-User will receive a copy of the HMIS End-User Manual.

**Explanation:** OHS will provide SBC CoC HMIS Training Manual(s). The manual will be distributed initially at user training. The manual will serve to provide users with information needed to effectively use the software as it pertains to their job function, program and agency.

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# System Architecture and Security

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## Encryption management

Client Protected Personal Information (PPI) stored on the central server will always be encrypted, except during specific procedures.

**Explanation:** Client's confidential information will only be decrypted when the San Bernardino County Continuum of Care (SBC CoC) Homeless Management Information System (HMIS) server becomes obsolete and necessitates an upgrade in technology. Should the necessity arise, the HMIS System Administrator, on behalf of the vendor, will obtain the written permission of the Executive Management of each Participating Agency to perform the decryption and subsequent database conversion to a new technology.

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## Virus protection

**Agency Responsibilities:** All Participating Agency computers and networks must have up-to-date anti-virus software installed.

**Explanation:** All Participating Agency computers must be protected by anti-virus software. The anti-virus software should be updated regularly to maintain maximum protection from the most recently released viruses. In addition, Agency Administrators should update and install the latest security patches for their operating system which are available from the manufacturer.

**Vendor Responsibilities:** The vendor will take all necessary precautions to prevent any destructive or malicious program (virus) from being introduced to SBC CoC HMIS. Data and application server will be scanned daily for viruses.

**Explanation:** The vendor will ensure the following:

- Antivirus software (i.e.: Norton Anti-Virus) and live update scheduled daily.
  - Real-time virus scan enabled.
- 

## Backup and recovery procedures

SBC CoC HMIS has arranged for regularly scheduled backups of the HMIS database to prevent the loss of data.

**Explanation:** Multiple levels of backup and storage will be used for key data and files within SBC CoC HMIS. Backups will provide for the loss of multiple cycles.

The vendor will perform data backup procedures in the following manner:

- Daily – resulting in a seven (7) day backup;
  - Weekly – resulting in a four (4) or five (5) week backup; and
  - Monthly – during the term of contract with the vendor.
- 

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## System Architecture and Security, Continued

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### Backup and recovery procedures (continued)

The vendor will maintain an off-site replicate system, which includes off-site storage of tapes in fireproof containers. Back-up tapes that are awaiting delivery to an off-site storage location shall be stored in a fireproof container. The vendor will maintain a one year archive of backups.

The vendor's recovery procedures will be undertaken on a best efforts basis to achieve the following response time:

- Database Loss: Confirmation response and recovery implementation within four (4) hours of reported data loss by client.
- Source code corruption and/ or Loss: Confirmation response within four (4) hours and full initiation of recovery procedures within 24 business hours of reported disruption by client.
- Domain Server Loss: Confirmation response within four (4) hours and full initiation of recovery procedures within 24 business hours of reported disruption by client.
- Database Server Loss: Confirmation response within four (4) hours and full initiation of recovery procedures within 24 business hours of reported disruption by client.
- Disaster: Notification within twenty-four (24) hours and recovery implementation to fully re-establish operations within five (5) business days.

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### Hosting

SBC CoC HMIS servers will be hosted off-site by the vendor. The vendor will ensure the following: Provides for the provisioning of a secure environment, Internet connection, resilient power supply and the appropriate control mechanism for a customer's application provided by Third party. It includes continuous Network monitoring and diagnostic actions to confirm that the Managed Servers are responding to prescribed standards.

Vendor will:

- Provide a server and rack space for ASP solution.
- Provide a 10/100/1000Mbps Network connection on a Vendor's switch.
- Provide power (UPS) to the hosted equipment.
- Hosting provider's goal is to maintain 98.4% Server availability
- Cisco routers with advanced port blocking including:
  - Switches with integrated IP blocking based on routine security audit results.
  - System Software Integrated Security.
  - High performance firewall.

The vendor partner is Microsoft Solution Provider and applies security updates at the direction of the vendor.

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## System Architecture and Security, Continued

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### Access privileges

**Explanation:** At the local administrative level each user account can be setup to require a single IP address or multiple addresses in addition to a password to complete a login process. Currently, the system supports one IP address for each user account.

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### Security monitoring

Agencies will undergo an HMIS security monitoring one year from their implementation date. Each agency is given at time of training guidelines for providing a secure environment for their clients and employees who utilize HMIS. It has been determined that one year after an agency has implemented HMIS is a sufficient amount of time for all issues to be identified and rectified. At the one year mark, Department of Public Social Services (DPSS) will conduct and monitor a security audit at the agency's location.

The following five areas of security will be examined and documented:

- 1) Physical and Environmental Security:
  - a. Personal Computer (PC) location out of public area
  - b. Printer location
  - c. PC access
- 2) Personnel Security:
  - a. Passwords
  - b. Signed Agreements
  - c. Number of authorized users
  - d. Training provided when needed
- 3) Application Program and Usage Security:
  - a. Printing
  - b. Browser Security
  - c. Screen Savers
  - d. Warnings
  - e. Inactivity lock-outs
- 4) PC Configuration:
  - a. Operating System (OS) Version
  - b. Browser Configuration
  - c. Browser Version
  - d. Patch/Update levels current
  - e. Virus Protection with updates
  - f. Firewall?
- 5) Network Configuration
  - a. Internet Access Method
  - b. Firewall/router
  - c. Other network users
  - d. No Network

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## System Architecture and Security, Continued

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### **Security monitoring** (continued)

The HMIS Project Manager will notify the agency's Executive Director and/or Agency Administrator of an upcoming monitoring. The monitoring will be scheduled in advance, and there will be unannounced HMIS security monitoring visits. The HMIS Project Manager will perform the monitoring and create a results report. This report will be submitted to the agency's Executive Director, the HMIS Committee, and a copy will be filed at the HMIS Lead Agency. Any deficiencies in practices or security must be resolved immediately. A follow-up security audit will be conducted to ensure that the changes have taken affect.

In order to maintain a high level of security, client privacy, and confidentiality practices set-up in this policies and procedures document, security audits will be conducted by HMIS Project Manager on a regular basis. Agency Administrators will work with the HMIS Project Manager to schedule an audit and to assist the HMIS Project Manager in performing the audit. Details of the audit can also be found in the HMIS Quality Plan.

The audit will cover the following topics:

- Informed Consent Agreement,
  - Privacy notices,
  - Technology security, and
  - Data entry practices.
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# Violations

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## Right to deny access

The Homeless Management Information System (HMIS) System Administrator has the right to deny user access to the San Bernardino County Continuum of Care (SBC CoC) HMIS if a user has violated any of the policies in this document. Any user suspected of violating a policy may be subject to suspension of user privileges until the violation can be resolved.

**Explanation:** If deemed necessary for the immediate security and safety of SBC CoC HMIS data, the HMIS System Administrator has the right to deny or revoke user access to SBC CO CoC HMIS. HMIS System Administrator will report to the Participating Agency and the SBC CoC HMIS Advisory Committee the violation of any security protocols.

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## Reporting a violation

HMIS Users should report security violations to the Agency Administrator, Outcome Manager, or the HMIS System Administrator as appropriate.

**Explanation:** All HMIS users are obligated to report suspected instances of noncompliance. Users should report security violations to the Agency Administrator or the Outcome Manager. The Agency Administrator or Outcome Manager should report violations to the HMIS System Administrator. The HMIS System Administrator will review violations of the auditing policies and recommend corrective and disciplinary actions to the HMIS Advisory Committee.

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## Possible sanctions

HMIS Advisory Committee will investigate all potential violations of any security protocols. The Committee may sanction any user found to be in violation of the security protocols. The Agency and/or user may be sanctioned accordingly.

Sanctions by the SBC CoC include, but are not limited to:

- A formal letter of reprimand.
  - Suspension of system privileges.
  - Revocation of system privileges.
  - Referral for criminal prosecution.
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# Grievances

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## Client grievance process

Clients have the right to file grievance with Participating Agency with which they have a grievance. Participating Agencies will report all client grievances to the Office of Homeless Services (OHS).

**Explanation:** Each Participating Agency is responsible for answering questions and responding to grievances from its own clients regarding SBC CoC HMIS. After client has filed a San Bernardino County Continuum of Care (SBC CoC) Homeless Management Information System (HMIS)-related complaint to the Participating Agency, the Participating Agency must have a process to respond to the complaint.

The Participating Agency must keep all grievances and responses on file at the agency site. The Participating Agency will send written notice of the grievance and response to OHS. The HMIS System Administrator will record all grievances and report them to HMIS Advisory Committee. Appropriate action will be taken as required by the HMIS Advisory Committee.

The SBC CoC has overall responsibility for local SBC CoC HMIS effectiveness and will respond if users and/or Participating Agencies fail to follow the terms set forth in SBC CoC HMIS Policies and Procedures Manual, Agency Agreements, and End-User Agreement, or if a breach of client confidentiality or the intentional misuse of client data occurs.

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## Agency grievance process

Participating Agencies will report all agency-generated SBC CoC HMIS-related grievances to OHS. If the grievance is related to a problem with SBC CoC HMIS, it must be reported to the HMIS System Administrator. Corrective action will be taken if system-wide changes are warranted.

**Explanation:** In order for SBC CoC HMIS to serve as an adequate tool for agencies and provide a more accurate picture of the region's homelessness, any grievances related to problems with SBC CoC HMIS must be addressed by the agency in conjunction with OHS with the goal of affecting systemic change where necessary.

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# Glossary of Terms

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## Terms

**AESHMIS:** Adaptive Enterprise Solution Homeless Management Information System is the software package provided by the vendor that has been implemented as San Bernardino County Continuum of Care (SBC CoC) Homeless Management Information System (HMIS) software.

**Agency Administrator:** The person responsible for System administration at the agency level. Responsibilities include informing HMIS System Administration of the need to add and delete users, basic trouble-shooting.

**Agency Executive Management:** The high-level management staff that is responsible for organization level decision making, for example, the agency President or Executive Director.

**Aggregate Data:** Data with identifying elements removed and concentrated at a central server. Aggregate data are used for analytical purposes and reporting.

**Anti-Virus Software:** Programs to detect and remove computer viruses. The anti-virus software should always include a regular update services allowing it to keep up with the latest viruses as they are released.

**Application Service Provider (ASP):** A third party entity that manages and distributes software-based services to customers across a wide area network.

**Audit Trail:** A history of all access to the system, including viewing, additions and updates made to a client record.

**Authentication:** The process of identifying a user in order to grant access to a system or resource. Usually based on a username and password.

**Cable:** A type of modem that allows people to access the Internet via their cable television service.

**Central Intake Level Data:** Client information collected at intake, including the following system screens: Client Intake, Household/Demographics, Referral, Eligibility, Education/Employment and Documents.

**Client:** The person receiving services whose information is entered into SBC CoC HMIS.

**Client Identifiable Information:** Identifiable information is any information that is specific to the individual like, Social Security Number, date of birth, address, zip code, gender, ethnicity and race.

**Continuum of Care (CoC):** Continuum of Care; refers to the range of services (outreach, emergency transitional and permanent housing and supportive services) available to assist people out of homelessness.

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## Glossary of Terms, Continued

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### Terms (continued)

**Database:** An electronic system for organizing data so it can easily be searched and retrieved. The data within SBC CoC HMIS is accessible through the web-based interface.

**Decryption:** Conversion of scrambled text back into understandable, plain text form. Decryption uses an algorithm that reverses the process used during encryption.

**Dedicated IP:** A reserve IP (see IP).

**Digital Certificate:** An attachment to a message or data that verifies the identity of a sender.

**Digital Subscriber Line (DSL):** A digital telecommunications protocol designed to allow high- speed data communication over the existing copper telephone lines.

**Dynamic Host Configuration Protocol (DHCP):** A protocol that provides a means to dynamically allocate IP addresses to computers on a Local area network (LAN). The system administrator assigns a range of IP addresses to DHCP and each client computer on the LAN has its TCP/IP software configured to request an IP address from the DHCP server.

**Encryption:** Conversion of plain text into encrypted data by scrambling it using a code that masks the meaning of the data to any unauthorized viewer. Encrypted data are not readable unless it is converted back into plan text via decryption.

**Fiber Optic Communication:** A method of transmitting information from one place to another by sending pulses of light through an optical fiber.

**Firewall:** A method of controlling access to a private network, to provide security of data. Firewalls can use software, hardware, or a combination of both to control access.

**HMIS Advisory Committee:** HMIS Advisory Committee is composed of representatives from city and county departments, community/faith based organizations, non-profit entities and other members of the public/private sectors. The committee will be responsible for developing best practices, policies and procedures, and providing guidance in the implementation of SBC CoC HMIS.

**HMIS End-User:** A person who has unique user identification (ID) and directly accesses SBC CoC HMIS to assist in data collection, reporting or administration as part of his/her job function in homeless service delivery. Users are classified as either system users who perform administration functions at the system or aggregate level or agency users who perform functions at the agency level.

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## Glossary of Terms, Continued

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### Terms (continued)

**HMIS End-User Group:** HMIS End-User Group is made up of HMIS end-users from agencies throughout the CoC. The main purpose is to provide input on system issues, provide mutual support among users, share best practices and address challenges as a team. In addition, the User's Group will address effective ways to help advanced users to maximize system functionality and effective use of data.

**HMIS: Homeless Management Information System:** This is a generic term for any System used to manage data about the use of homeless services.

**HMIS System Administrator:** The person(s) with the highest level of user access in SBC CoC HMIS. This user has full access to all user and administrative functions in the CoC and will serve as the liaison between Participating Agencies and the vendor.

**Host:** A computer system or organization that plays a central role providing data storage and/or application services for SBC CoC HMIS.

**Internet:** A set of interconnected networks that form the basis for the World Wide Web.

**Internet Protocol Address (IP Address):** A unique address assigned to a user's connection based on the TCP/IP network. The Internet address is usually expressed in dot notation, e.g.: 128.121.4.5.

**Internet Service Provider (ISP):** A company that provides individuals or organization with access to the internet.

**Local Area Network (LAN):** A network that is geographically limited, allowing easy interconnection of computers within offices or buildings.

**Network:** Several computers connected to each other.

**Network Address Translation (NAT):** The translation of an Internet Protocol address (IP address) used within one network to a different IP address known within another network. One network is designated the inside network and the other is the outside. Typically, a company maps its local inside network addresses to one or more global outside IP addresses and unmaps the global IP addresses on incoming packets back into local IP addresses. This helps ensure security since each outgoing or incoming request must go through a translation process that also offers the opportunity to qualify or authenticate the request or match it to a previous request. NAT also conserves on the number of global IP addresses that a company needs and it lets the company use a single IP address in its communication with the world.

**On-site:** The location that uses SBC CoC HMIS and provides services to at-risk and homeless clients.

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## Glossary of Terms, Continued

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**Terms**  
(continued)

**Outcome/Program Manager:** The person at each Participating Agency designated to develop and assess the use of outcome measures for the agency's data on SBC CoC HMIS.

**Participating Agency:** An agency, organization or group who has signed an **HMIS Agency MOU** that allowed access to SBC CoC HMIS.

**Program Level Data:** Client information collected during the course of the client's program enrollment, including the following system screens: Program Entry, Services Provided, Client Profile, Case Notes, Track Savings, Bed Assignments, Bed Maintenance, Daily Services, Sessions, and Program Exit.

**Real-Time:** Data that is processed and available to other users as it is entered into the system.

**Referral Agency:** Any agency who provides services to the homeless by referring clients to service agencies throughout San Bernardino County.

**SBC CoC HMIS:** San Bernardino County Continuum of Care Homeless Management Information System is a web-based information system that homeless service agencies within the San Bernardino Region use to capture information about the persons they served.

**Server:** A computer that provides a service for other computers connected to it via a network. Servers can host and send files, data or programs to client computers.

**Static IP Address:** See Dedicated IP.

**T1 Line:** Communication line that can carry voice or data at transmission speeds that are 25 times the speed of a modem.

**Transmission Control Protocol/Internet Protocol (TCP/IP):** The protocol that enables two or more computers to establish a connection via the internet.

**User ID:** The unique identifier assigned to an authorized HMIS End-User.

**Virtual Private Network (VPN):** A group of computer systems that communicate securely over a public network.

**Wide Area Network (WAN):** A network that is not geographically limited, can link computers in different locales, and extend requests for web pages.

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## Glossary of Terms, Continued

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**Terms**  
(continued)

**Wired Equivalent Privacy (WEP):** A security protocol, specified in the IEEE Wireless Fidelity (Wi-Fi) Standard. Because of serious security weaknesses, WEP should never be used.

**Wi-Fi Protected Access II (WPA2):** Security protocol and security certification program to secure wireless computer networks.

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# Acknowledgement

I acknowledge that I have received a written copy of the San Bernardino County Continuum of Care (SBC CoC) Homeless Management Information System (HMIS) Policies and Procedures Manual. I understand the terms of SBC CoC HMIS Policies and Procedures and I agree to abide by them.

Agency Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Activity 23: No Child Left Unsheltered**

### **1. Activity Description**

This activity was proposed and approved via HACSB's FY 2014 Annual MTW Plan and implemented on April 1, 2015.

The "No Child Left Unsheltered" program aims to end homelessness of any unsheltered family with children in San Bernardino County, with special attention to the education and well-being of the children and the economic advancement of the parents. No Child Left Unsheltered will help resolve extremely critical needs of unsheltered families in the county by offering housing choice voucher rental subsidies to families who are identified as eligible unsheltered homeless families with children through our strong partnerships, particularly with the local school district. The program will also provide families with supportive services and resources such as emergency relief, school connections with community support, and job training for parents.

Through this activity, HACSB has set aside 40 housing choice vouchers to be made available to eligible families meeting the criteria under this program. Families will be selected using a waiting list preference specifically for this program. The rental subsidy is determined based on the same methodology used in the Streamlined Lease Assistance program. HACSB has partnered with a variety of local community service providers, including the school system, to identify families, particularly those with school-age children, who are unsheltered. Each identified family will be encouraged to apply for assistance, and if eligible, will receive assistance after being selected from the targeted waiting list.

### **2. Activity Status**

This activity was implemented on April 1, 2015.

In March, 2015, the HACSB Housing Commission and Board of Governors approved the award of the 40 project-based voucher units reserved for this activity to units within the HACSB-owned and HACSB-affiliated non-profit housing stock. HACSB is authorized to award these contracts through a non-competitive process under its Local Project-Based Voucher MTW Activity (activity 11), approved by HUD through HACSB's 2009 Annual MTW Plan. Families housed through this activity typically have significant challenges in locating housing through the traditional tenant-based voucher program. This award gives HACSB, as the property owner, the ability to house the families much more quickly and with more flexibility than in the traditional tenant-based voucher program, thus reducing the wait for housing from upwards of 60 days to only a few days within this non-traditional program.

HACSB selected the locations of the 40 project-based voucher units using data from the most recent homeless point-in-time survey. The units will be distributed throughout the county as follows:

Property Owner	Number of Units	Communities
HACSB	26	Kingsley Patio Homes, Montclair Stone Creek Apartments, Loma Linda Sunset Gardens, Yucaipa Hampton Court Apartments, Redlands Andalusia, Victorville Mesa Gardens, Hesperia
HPI Property Acquisitions LLC	10	Kendall Drive Apartments, San Bernardino Kendall Park Apartments, San Bernardino
Summit Place LLC	4	Summit Place, Ontario

### 3. Proposed Modifications

None.

### 4. Measurement Revisions

In accordance with Form HUD 50900, HACSB will report on this activity using the following metrics:

- CE #4: Increase in Resources Leveraged
- SS #8: Households Transitioned to Self-Sufficiency
- HC #3: Decrease in Wait List Time
- HC #7: Households Assisted by Services that Increase Housing Choice
- Local Metric: Households Housed through This Activity

Standard metrics CE #4, SS #8, HC #3, and HC #7 were added in HACSB's 2015 Annual Plan per HUD comment.

### 5. Changes to Authorizations

There has been no change in the Attachment C authorizations that were waived under our originally approved MTW Annual Plan for this activity. The proposed modification does not require any additional authorization.

**6. Statutory Objective**

This activity addresses the statutory objective to provide incentives to families to achieve self-sufficiency.

## **San Bernardino Continuum of Care (CoC):**

### **Working Paper to Establish Written Standards for Providing Continuum of Care Assistance**

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act): Continuum of Care Program (24 CFR Part 578) describes in § 578.7 Responsibilities of the Continuum of Care, subsection (a) Operate the Continuum of Care (9), the Continuum of Care must:

“In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance.”<sup>1</sup>

This subsection also states that at a minimum, written standards must include “policies and procedures for evaluating individuals’ and families’ eligibility for assistance” for:

1. permanent supportive housing;
2. rapid rehousing; and
3. transitional housing.

However, written standards for the San Bernardino CoC will also include:

4. coordinated entry;
5. seasonal shelter;
6. year-round shelter;
7. bridge housing; and
8. homeless prevention.

These written standards will be developed as HUD provides more guidance.

This subsection also states that written standards must also include:

“policies and procedures for determining and prioritizing which eligible individuals and families will receive” transitional housing, rapid rehousing, and permanent supportive housing assistance.

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<sup>1</sup> The Interim Rule for the Emergency Solutions Grant Program does not provide information concerning transitional housing beyond the Interim Rule for the HEARTH Act Continuum of Care program because in order for a transitional facility to receive ESG funds, the facility cannot require occupants to sign leases or occupancy agreements whereas CoC funded transitional housing programs must require occupants to sign leases or occupancy agreements.

## **I. Determining Written Standards for Permanent Supportive Housing**

### **A. Background information**

In regards to rapid rehousing, § 578.7 Responsibilities of the Continuum of Care (a) (9) of the HEARTH Act Interim Rule notes that:

In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.

Permanent supportive housing is considered permanent housing. HUD's regulatory definition of "permanent housing" states:

"The term 'permanent housing' means community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid re-housing."

HUD also states:

"Additionally, in the regulatory definition of "permanent housing," HUD clarifies that to be permanent housing, "the program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long. HUD has determined that requiring a lease for a term of at least one year that is renewable and terminable only for cause, assists program participants in obtaining stability in housing, even when the rental assistance is temporary. These requirements are consistent with Section 8 requirements."

### **B. Eligible clients**

As stated in the 2014 CoC NOFA under *Beds Dedicated to the Chronically Homeless*

"The total number of permanent supportive housing beds in the CoC's geographic area that are dedicated specifically for use by the chronically homeless, per 24 CFR 578.3, as reported in the CoC's Housing Inventory Count (HIC). For permanent supportive housing beds, when a participant exits the program, the bed must be filled by another chronically homeless participant unless there are no chronically homeless persons located within the CoC's geographic area. This concept only applies to permanent supportive housing projects. (see p. 18)"

Also stated in the 2014 CoC NOFA under *Non-Dedicated Permanent Supportive Housing Beds*

“Permanent supportive housing beds within a CoC’s geographic area that are not currently dedicated specifically for use by the chronically homeless. CoCs and projects are strongly encouraged to prioritize the chronically homeless in non-dedicated permanent supportive housing beds as they become available through turnover. This concept only pertains to permanent supportive housing projects (see p. 19).”

Eligible clients must also meet eligibility criteria as defined in the NOFA under which the program was funded.

### **C. Prioritizing Permanent Supportive Housing**

On July 28, 2014, HUD published Notice: CPD-14-012 “Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.”

HUD stated that to “ensure that all PSH beds funded through the CoC Program are used as strategically and effectively as possible, PSH needs to be targeted to serve persons with the highest needs and greatest barriers towards obtaining and maintaining housing on their own—persons experiencing chronic homelessness (see p. 2).”

HUD also stated that “CoCs are strongly encouraged to adopt and incorporate into the CoC’s written standards and coordinated entry system” that are consistent with the order of priority established by HUD in the notice concerning CoC Program-funded Permanent Supportive Housing and Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness (see pages 2 and 3).

Thus, with “adoption by CoCs and incorporation into the CoC’s written standards, **all** recipients of CoC Program-funded PSH must then follow this order of priority, consistent with their current grant agreement, which will result in this intervention being targeted to the persons who need it the most (see p. 3).

HUD’s “Order of Priority in CoC Program-funded Permanent Supportive Housing” is as follows:

- First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.
- Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness.
- Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs.
- Fourth Priority—All Other Chronically Homeless Individuals and Families.

HUD's "Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness" is as follows:

- First Priority—Homeless Individuals and Families with a Disability with the Most Severe Service Needs.
- Second Priority—Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.
- Third Priority—Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.
- Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.

Details of both sets of order of priority can be found on pages 6 – 10 of the notice.

A glossary of key terms for this notice can be found on pages 3 – 5.

The notice also requires "Recordkeeping Requirements for Documenting Chronic Homeless Status." HUD stated that this notice "establishes recordkeeping requirements for all recipients of CoC Program-funded PSH that are required to document a program participant's status as chronically homeless as defined in 24 CFR 578.3 and in accordance with 24 CFR 578.103. Further, HUD expects that where CoCs have adopted the orders of priority in Section III. of this Notice into their written standards, the CoC as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities."

#### **A. CoC Records**

In addition to the records required in 24 CFR 578.103, it is recommended that the CoC should supplement such records with the following:

1. Evidence of written standards that incorporate the priorities in Section III. of this Notice, as adopted by the CoC;
2. Evidence of a standardized assessment tool;
3. Evidence that the written standards were incorporated into the coordinated entry policies and procedures.

Details for 1 -3 can be found on pages 11 – 12 of the notice.

#### **B. Recipient Recordkeeping Requirements**

In addition to the records required in 24 CFR 578.103, recipients of CoC Program-funded PSH that is required by grant agreement to document chronically homeless status of program participants in some or all of its PSH beds must maintain the following records:

1. Written Intake Procedures;

2. Evidence of Chronically Homeless Status
  - a. Evidence of homeless status
  - b. Evidence of the duration of the homelessness:
    - Evidence that the homeless occasion was continuous, for at least one year;
    - Evidence that the household experienced at least four separate homeless occasions over 3 years;
    - Evidence of diagnosis with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

Details for 1 -2 can be found on pages 11 – 12 of the notice.

#### **D. Written Standards**

##### **Written Standard #1: No Designated Length of Stay**

- **Program participants are provided housing without a designated length of stay that permits them to live as independently as possible.**

In Program Components and Eligible Costs (Subpart D) of the Preamble of the HEARTH Act (see p. 25) the following is noted:

“Consistent with the definition of permanent housing in section 401 of the McKinney-Vento Act and § 578.3 of this interim rule, the permanent housing component is community-based housing without a designated length of stay that permits formerly homeless individuals and families to live as independently as possible. The interim rule clarifies that Continuum of Care funds may be spent on two types of permanent housing: permanent supportive housing for persons with disabilities (PSH) and rapid rehousing that provides temporary assistance (i.e., rental assistance and/or supportive services) to program participants in a unit that the program participant retains after the assistance ends.”

##### **Written Standard #2: Lease Agreement**

- **The program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long.**

On page 12 of the Preamble of the HEARTH Act Interim Rule,

“HUD clarifies that to be permanent housing, “the program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause.

The lease must be renewable for terms that are a minimum of one month long. HUD has determined that requiring a lease for a term of at least one year that is renewable and terminable only for cause, assists program participants in obtaining stability in housing, even when the rental assistance is temporary. These requirements are consistent with Section 8 requirements.”

Also, § 578.77 Calculating occupancy charges and rent (a) states the following about occupancy agreements:

“(a) Occupancy agreements and leases. Recipients and subrecipients must have signed occupancy agreements or leases (or subleases) with program participants residing in housing.”

**Written Standard #3: Restricted Assistance and Disabilities**

- **Permanent supportive housing can only provide assistance to individuals with disabilities and families in which one adult or child has a disability.**

§ 578.37 Program components and uses of assistance (a) (1) (i) states that:

“Permanent supportive housing for persons with disabilities (PSH). *PSH can only provide assistance to individuals with disabilities and families in which one adult or child has a disability.* Supportive services designed to meet the needs of the program participants must be made available to the program participants.”

**Written Standard #4: Supportive Services**

- **Supportive services designed to meet the needs of program participants must be made available to the program participants.**

§ 578.37 Program components and uses of assistance (a) (1) (i) states that:

“Permanent supportive housing for persons with disabilities (PSH). PSH can only provide assistance to individuals with disabilities and families in which one adult or child has a disability. *Supportive services designed to meet the needs of the program participants must be made available to the program participants.*”

**Written Standard #5: Duration of Supportive Services Assistance**

- **Supportive services to enable program participants to live as independently as possible must be provided throughout the duration of their residence**

§ 578.53 Supportive services (b) (2) states that:

“Permanent supportive housing projects must provide supportive services for the residents to enable them to live as independently as is practicable throughout the duration of their residence in the project.”

**Written Standard #6: One Person per Bedroom**

- **Two individuals in a shared housing situation must have their own lease and their own bedroom unless the two individuals are presented together as a household**

Information received from HUD Exchange on February 9, 2015 is as follows:

“Under the CoC Program, all housing that is leased with Continuum of Care program funds, or for which rental assistance payments are made with Continuum of Care program funds, must meet the applicable Housing Quality Standards (HQS) under 24 CFR 982.401 of this title, except that 24 CFR 982.401(j) applies only to housing occupied by program participants receiving tenant-based rental assistance.

HQS dictates that, at a minimum, the unit must have a living room, a kitchen, and a bathroom. HQS requirements also dictates that the bathroom must be contained within the unit, afford privacy (usually meaning a door, although no lock is required), and be for the exclusive use of the occupants. Additionally, the unit must have suitable space and equipment to store, prepare, and serve food in a sanitary manner. This includes a requirement for an oven and stove or range, a refrigerator of appropriate size for the family, and a kitchen sink with hot and cold running water. Hot plates are not acceptable substitutes for stoves or ranges. However, a microwave oven may be used in place of a conventional oven, stove, or range if the oven/stove/range are tenant supplied or if microwaves are furnished in both subsidized and unsubsidized units in the building or premises.

The CoC Program also allows for shared housing/roommate situations in projects with leasing or rental assistance funds. **Each household must have the bedroom size that fits their household size. In other words, 2 individuals in a shared housing situation must have their own lease, and their own bedroom. The only situation where 2 people would be sharing one bedroom would be if they presented together as a household.**

For more information about Housing Quality Standards, please refer to Chapter 10 of the HCVP Guidebook:

[www.hud.gov/offices/adm/hudclips/guidebooks/7420.10G/7420g10GUID.pdf](http://www.hud.gov/offices/adm/hudclips/guidebooks/7420.10G/7420g10GUID.pdf).”

**Written Standard #7: Program Income**

- **Program income generated from rent and occupancy charges may be collected from program participants and added to funds committed to the project by HUD and used for eligible program activities**

§ 578.97 Program income includes the following:

“(a) Defined. Program income is the income received by the recipient or subrecipient directly generated by a grant-supported activity.

(b) Use. Program income earned during the grant term shall be retained by the recipient, and added to funds committed to the project by HUD and the recipient, used for eligible activities in accordance with the requirements of this part. Costs incident to the generation of program income may be deducted from gross income to calculate program income, provided that the costs have not been charged to grant funds.

(c) Rent and occupancy charges. Rents and occupancy charges collected from program participants are program income. In addition, rents and occupancy charges collected from residents of transitional housing may be reserved, in whole or in part, to assist the residents from whom they are collected to move to permanent housing.”

Also, § 578.49 Leasing (b) (7) states the following about program income:

“Program income. Occupancy charges and rent collected from program participants are program income and may be used as provided under § 578.97.”

**Written Standard #8:** Calculating Occupancy Charges and Rent

- **if occupancy charges are imposed, they may not exceed the highest of: 1) 30 percent of the family’s monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses); 2) 10 percent of the family’s monthly income; or 3) If the family is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family’s actual housing costs) is specifically designated by the agency to meet the family’s housing costs, the portion of the payments that is designated for housing costs.**

§ 578.77 Calculating occupancy charges and rent (b) (1) (2) (3) notes the following about occupancy agreements:

“(b) Calculation of occupancy charges. Recipients and subrecipients are not required to impose occupancy charges on program participants as a condition of residing in the housing. However, if occupancy charges are imposed, they may not exceed the highest of:

(1) 30 percent of the family’s monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses);

(2) 10 percent of the family’s monthly income; or

(3) If the family is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family's actual housing costs) is specifically designated by the agency to meet the family's housing costs, the portion of the payments that is designated for housing costs."

**Written Standard #9: Examining Program Participant's Initial Income**

- **a program participant's initial income must be examined at least annually to determine the amount of the contribution toward rent payable by the program participant and adjustments to a program participant's contribution toward the rental payment must be made as changes in income are identified.**

§578.77 Calculating occupancy charges and rent (c)(2) states that:

"Recipients or subrecipients must examine a program participant's income initially, and at least annually thereafter, to determine the amount of the contribution toward rent payable by the program participant. Adjustments to a program participant's contribution toward the rental payment must be made as changes in income are identified."

§578.103 Recordkeeping requirements (7) (i) (ii) states that the recipient or subrecipient must keep records for each program participant that document:

"(i) The services and assistance provided to that program participant, including evidence that the recipient or subrecipient has conducted an annual assessment of services for those program participants that remain in the program for more than a year and adjusted the service package accordingly, and including case management services as provided in § 578.37(a)(1)(ii)(F); and

(ii) Where applicable, compliance with the termination of assistance requirement in § 578.91."

**Written Standard #10: Verifying Program Participant's Initial Income**

- **each program participant must agree to supply the information or documentation necessary to verify the program participant's income.**

§578.77 Calculating occupancy charges and rent (c)(3) states that:

"As a condition of participation in the program, each program participant must agree to supply the information or documentation necessary to verify the program participant's income. Program participants must provide the recipient or subrecipient with information at any time regarding changes in income or other circumstances that may result in changes to a program participant's contribution toward the rental payment."

§578.103 Recordkeeping requirements (6) (i) (ii) (iii) and (iv) states that the following documentation of annual income must be kept by recipient or subrecipient:

“(i) Income evaluation form specified by HUD and completed by the recipient or subrecipient; and

(ii) Source documents (e.g., most recent wage statement, unemployment compensation statement, public benefits statement, bank statement) for the assets held by the program participant and income received before the date of the evaluation;

(iii) To the extent that source documents are unobtainable, a written statement by the relevant third party (e.g., employer, government benefits administrator) or the written certification by the recipient’s or subrecipient’s intake staff of the oral verification by the relevant third party of the income the program participant received over the most recent period; or

(iv) To the extent that source documents and third-party verification are unobtainable, the written certification by the program participant of the amount of income that the program participant is reasonably expected to receive over the 3-month period following the evaluation.”

**Written Standard #11: Recalculating Occupancy Charges and Rent**

- **if there is a change in family composition (e.g., birth of a child) or a decrease in the resident’s income during the year, the resident may request an interim reexamination, and the occupancy charge will be adjusted accordingly.**

§ 578.77 Calculating occupancy charges and rent (b) (4) notes the following about recalculating occupancy charges and rent:

“(4) Income. Income must be calculated in accordance with 24 CFR 5.609 and 24 CFR 5.611(a). Recipients and subrecipients must examine a program participant’s income initially, and if there is a change in family composition (e.g., birth of a child) or a decrease in the resident’s income during the year, the resident may request an interim reexamination, and the occupancy charge will be adjusted accordingly.”

**Written Standard #12: Supportive Services Agreement**

- **program participants may be required to take part in supportive services that are not disability-related services (including substance abuse treatment services) provided through the project as a condition of continued participation in the program. However, HUD tends to believe that these kinds of requirements can be barriers and should be rare and minimal if used as all.**

§ 578.75 General operations (h) states that:

“Recipients and subrecipients may require the program participants to take part in supportive services that are not disability-related services provided through the project as a condition of continued participation in the program. Examples of disability-related services include, but are not limited to, mental health services, outpatient health services, and provision of medication, which are provided to a person with a disability to address a condition caused by the disability. Notwithstanding this provision, if the purpose of the project is to provide substance abuse treatment services, recipients and subrecipients may require program participants to take part in such services as a condition of continued participation in the program.”

From “HOUSING FIRST IN PERMANENT SUPPORTIVE HOUSING” (see [www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf](http://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf))

***“Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability*** - Supportive services are proactively offered to help tenants achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy. Techniques such as harm reduction and motivational interviewing may be useful. Harm reduction techniques can confront and mitigate the harms of drug and alcohol use through non-judgmental communication while motivational interviewing may be useful in helping households acquire and utilize new skills and information.”

**Written Standard #13:** Termination of Assistance

- **Assistance may be terminated to a program participant who violates program requirements or conditions of occupancy by providing a formal process that recognizes the due process of law.**

On page 37 of the Preamble of the HEARTH Act, the following is stated concerning termination of assistance:

“The interim rule provides that a recipient may terminate assistance to a participant who violates program requirements or conditions of occupancy. The recipient must provide a formal process that recognizes the due process of law. Recipients may resume assistance to a participant whose assistance has been terminated.

Recipients that are providing permanent supportive housing for hard-to-house populations of homeless persons must exercise judgment and examine all circumstances in determining whether termination is appropriate. Under this interim rule, HUD has determined that a participant’s assistance should be terminated only in the most severe cases. HUD is carrying over this requirement from the Shelter Plus Care program.”

## II. Determining Written Standards for Rapid Rehousing

### A. Background information

In regards to rapid rehousing, § 578.7 Responsibilities of the Continuum of Care (a) (9) of the HEARTH Act Interim Rule notes that:

In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;
- Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;

Rapid rehousing is considered permanent housing. HUD's regulatory definition of "permanent housing" states:

"The term 'permanent housing' means community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid re-housing."

HUD also states:

"Additionally, in the regulatory definition of "permanent housing," HUD clarifies that to be permanent housing, "the program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long. HUD has determined that requiring a lease for a term of at least one year that is renewable and terminable only for cause, assists program participants in obtaining stability in housing, even when the rental assistance is temporary. These requirements are consistent with Section 8 requirements."

Types of rapid rehousing assistance include:

- Rental assistance;
- Case management;
- Supportive services;
- Security deposits.

## **B. Eligible Clients**

Eligible clients must meet HUD's Category 1 definition of homelessness which is:

Individuals and families who lack a fixed, regular, and adequate nighttime residence:

- An individual or family 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, etc.
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or
- An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

For information on HUD's other homeless categories, eligible for other CoC funds, visit: [www.onecpd.info/resources/documents/HEARTH\\_HomelessDefinition\\_FinalRule.pdf](http://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf)

Eligible clients must also meet eligibility criteria as defined in the NOFA under which the program was funded.

## **C. Prioritizing Rapid Rehousing**

Recently, HUD provided guidance for rapid rehousing in terms of prioritizing subpopulations. HUD noted in a SNAPS In Focus: Rapid Re-Housing As a Model and Best Practice, August 6, 2014, that:

“Rapid re-housing can be effective for many populations, such as families with children, youth aging out of foster care, domestic violence survivors, single adults, and veterans, but should be targeted to those households that would not be able to get out of homelessness without the assistance. It is particularly a key strategy for achieving the Opening Doors goal of ending family, youth, and child homelessness by 2020.

Rapid re-housing should prioritize people with more challenges, including those with no income, poor employment prospects, troubled rental histories, and criminal records. Providers should link participants with community resources that will help them achieve longer-term stability and well-being. Now is the time for communities to be working together to establish written standards for administering rapid re-housing and thinking strategically about how this type of assistance will be used most effectively within the CoC.”

Recently, HUD also noted on [www.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf](http://www.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf) that:

“Rapid re-housing is an effective intervention for many different types of households experiencing homelessness, including those with no income, with disabilities, and with poor rental history. The majority of households experiencing homelessness are good candidates for rapid re-housing. The only exceptions are households that can exit homelessness with little or no assistance, those who experience chronic homelessness and who need permanent supportive housing, and households who are seeking a therapeutic residential environment, including those recovering from addiction.”

Thus, the San Bernardino CoC will prioritize the following subpopulations:

- families with children;
- youth aging out of foster care;
- domestic violence survivors;
- single adults;
- and veterans

that can exit homelessness with little or no assistance, those who experience chronic homelessness and who need permanent supportive housing, and households who are seeking a therapeutic residential environment, including those recovering from addiction.

#### **D. Written Standards**

##### **Written Standard #1: Lease Agreement**

- **The program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long.**

On page 12 of the Preamble of the HEARTH Act Interim Rule,

“HUD clarifies that to be permanent housing, “the program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long. HUD has determined that requiring a lease for a term of at least one year that is renewable and terminable only for cause, assists program participants in obtaining stability in housing, even when the rental assistance is temporary. These requirements are consistent with Section 8 requirements.”

## Written Standard #2: Rental Assistance

- **Program participants may receive short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance**

§ 578.37 Program components and uses of assistance (a) (1) (ii) states that:

“Continuum of Care funds may provide supportive services, as set forth in § 578.53, and/or **short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance**, as set forth in § 578.51(c), as necessary to help a homeless individual or family, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing.”

## Written Standard #3: Amount of Rental Assistance

- **Standards for determining the share of rent and utilities costs that each program participant must pay, if any, will be based on the following guidelines:**
  - **The maximum amount of rent that a participant will pay can be up to 100% of the rental amount;**
  - **The maximum percentage of income paid by participants towards rent at program completion shall be no more than 50%. However, in certain circumstances, on a case-by-case basis, there may be participants whose rental share may exceed 50% of the rent based on their financial circumstances. In general, the goal will be that participants pay generally no more than 50% of their income in rent;**
  - **100% of the cost of rent in rental assistance may be provided to program participants. However to maximize the number of households that can be served with rapid re-housing resources, it is expected that the level of need will be based on the goal of providing only what is necessary for each household to be stably housed for the long term;**
  - **Rental assistance cannot be provided for a unit unless the rent for that unit is at or below the Fair Market Rent limit, established by HUD;**
  - **The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.**

§ 578.37 Program components and uses of assistance (a) (1) (ii) (F) states that a Continuum of Care:

“May set a maximum amount or percentage of rental assistance that a program participant may receive, a maximum number of months that a program participant may receive rental assistance, and/or a maximum number of times that a program participant may receive rental assistance. The recipient or subrecipient may also require program participants to share in the costs of rent. For the purposes of calculating rent

for rapid rehousing, the rent shall equal the sum of the total monthly rent for the unit and, if the tenant pays separately for utilities, the monthly allowance for utilities (excluding telephone) established by the public housing authority for the area in which the housing is located.”

**Written Standard #4: Duration of Assistance**

- **Program participants may receive up to 24 months of rental assistance. However, it is expected that program participants will only receive the level of assistance necessary to be stably housed for the long-term.**

§ 578.37 Program components and uses of assistance (a) (1) (ii) states that:

“Continuum of Care funds may provide supportive services, as set forth in § 578.53, and/or short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance, as set forth in § 578.51(c), as necessary to help a homeless individual or family, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing.”

**Written Standard #5: Security Deposits including Last Month’s Rent**

- **Program participants may receive funds for security deposits in an amount not to exceed 2 months of rent.**

§ 578.51 Rental assistance (a) (2) states that:

“Grant funds may be used for security deposits in an amount not to exceed 2 months of rent. An advance payment of the last month’s rent may be provided to the landlord, in addition to the security deposit and payment of first month’s rent.”

**Written Standard #6: Receiving Rental Assistance through Other Sources**

- **Rental assistance cannot be provided to a program participant who is already receiving rental assistance, or living in a housing unit receiving rental assistance or operating assistance through other federal, State, or local sources.**

§ 578.51 Rental assistance (a) Use states that:

“Grant funds may be used for rental assistance for homeless individuals and families. Rental assistance cannot be provided to a program participant who is already receiving rental assistance, or living in a housing unit receiving rental assistance or operating assistance through other federal, State, or local sources.”

### **Written Standard #7: Case Management**

- Program participants must meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability.

§ 578.37 Program components and uses of assistance (a) (1) (ii) (F) states the following requirement:

“Require the program participant to meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability. The project is exempt from this requirement if the Violence Against Women Act of 1994 (42 U.S.C. 13925 *et seq.*) or the Family Violence Prevention and Services Act (42 U.S.C. 10401 *et seq.*) prohibits the recipient carrying out the project from making its housing conditional on the participant’s acceptance of services.”

### **Written Standard #8: Supportive Services**

- **Program participants may receive supportive services as set forth in § 578.53 (see Appendix A)**

§ 578.37 Program components and uses of assistance (a) (1) (ii) states that:

“Continuum of Care funds may provide **supportive services**, as set forth in § 578.53, and/or short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance, as set forth in § 578.51(c), as necessary to help a homeless individual or family, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing.”

### **Written Standard #9: Duration of Supportive Services**

- **Program participants may receive supportive services for no longer than 6 months after rental assistance stops**

§ 578.37 Program components and uses of assistance (a) (1) (ii) (F) states that the Continuum of Care “May provide supportive services for no longer than 6 months after rental assistance stops.”

### **Written Standard #10: Re-evaluation**

- **Program participants must be re-evaluated, not less than once annually, in order to determine whether program participants lack sufficient resources and support networks necessary to retain housing without Continuum of Care assistance and the types and amounts of assistance that the program participant needs to retain housing.**

§ 578.37 Program components and uses of assistance (a) (1) (ii) (E) states that the Continuum of Care:

“Must re-evaluate, not less than once annually, that the program participant lacks sufficient resources and support networks necessary to retain housing without Continuum of Care assistance and the types and amounts of assistance that the program participant needs to retain housing. The recipient or subrecipient may require each program participant receiving assistance to notify the recipient or subrecipient of changes in the program participant’s income or other circumstances (e.g., changes in household composition) that affect the program participant's need for assistance. When notified of a relevant change, the recipient or subrecipient must reevaluate the program participant’s eligibility and the amount and types of assistance that the program participant needs.”

### **III. Determining Written Standards for Transitional Housing**

#### **A. Background Information**

This section proposes written standards for transitional housing based upon information provided in the HEARTH Act.

Under § 578.3 Definitions of the HEARTH Act, the following is stated:

“Transitional housing means housing, where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary. The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended.”

#### **B. Eligible Clients**

Eligible clients must meet HUD’s Category 1 definition of homelessness which is:

Individuals and families who lack a fixed, regular, and adequate nighttime residence:

- An individual or family 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, etc.
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or

- An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

For information on HUD's other homeless categories, eligible for other CoC funds, visit: [www.onecpd.info/resources/documents/HEARTH\\_HomelessDefinition\\_FinalRule.pdf](http://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf)

Eligible clients must also meet eligibility criteria as defined in the NOFA under which the program was funded.

### **C. Prioritizing Transitional Housing**

Domestic violence survivors and youth ages 18 – 24 will be prioritized for transitional housing if they are not assessed as chronically homeless.<sup>2</sup> All chronically homeless individuals and families will not be served through transitional housing.<sup>3</sup> Such households will be served by permanent supportive housing through a Housing First approach. Also, eligible single veterans and veterans with families, will be served by permanent supportive housing through the HUD VASH voucher program or the Supportive Services for Veteran Families program.

### **D. Written Standards**

#### **Written Standard #1:**

**The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended” unless a “homeless individual or family may remain in transitional housing for a period longer than 24 months, if permanent housing for the individual or family has not been located or if the individual or family requires**

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<sup>2</sup> In the HEARTH Act, chronically homeless is defined as (1) An individual who: (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and (iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; (2) 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 (1) of this definition, before entering that facility; or (3) 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 (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

<sup>3</sup> Chronically homeless households are no longer considered chronically homeless once they become residents of transitional housing programs. As a result, such households are no longer eligible for permanent supportive housing programs that are restricted to serve only chronically homeless households. In addition, HUD strongly encourages permanent supportive housing providers to fill vacant beds with chronically homeless households.

**additional time to prepare for independent living” as noted in § 578.79 Limitation on transitional housing.**

Under § 578.51 Rental assistance, (l) Leases (2) Initial lease for transitional housing, the following is required:

“Program participants in transitional housing must enter into a lease agreement for a term of at least one month. The lease must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months.”

**Written Standard #2:**

**The lease with program participant “must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months.”**

Under § 578.37 Program components and uses of assistance, subsection (2), transitional housing is further described in the HEARTH Act as follows:

“Transitional housing facilitates the movement of homeless individuals and families to PH within 24 months of entering TH. Grant funds may be used for acquisition, rehabilitation, new construction, leasing, rental assistance, operating costs, and supportive services.”

**Written Standard #3:**

**In order to facilitate the movement of program participants to PH within 24 months of entering TH, grant funds may be used for all of the following activities: acquisition, rehabilitation, new construction, leasing, rental assistance, operating costs, and supportive services.**

Under § 578.53 Supportive services (b) Duration, the following is also noted:

(1) “For a transitional housing project, supportive services must be made available to residents throughout the duration of their residence in the project.”

(3) “Services may also be provided to former residents of transitional housing and current residents of permanent housing who were homeless in the prior 6 months, for no more than 6 months after leaving transitional housing or homelessness, respectively, to assist their adjustment to independent living.”

**Written Standard #4:**

**Supportive services must be made available to program participants “throughout the duration of their residence” and such services “may also be provided to former residents of transitional housing and current residents of permanent housing who were homeless in the**

**prior 6 months, for no more than 6 months after leaving transitional housing or homelessness, respectively, to assist their adjustment to independent living.”**

Under § 578.77 Calculating occupancy charges and rent, the following guidelines are provided:

“(a) Occupancy agreements and leases. Recipients and subrecipients must have signed occupancy agreements or leases (or subleases) with program participants residing in housing.

(b) Calculation of occupancy charges. Recipients and subrecipients are not required to impose occupancy charges on program participants as a condition of residing in the housing. However, if occupancy charges are imposed, they may not exceed the highest of:

(1) 30 percent of the family’s monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses);

(2) 10 percent of the family’s monthly income; or

(3) If the family is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family’s actual housing costs) is specifically designated by the agency to meet the family’s housing costs, the portion of the payments that is designated for housing costs.

(4) Income. Income must be calculated in accordance with 24 CFR 5.609 and 24 CFR 5.611(a). Recipients and subrecipients must examine a program participant’s income initially, and if there is a change in family composition (e.g., birth of a child) or a decrease in the resident’s income during the year, the resident may request an interim reexamination, and the occupancy charge will be adjusted accordingly.”

**Written Standard #5:**

**Recipients and subrecipients of funding for transitional housing “are not required to impose occupancy charges on program participants as a condition of residing” in transitional housing.**

**“However, if occupancy charges are imposed, they may not exceed the highest of:**

**(1) 30 percent of the family’s monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses);**

**(2) 10 percent of the family’s monthly income; or**

**(3) If the family is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family’s actual housing costs) is specifically designated by the agency to meet the**

family's housing costs, the portion of the payments that is designated for housing costs.

**(4) Income.** Income must be calculated in accordance with 24 CFR 5.609 and 24 CFR 5.611(a). Recipients and subrecipients must examine a program participant's income initially, and if there is a change in family composition (e.g., birth of a child) or a decrease in the resident's income during the year, the resident may request an interim reexamination, and the occupancy charge will be adjusted accordingly.

Under § 578.79 Limitation on transitional housing, the following is stated:

“A homeless individual or family may remain in transitional housing for a period longer than 24 months, if permanent housing for the individual or family has not been located or if the individual or family requires additional time to prepare for independent living. However, HUD may discontinue assistance for a transitional housing project if more than half of the homeless individuals or families remain in that project longer than 24 months.”

**Written Standard #6:**

**Assistance for a transitional housing project may be discontinued “if more than half of the homeless individuals or families remain in that project longer than 24 months.”**

As noted on page 1, § 578.7 Responsibilities of the Continuum of Care, subsection (a) Operate the Continuum of Care (9), states that written standards must also include:

“policies and procedures for determining and prioritizing which eligible individuals and families will receive” transitional housing, rapid rehousing, and permanent supportive housing assistance.

Prioritizing which eligible individuals and families will receive transitional housing has been the focus of a few HUD publications during the past few years. On September 18, 2013, “What about Transitional Housing” was the emphasis of SNAPS Weekly Focus.

“It is time for CoCs to look at transitional housing programs with a critical eye – look at recent research, review each program's eligibility criteria, analyze outcomes and occupancy rates, and make sure the services offered (and paid for) actually match the needs of people experiencing homelessness within the CoC. Many transitional housing programs may need to change their program design or serve a different population. For example, some may need to remove strict eligibility criteria that result in those families that really need intensive services being screened out (often resulting in low occupancy). In other cases, the best course of action is to reallocate the transitional housing program in favor of a more promising model.

For many years, using HUD funds for transitional housing was the only funding alternative for serving families and individuals that did not need permanent supportive housing. With rapid re-housing now eligible under both the CoC Program and the Emergency Solutions Grants (ESG) program, there is an alternative and promising option for families with low-barriers that need shorter interventions. Rapid re-housing can be done with a lower cost per household – increasing the total number of households that can be served with the same amount of funding. If the majority of households served in your CoC's transitional housing are families with lower barriers, you should consider reallocating those projects into new rapid re-housing projects for families.

Similarly, as CoCs move to a more direct Housing First approach, eligible households with disabilities that will need long-term assistance likely do not need an interim stay in transitional housing. For example, a CoC that has a high number of people in transitional housing *waiting* for placement into permanent supportive housing should consider reallocating those transitional housing units into new permanent supportive housing.

We know that there are families and individuals who need more assistance than rapid re-housing offers but who do not qualify for permanent supportive housing. Transitional housing should be reserved for those populations that most need that type of intervention – programs that serve domestic violence survivors and youth and those that provide substance abuse treatment come to mind first – rather than being used either as a holding pattern for those that really need permanent supportive housing or those that need less intensive interventions.”

## Appendix A: Supportive Services

### § 578.53 Supportive services.

(a) In general. Grant funds may be used to pay the eligible costs of supportive services that address the special needs of the program participants. If the supportive services are provided in a supportive service facility not contained in a housing structure, the costs of day-to-day operation of the supportive service facility, including maintenance, repair, building security, furniture, utilities, and equipment are eligible as a supportive service.

(1) Supportive services must be necessary to assist program participants obtain and maintain housing.

(2) Recipients and subrecipients shall conduct an annual assessment of the service needs of the program participants and should adjust services accordingly.

(b) Duration.

(1) For a transitional housing project, supportive services must be made available to residents throughout the duration of their residence in the project.

(2) Permanent supportive housing projects must provide supportive services for the residents to enable them to live as independently as is practicable throughout the duration of their residence in the project.

(3) Services may also be provided to former residents of transitional housing and current residents of permanent housing who were homeless in the prior 6 months, for no more than 6 months after leaving transitional housing or homelessness, respectively, to assist their adjustment to independent living.

(4) Rapid rehousing projects must require the program participant to meet with a case manager not less than once per month as set forth in § 578.37(a)(1)(ii)(F), to assist the program participant in maintaining long-term housing stability.

(c) Special populations. All eligible costs are eligible to the same extent for program participants who are unaccompanied homeless youth; persons living with HIV/AIDS; and victims of domestic violence, dating violence, sexual assault, or stalking.

(d) Ineligible costs. Any cost that is not described as an eligible cost under this section is not an eligible cost of providing supportive services using Continuum of Care program funds. Staff training and the costs of obtaining professional licenses or certifications needed to provide supportive services are not eligible costs.

(e) Eligible costs.

(1) Annual Assessment of Service Needs. The costs of the assessment required by § 578.53(a)(2) are eligible costs.

(2) Assistance with moving costs. Reasonable one-time moving costs are eligible and include truck rental and hiring a moving company.

(3) Case management. The costs of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant(s) are eligible costs. Component services and activities consist of:

(i) Counseling;

(ii) Developing, securing, and coordinating services;

(iii) Using the centralized or coordinated entry system as required under § 578.23(c)(9).

(iv) Obtaining federal, State, and local benefits;

(v) Monitoring and evaluating program participant progress;

(vi) Providing information and referrals to other providers;

(vii) Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking; and

(viii) Developing an individualized housing and service plan, including planning a path to permanent housing stability.

(4) Child care. The costs of establishing and operating child care, and providing child-care vouchers, for children from families experiencing homelessness, including providing meals and snacks, and comprehensive and coordinated developmental activities, are eligible.

(i) The children must be under the age of 13, unless they are disabled children.

(ii) Disabled children must be under the age of 18.

(iii) The child-care center must be licensed by the jurisdiction in which it operates in order for its costs to be eligible.

(5) Education services. The costs of improving knowledge and basic educational skills are eligible.

(i) Services include instruction or training in consumer education, health education, substance abuse prevention, literacy, English as a Second Language, and General Educational Development (GED).

(ii) Component services or activities are screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies, and instructional material; counseling; and referral to community resources.

(6) Employment assistance and job training. The costs of establishing and operating employment assistance and job training programs are eligible, including classroom, online and/or computer instruction, on-the-job instruction, services that assist individuals in securing employment, acquiring learning skills, and/or increasing earning potential. The cost of providing reasonable stipends to program participants in employment assistance and job training programs is also an eligible cost.

(i) Learning skills include those skills that can be used to secure and retain a job, including the acquisition of vocational licenses and/or certificates.

(ii) Services that assist individuals in securing employment consist of:

(A) Employment screening, assessment, or testing;

(B) Structured job skills and job-seeking skills;

(C) Special training and tutoring, including literacy training and pre-vocational training;

(D) Books and instructional material;

(E) Counseling or job coaching; and

(F) Referral to community resources.

(7) Food. The cost of providing meals or groceries to program participants is eligible.

(8) Housing search and counseling services. Costs of assisting eligible program participants to locate, obtain, and retain suitable housing are eligible.

(i) Component services or activities are tenant counseling; assisting individuals and families to understand leases; securing utilities; and making moving arrangements.

(ii) Other eligible costs are:

(A) Mediation with property owners and landlords on behalf of eligible program participants;

(B) Credit counseling, accessing a free personal credit report, and resolving personal credit issues; and

(C) The payment of rental application fees.

(9) Legal services. Eligible costs are the fees charged by licensed attorneys and by person(s) under the supervision of licensed attorneys, for advice and representation in matters that interfere with the homeless individual or family's ability to obtain and retain housing.

(i) Eligible subject matters are child support; guardianship; paternity; emancipation; legal separation; orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking; appeal of veterans and public benefit claim denials; landlord tenant disputes; and the resolution of outstanding criminal warrants.

(ii) Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.

(iii) Fees based on the actual service performed (i.e., fee for service) are also eligible, but only if the cost would be less than the cost of hourly fees. Filing fees and other necessary court costs are also eligible. If the subrecipient is a legal services provider and performs the services itself, the eligible costs are the subrecipient's employees' salaries and other costs necessary to perform the services.

(iv) Legal services for immigration and citizenship matters and issues related to mortgages and homeownership are ineligible. Retainer fee arrangements and contingency fee arrangements are ineligible.

(10) Life skills training. The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness are eligible. These services must be necessary to assist the program participant to function independently in the community. Component life skills training are the budgeting of resources and money management, household management, conflict management, shopping for food and other needed items, nutrition, the use of public transportation, and parent training.

(11) Mental health services. Eligible costs are the direct outpatient treatment of mental health conditions that are provided by licensed professionals. Component services are crisis interventions; counseling; individual, family, or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.

(12) Outpatient health services. Eligible costs are the direct outpatient treatment of medical conditions when provided by licensed medical professionals including:

(i) Providing an analysis or assessment of an individual's health problems and the development of a treatment plan;

(ii) Assisting individuals to understand their health needs;

(iii) Providing directly or assisting individuals to obtain and utilize appropriate medical treatment;

(iv) Preventive medical care and health maintenance services, including in-home health services and emergency medical services;

(v) Provision of appropriate medication;

(vi) Providing follow-up services; and

(vii) Preventive and non-cosmetic dental care.

(13) Outreach services. The costs of activities to engage persons for the purpose of providing immediate support and intervention, as well as identifying potential program participants, are eligible.

(i) Eligible costs include the outreach worker's transportation costs and a cell phone to be used by the individual performing the outreach.

(ii) Component activities and services consist of: initial assessment; crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; actively connecting and providing people with information and referrals to homeless and mainstream programs; and publicizing the availability of the housing and/or services provided within the geographic area covered by the Continuum of Care.

(14) Substance abuse treatment services. The costs of program participant intake and assessment, outpatient treatment, group and individual counseling, and drug testing are eligible. Inpatient detoxification and other inpatient drug or alcohol treatment are ineligible.

(15) Transportation. Eligible costs are:

(i) the costs of program participant's travel on public transportation or in a vehicle provided by the recipient or subrecipient to and from medical care, employment, child care, or other services eligible under this section.

(ii) Mileage allowance for service workers to visit program participants and to carry out housing quality inspections;

(iii) The cost of purchasing or leasing a vehicle in which staff transports program participants and/or staff serving program participants;

(iv) The cost of gas, insurance, taxes, and maintenance for the vehicle;

(v) The costs of recipient or subrecipient staff to accompany or assist program participants to utilize public transportation; and

(vi) If public transportation options are not sufficient within the area, the recipient may make a one-time payment on behalf of a program participant needing car repairs or maintenance required to operate a personal vehicle, subject to the following:

(A) Payments for car repairs or maintenance on behalf of the program participant may not exceed 10 percent of the Blue Book value of the vehicle (Blue Book refers to the guidebook that compiles and quotes prices for new and used automobiles and other vehicles of all makes, models, and types);

(B) Payments for car repairs or maintenance must be paid by the recipient or subrecipient directly to the third party that repairs or maintains the car; and

(C) The recipients or subrecipients may require program participants to share in the cost of car repairs or maintenance as a condition of receiving assistance with car repairs or maintenance.

(16) Utility deposits. This form of assistance consists of paying for utility deposits. Utility deposits must be a one-time fee, paid to utility companies.

(17) Direct provision of services. If the a service described in paragraphs (e)(1) through (e)(16) of this section is being directly delivered by the recipient or subrecipient, eligible costs for those services also include:

(i) The costs of labor or supplies, and materials incurred by the recipient or subrecipient in directly providing supportive services to program participants; and

(ii) The salary and benefit packages of the recipient and subrecipient staff who directly deliver the services.

governments. SBCHP was developed to promote a strong collaboration between agencies to direct the planning, development, and implementation of the County's 10-year Strategy to end chronic homelessness. The Partnership provides leadership in creating a comprehensive countywide network of service delivery to the homeless and near homeless families and individuals through facilitating better communication, planning, coordination, and cooperation among all entities that provide services and/or resources for the relief of homelessness in San Bernardino County.

Purpose

Our purpose is to develop a countywide public and private partnership and to coordinate services and resources to end homelessness in San Bernardino County.

Mission Statement

The mission of the San Bernardino County Homeless Partnership is to provide a system of care that is inclusive, well planned, coordinated and evaluated and is accessible to all who are homeless or at-risk of becoming homeless.

Definitions of Homelessness
Hearth Act: Definition of Homelessness
Housing California: Federal Definition of Homelessness
National Alliance Definition

Indicators of Potential Homelessness
City of Adelanto
City of Barstow
City of Big Bear Lake
City of Chino Hills
City of Chino
City of Colton
City of Fontana
City of Grand Terrace
City of Hesperia
City of Highland
City of Loma Linda
City of Montclair
City of Needles
City of Ontario
City of Rancho Cucamonga
City of Redlands
City of Rialto
City of San Bernardino
City of Twentynine Palms
City of Upland
City of Victorville
City of Yucaipa

CAMPAIGN
veterans and families by December of 2015 — and it's working! Find out more about the campaign.

Announcements

2016 POINT-IN-TIME COUNT!
Why: To count and survey homeless persons living in your community.
What: Participate in the "Point-In-Time Count" (PITC) to end chronic homelessness.
When: Thursday, January 28, 2016 6 a.m. - 10 a.m.

Register or Get Information for the 2016 Point In Time Count

- Homeless Youth Survey Final Report
CoC Renewal Letters
New Project - Reallocated Funds
Denial Letters
Award Letter - Step Up on Second RFP 15-98
Notice of Rejection-Fraze
Addendum No. 3 Questions and Answers
2015 CoC Permanent Supportive Housing Bonus
Addendum No. 1 Permanent Housing Bonus-2015 Application
Addendum No. 2 Permanent Housing Bonus-2015
Revised FY 2015 CoC Program Notice of Funding Availability
SBC Written Standards Worksheet-Final
Recalibrating for Results: 10-Year Strategy Update
ICH Amended By-Laws
2015 LOI PSH
2015 LOITH
Dedicated and Non-Dedicated Veteran Housing Inventory
CA-609 SBC Rating and Ranking Policy
CA-609 SBC Reallocation Process
ICH Meeting Minutes - Evidence of Rating-Ranking-Review Decision

Upcoming Events and Meetings

- Interagency Council on Homelessness 2016 Schedule
Interagency Council on Homelessness Agenda and Minutes
ICH Bylaws and Membership Subcommittee Meeting

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**Announcements**

**2016 POINT-IN-TIME COUNT!**  
**Why:** To count and survey homeless persons living in your community.  
**Who:** Adult volunteers are needed from every community and from all walks of life including:  
College Students  
Civic/Nonprofit Organizations  
Service Providers  
Faith Based Institutions  
Business & Neighborhood Groups  
Current/Formely Homeless  
Anyone Who Would Like to Help Alleviate Homelessness  
Bilingual Individuals  
**What:** Participate in the "Point-In-Time Count" (PITC) to end chronic homelessness.  
Help Organize the Count in Your Community  
Identify Locations Where Homeless People Live/Spent Time/Receive Services  
Promote Community Awareness of Homeless Issues  
Participate on Street Counter Teams  
**When:** **Thursday, January 28, 2016**  
**6 a.m. - 10 a.m.**  
For more information or to sign up for a volunteer position please see the San Bernardino County Homeless Counts website.  
[www.sanbernardinocountyhomelesscounts.com](http://www.sanbernardinocountyhomelesscounts.com)

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