



# COUNTYWIDE CASE COORDINATION



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Housing Coordination Program

**Presented by:**

Office of Homeless Services (OHS)  
Inland SoCal United Way (ISCUW) 211/Pathways Home



“Service to others is the rent you pay, for your room here on earth.”

- Muhammad Ali

## WELCOME / INTRODUCTIONS





# COUNTYWIDE CASE COORDINATION

## CES Policy

- Pending approval from the CES Oversight Standing Committee
- Will be shared via email with participants
- Will be uploaded to the San Bernardino County Homeless Partnership (SBCHP) website
- Topics included:
  - CES Purpose and Background
  - CoC CES Foundation and Vision
  - HUD CES Requirements
  - CES Processes
  - Coordinated Entry Workflow
  - Housing Identification and Placement Team
  - Appendix A: Universal Assessment Form
  - Appendix B: Recordkeeping Recommendations
  - Appendix C: System Map
  - Appendix D: CES Priority Level Process
  - Appendix E: Prioritization Review Committee Recommendation Form



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## Confidentiality Agreement Form

- All participants are required to complete/sign to attend regular meetings
  - Send to Melanie Gonzalez Ganceda (OHS) at [melanie.gonzalezganceda@hss.sbcounty.org](mailto:melanie.gonzalezganceda@hss.sbcounty.org)
- Request a copy from Melanie Gonzalez Ganceda (OHS) for a new participant and provide participant's information to include on contact list:
  - First and Last Name,
  - Job Title,
  - Phone Number, and
  - Email.
- Will not be uploaded on the SBCHP website as a way to track/confirm participants for this initiative due to the discussions of client Personally Identifiable information (PII)



### Countywide Case Coordination Confidentiality Agreement

Some of the information discussed in Countywide Case Coordination meetings is client protected Personal Identifying Information (PII) and is for authorized use only. Your attendance and access to this information is necessary in order for you to assist with housing services and placement during this meeting, as allowable under the privacy notices released to clients.

Any information viewed and shared is confidential and is not to be utilized outside of the scope of housing and placement services, and shall not be disclosed to any unauthorized individual.

The By Name List includes information that is personal and other sensitive information provided for official and authorized use only. You are responsible for ensuring that your access to and use of all information obtained comports with all applicable laws and policies.

Unauthorized use of, or access to, client protected personal identifying information is prohibited. Any use of this information that is inconsistent with policy, violates law, or is obtained or used for personal gain is prohibited. See California Welfare and Institutions Code (WIC) Section 5328 and Health Insurance Portability and Accountability Act (HIPAA).

By signing this acknowledgment and attending Countywide Case Coordination meetings, I confirm that I understand and consent to this confidentiality agreement.

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

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

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

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_





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## Referral Form & Process

- Used when requesting a client to be discussed during regular meetings
- PDF fillable and has drop-down lists
- Send form to Coordinated Entry System (CES) inbox: [211CES@iscuw.org](mailto:211CES@iscuw.org)
- Monitored/reviewed by ISCUW 211/Pathways Home
- Blank template uploaded to the SBCHP website
- Be document ready to share with group if needed/requested
  - Enrollment in Clarity
  - Universal Assessment Form (HMIS)
  - Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)
  - HMIS Client Consent & Information Release
  - Homeless Verification Form
- Submit form by **May 23, 2024** if requesting to discuss your client(s) during the May 30, 2024 meeting

 **Countywide Case Coordination Referral Form** 

<b>Referring Agency Information:</b>		<b>Date:</b>	
Name: _____		Agency: _____	
Phone: _____		Email: _____	
<b>Client Information:</b>			
Name: _____		HMIS UID: _____	Age: _____
DOB: _____	Gender: _____	Race and Ethnicity: _____	Language: _____
Phone: _____	Clients Current Location/Complete Address/Whereabouts: _____		Clients Current Living Situation: _____
Date of Last Contact with Client: _____			
<b>Referral Type:</b>		<b>Special Service Categories:</b>	
<input type="checkbox"/> Consultation: _____		<input type="checkbox"/> Chronically Homeless	
<input type="checkbox"/> Coordination of Services		<input type="checkbox"/> Disabled	
<input type="checkbox"/> Resources/Services: _____		<input type="checkbox"/> Employment	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Families	
		<input type="checkbox"/> Foster Care	
		<input type="checkbox"/> Individuals	
		<input type="checkbox"/> Inland Regional Center (IRC)	
		<input type="checkbox"/> Literally Homeless	
		<input type="checkbox"/> Mental Health	
<b>Health Plan Insurance:</b>		<input type="checkbox"/> Parole	
<input type="checkbox"/> Medicare / Medicaid		<input type="checkbox"/> Probation	
<input type="checkbox"/> Medi-Cal		<input type="checkbox"/> Seniors	
<input type="checkbox"/> Inland Empire Health Plan (EHP)		<input type="checkbox"/> Substance Use	
<input type="checkbox"/> Kaiser		<input type="checkbox"/> Transitional Age Youth (TAY)	
<input type="checkbox"/> Molina		<input type="checkbox"/> Undocumented	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Veteran	
		<input type="checkbox"/> Victim of Crime	
		<input type="checkbox"/> Other: _____	
<b>Brief description of the problem:</b>			
<b>Brief history/background:</b>			
<b>Steps taken to resolve the situation: (i.e., agency involvement, referrals made, resources offered, etc.)</b>			
<b>Team suggestions:</b>			



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# COUNTYWIDE CASE COORDINATION

## Homeless Verification Form

- Used to verify homeless status for a client
- Required as part of the document-ready when requesting a client to be discussed during regular meetings
- Form has three pages:
  - **Pg. 1:** Description or information of the client's homeless status
  - **Pg. 2:** Type of documentation obtained to verify client's homeless status
  - **Pg. 3:** Self-certification, if applicable or needed
- Can be uploaded on HMIS
- Blank template uploaded to the SBCHP website



 **Countywide Case Coordination Homeless Verification Form** 

Applicant's Name:	HMIS #:
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Instructions: This form is to certify that the applicant named above is currently "literally homeless" as defined by HUD. The third party completing this form must check one box below, provide a description or information of the client's homeless status, attempts to obtain third party verification, and sign/date for completion.

Agency/Program Name:	
Case Worker/Agency Representative Name (first and last):	
Case Worker/Agency Representative Phone Number:	
Intake Date:	

*I certify that the applicant named above and any household members with that applicant (check only one):*

Is/are living in a car, park, abandoned building, bus/train station, airport, camping ground, or other place not designed for or ordinarily used as a regular sleeping accommodation.

Description of Where Applicant is Staying: \_\_\_\_\_

Case Worker/Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is/are staying in an emergency shelter OR a transitional housing program for people who are homeless (coming from streets or shelter) OR a hotel or motel that is paid for by a charity or government program.

Shelter or Hotel/Motel Name:	
Location/Address:	
If Hotel/Motel: Name of Charity/Program Paying for Stay:	

Case Worker/Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is/are exiting an institution where they have been staying for 90 days or less AND they stayed in an emergency shelter OR a place not designed for or ordinarily used as a regular sleeping accommodation immediately prior to entering that institution.

Name of Institution:	
Location:	
Date of Admission:	
Description of Unsheltered Location:	
Shelter Name:	
Location:	

Case Worker/Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The case worker/agency representative was not able to confirm homeless status through observation and/or third party verification was not obtained. The description below includes the observation and attempted actions to obtain third party verification.


Case Worker/Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.



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## HMIS Client Consent & Information Release

- Used to obtain client's consent to release/share their information to agencies for services or assistance
- Informs client of the following:
  - Purpose of gathering and sharing information/data
  - Type of information/data shared
  - Their rights
- Must have form signed by each client to discuss during regular meetings and refer/assign to agencies
- Blank template (English and Spanish) uploaded to the SBCHP website, under the following tabs:
  - Countywide Case Coordination, <https://sbchp.sbcounty.gov/countywide-case-coordination/>
  - HMIS>Resources, <https://sbchp.sbcounty.gov/resources/>



San Bernardino County Homeless Partnership Continuum of Care  
Homeless Management Information System (SBCHP CoC HMIS)

### Client Consent and Information Release

#### I. What You Need to Know Before You Sign

The SBCHP CoC HMIS is a web-enabled database used to store information about clients utilizing housing and homelessness services in San Bernardino County. \_\_\_\_\_ will gather and maintain data to: (a) provide individual case management; (b) produce reports regarding utilization of services; (c) track individual program outcomes; (d) provide accountability for individuals and entities that provide funds for use in the San Bernardino County Continuum of Care; (e) identify unfilled service needs and plan for the provision of new services; (f) allocate resources among agencies engaged in the provision of services in and around San Bernardino County; and (g) be used for all other purposes deemed appropriate by the SBCHP CoC HMIS. Generally an agency may not disclose any information contained within this system which could identify a client unless:

1. The clients consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research audit or program evaluation.

*By law, we must protect the privacy of your information, tell you about your rights, and tell you about how we keep your information private.*

*Child Abuse and Neglect:* By law, we are required to report a life-threatening situation to you or others, and/or a suspicion of child abuse or neglect.

Agencies that have been granted access to the SBCHP CoC HMIS have agreed to abide by all laws and SBCHP CoC HMIS Policies and Procedures pertaining to client confidentiality and user conduct. All agencies will also keep Client Consent/Information Release form for all individual client data that is shared to non-custodial agencies where the internal policy of the agency allows data sharing.

#### II. What information is shared about you?

- Based upon the agency standards for data sharing, Basic Client Intake Information will be shared with agencies participating in SBCHP CoC HMIS in an effort to prevent client duplicative intake processes. The information that will be shared includes Basic Client and Household Intake Information and Employment/Education History.
- In an effort to streamline the Scope of Care of the client and/or the client's family Program Level and Service Level data will only be shared with other SBCHP CoC HMIS participating agencies that have signed the Interagency Data Sharing Agreement section of the HMIS Participating Agency Agreement.
- Aggregate (de-identified) data will be used to produce region-wide reports.
- All agencies, which have been granted access to the SBCHP CoC HMIS, have agreed to abide by all laws, and the SBCHP CoC HMIS Policies and Procedures pertaining to client confidentiality and user conduct. Individual client data is available through the SBCHP CoC HMIS to non custodial agencies only in cases where the internal policies of the agency entering the data, specific inter-agency data sharing agreements and client consent forms allow such sharing.



# COUNTYWIDE CASE COORDINATION

## Universal Assessment Form

- Embedded into HMIS and went live as of 4/29/24
- Will be used when adding clients to new programs/services
- Reflects information requested on Referral Form
- Will be used when comparing information from Referral Form
- Training available and conducted by OHS HMIS Team
  - Multiple dates provided in May 2024
  - Request training by contacting:
    - ✓ HMIS Helpdesk, [OHS-HMISHelpDesk@hss.sbcounty.gov](mailto:OHS-HMISHelpDesk@hss.sbcounty.gov)
    - ✓ Jonathan Garay, [Jonathan.Garay@hss.sbcounty.gov](mailto:Jonathan.Garay@hss.sbcounty.gov)



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## SBCHP Website

- The San Bernardino County Homeless Partnership (SBCHP) website has added a new tab for the Countywide Case Coordination initiative
- <https://sbchp.sbcounty.gov/countywide-case-coordination/>
- May be accessed publicly, but to participate in this initiative must contact Melanie Gonzalez Ganceda (OHS)
- Forms and information uploaded include:
  - PowerPoints from prior meetings
  - Homeless Verification Form
  - Referral Form
  - HMIS Client Consent and Information Release Form



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# COUNTYWIDE CASE COORDINATION

## Definition and Purpose of CES

- United States (U.S) Housing and Urban Development's (HUD's) definition  
“...a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool...”
- Purpose of CES
  - Increases the efficiency of local crisis response systems and improving fairness and ease of access to resources, including mainstream resources
  - Helps communities prioritize people who are most in need of assistance
  - Provides information to Continuum of Cares (CoCs) and other stakeholders about service needs and gaps to help communities strategically allocate their current resources and identify the need for additional resources



Reference: [Notice CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System](#)



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# COUNTYWIDE CASE COORDINATION

## Core Elements & Phases of CES

- Core Elements of CES: **Access, Assessment, Prioritization, Referral**
- Phases of CES
  - **System Entry:** Ensures all people in a community have equal access to all crisis response system resources in the CoC.
  - **Access:** Clients seeking housing or services first contact the CoC's homeless response system (calling 211).
  - **Assessment:** The process of gathering information about a person to identify his/her immediate and overall needs and preferences, evaluate his/her vulnerability and barriers to housing, and provide information to support accurate referrals
  - **Prioritization:**
    - ✓ Analyzes client information obtained from the assessment against the CoC's prioritization standards
    - ✓ Ensures a community's limited resources are used in the most effective manner and households with most need of assistance are prioritized for housing and related services
  - **Matching:** When a client rises to the top of the community's priority list, he/she are given a choice of the available housing options for which they are eligible, and which appear to meet their needs
  - **Referral:**
    - ✓ Group of people with the highest priority are offered housing and supportive services first
    - ✓ Process follows the CoC's prioritization standards
    - ✓ People must be allowed to reject a referral and given alternate options without losing prioritization status
  - **Placement:**
    - ✓ The client is placed into a program
    - ✓ Can include finding the program participant and ensuring the participant is eligible and "document-ready"

Reference: [\*Coordinated Entry Core Elements\*](#) (Guidebook published by HUD)

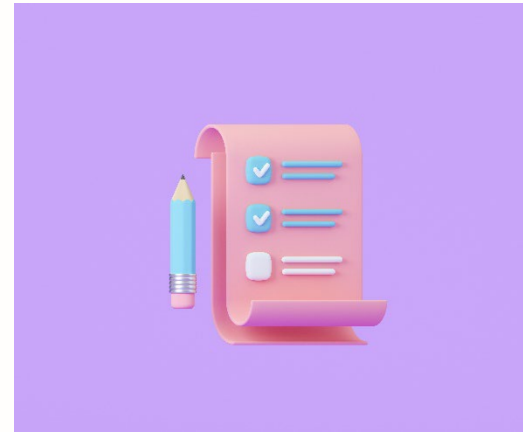


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# COUNTYWIDE CASE COORDINATION

## Roles of CES

- The CES is a system designed to:
  - Ensure equitable access to housing resources
  - Streamline referrals and cross-agency coordination
  - Facilitate diversion discussions
- The CES is **not**:
  - A mechanism that creates housing resources
  - The end-all-be-all solution to homelessness
  - The full picture of your homelessness response system
- San Bernardino County CES Lead Entity roles:
  - Landlord recruitment and retention services
  - Housing search and placement services
  - Coordination with participating service agencies
  - Management and prioritization



Reference: *CES Policies* for specific responsibilities of the CES Lead Entity



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# COUNTYWIDE CASE COORDINATION

## Roles of Housing Providers

- Enrolling participants in Permanent Supportive Housing (PSH)
- Obtaining participants proper homeless verification documents
- Assisting with housing stabilization case management
- Providing tenant-based rental assistance
- Supporting the move-in process



Reference: *CES Policies* for specific responsibilities of Housing Providers



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# QUESTIONS/COMMENTS

## THANK YOU!

For questions, please contact:

- Melanie Gonzalez Ganceda  
OHS - Program Specialist II  
[melanie.gonzalezganceda@hss.sbcounty.gov](mailto:melanie.gonzalezganceda@hss.sbcounty.gov)  
909-504-6801
- Aziza Manuel  
211– CES Program Manager  
[AzizaM@ISCUW.org](mailto:AzizaM@ISCUW.org)  
909-980-2857 ext.4025



[www.SBCounty.gov](http://www.SBCounty.gov)