Special Meeting of the:

Outreach and Coordinated Entry System Committee (CES)

Meeting date, time, and place	Date: **April 11, 2024** Time: **10:00 – 11:30 a.m.** Place: **560 E. Hospitality Lane, Suite 200** **San Bernardino, CA 92408-0044**

CES Committee members must attend the meeting in person.
The public may observe the meeting online at:

Join the meeting now

Meeting ID: 225 015 245 45 *** Passcode: LeVDoV

Dial-in by phone +1 661-568-6806,,765957633#Phone conference ID: 765 957 633#
Note: Please remember to MUTE your phones. DO NOT place this call on hold should you get another call. Hang up and then rejoin the meeting

Time 10:00 am

Call to Order	Chair or Designee will call the meeting to order	
Invocation/ Pledge	Chair or Designee will lead the Invocation and Pledge of Allegiance	10:00 – 10:10 am
Introductions	Chair or Designee will lead the Introductions of the Coordinated Entry System Oversight Standing Committee Members and Staff	

Agenda Items: The following items are presented for informational, consent, and discussion purposes.

Public Comment	Open to the public for comments. Members of the public wishing to address the CES Oversight Committee on items within the subject matter jurisdiction of the committee and the items on the agenda, please submit a Public Comment Request form or if you're joining us virtually, indicate by typing "Public Comment" in the chat box. Your name will be called in the order they are received. When your name is called, please proceed to the microphone, or unmute yourself and you will then have up to 3 minutes to address the council.	
Item No.	**Consent**	
1	Approve Minutes of the November 9th CES Meeting – Sharon Green, Chair	10:10 – 10:15 am
Item No.	**Discussion/Action Item**	
2	Review and approve the CES Policy – Sharon Green, Chair	10:15 – 10:45 am

THE INTERAGENCY COUNCIL ON HOMELESSNESS MEETING FACILITY IS ACCESSIBLE TO PERSONS WITH DISABILITIES. IF ASSISTIVE LISTENING DEVICES OR OTHER AUXILIARY AIDS OR SERVICES ARE NEEDED IN ORDER TO PARTICIPATE IN THE PUBLIC MEETING, REQUESTS SHOULD BE MADE THROUGH THE OFFICE OF HOMELESS SERVICES AT LEAST THREE (3) BUSINESS DAYS PRIOR TO THE PARTNERSHIP MEETING. THE OFFICE OF HOMELESS SERVICES TELEPHONE NUMBER IS (909) 501-0610 AND THE OFFICE IS LOCATED AT 560 E. HOSPITALITY LANE, SUITE 200, SAN BERNARDINO, CA 92408. https://sbchp.sbcounty.gov/

AGENDA AND SUPPORTING DOCUMENTATION CAN BE OBTAINED AT 560 E. HOSPITALITY LANE, SUITE 200, SAN BERNARDINO, CA 92408.

3	Vote on New Committee members and the Vice Chair – Claudia Doyle, Office of Homeless Services	10:45 – 11:15 am
4	Set the date, time, and location for the next CES meeting. – Sharon Green, Chair	11:15 – 11:20 am
	Committee Roundtable	
	Open to comments by the Committee Members	11:20 – 11:30 am
	Adjournment	11:30 am
Next CES Oversight Standing Committee Meeting	**TBD, 2024 10:00 – 12:00 p.m.**	

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 and those at-risk of becoming homeless.

Minutes for San Bernardino County Homeless Partnership
Outreach and Coordinated Entry System Committee (CES) Special Meeting
November 9, 2023
10:00 a.m. – 12:00 P.m.
In Person

Minutes Recorded and Transcribed by Joy Woodard (Secretary II), Office of Homeless Services

TOPIC	PRESENTER	ACTION/OUTCOME
Call to Order	Sharon Green, Chair	• The meeting was called to order at 10:06 a.m.
Introductions	Sharon Green, Chair	• Sharon Green took CES Board Member roll call. Members of the public are not introduced.
CES Members Present		The following CES members or their alternates were present for the meeting: Sharon Green, William Lamas, Astrid Johnson, Kameron Grosvenor, David Rabindranath • Absent: Darryl Evey, Susan Buckley, Edward Amaya, Mike Jones.
PUBLIC COMMENTS	**PRESENTER**	**ACTION/OUTCOME**
		• No Public Comment:
CONSENT	**PRESENTER**	**ACTION/OUTCOME**
Approve Minutes of the October 12, 2023, CES Meeting	Sharon Green, Chair	• A motion was made by Astrid Johnson seconded by Kameron Grosvenor. 5 members were in favor: Sharon Green, William Lamas, Astrid Johnson, Kameron Grosvenor, David Rabindranath • 0 members were opposed. • Absent: Darryl Evey, Susan Buckley, Edward Amaya, Mike Jones The motion made towards the consent calendar was approved.
PRESENTATION	**PRESENTER**	**ACTION/OUTCOME**
Inland SoCal United Way & 211+ Data and Systems Update	Christopher Darbee, Inland SoCal United Way & 211+	The Chair recognized Christopher Darbee on behalf of Inland SoCal United Way & 211+to provide a presentation on the Inland SoCal United Way & 211+ Data and Systems Update Mr. Darbee provided a presentation that explained the updated data with the average wait time, call volume, housing needs phone calls, referrals, and call handled for the coordinated entry team. Mr. Darbee presented on what constitutes an enrollment and an assessment, what the assessment and triages look like, and the process into moving them into enrollment. Aziza Manuel from Inland SoCal United Way & 211+ provided an update stating that Inland SoCal United Way decided to create one program enrollment for everyone instead of individual providers and the dashboard will be able to show a complete story.

The Chair opened the floor to the Committee members for comments/questions.

- Astrid Johnson- Asked after she puts everything in HMIS, if Inland SoCal United Way captures the data.
- Aziza Manuel- Stated that currently they do not have access to her HMIS. Mrs. Manuel informed that within a few months she will be informed to no longer input it in her own program but to enter it into the regional access hub where the data will be entered.
- Marcus Dillard- Informed that the user would have to enter into their HMIS and click the CE pathway.
- Astrid Johnson- Stated that she added a special account for donations, and they can use that for emergency sheltering.
- Sharon Green- Stated that she is glad it is talking about housing needs being the end results because it is giving the county an idea of what really needs to be done. Mrs. Green stated that she likes that it allows everyone to collaborate to make sure the needs are met in every area.
- William Lamas- Asked if United Way had any feedback from the Regional Access Points on how the system is working.
- Chris Darbee- Stated they have not received the data yet because they still need to create the CE pathway. Mr. Darbee stated they are hoping to gather data from February to June to see how it is working from a data perspective.
- Marcus Dillard- Stated that the need for the training component is understood so OHS and 211 are looking to combine the data so the providers can be trained individually and speak to their prospective programs. Mr. Dillard informed that on the SBCHP website a calendar of events for HMIS training and it is incorporating 211 so providers will receive full wrap around support.
- Kameron Grosvenor- Asked if the program will be able to determine if a client has already been entered in another region.
- Chris Darbee- Informed that is the benefit of having one program.
- David Rabindranath- Request a list be sent of the regional access points. Mr Rabindranath stated that he has three outreach teams in different areas of Redlands and entering information in HMIS. Mr. Rabindranath asked if his teams should be coordinating with the regional access points for the data or do, they just enter the information in directly.
- Aziza Manuel- Stated the regional access they will refer out to a provider.
- Sharon Green- Asked if the referrals data from the presentation can be broken down to show what the referrals are for.
- Chris Darbee- Stated that the data is only from 211 not the CE team referrals. Mr. Darbee stated that once that data is entered and the dashboards are created, you will be able to see CE referrals.
- William Lamas- Asked if the data will be migrated.
- Aziza Manuel- Stated they are going to start fresh but just keep track of that separately for the next few months.
- William Lamas- Asked if there is a CES meeting in December can United Way provide an update on the process or feedback or have all the CE teams come.
- Aziza Manuel- Stated she is not sure how accurate the data will be because they are not using a database system to organize it but she can get rough estimates from each regional access to see what they are

		doing.
		Chair closed item for discussion.
Social Work Action Group (SWAG) Outreach Organization	Aaron Petroff, Social Work Action Group	The Chair informed that SWAG is not present and will not present today due to a scheduling error. Chair closed item for discussion.

DISCUSSION	PRESENTER	ACTION/OUTCOME
Discuss combining Street Outreach and Service Collaboration Efforts to include Housing Partners to creating a more effective CES. Generate recommendations to the Interagency Council on Homelessness (ICH) to ensure residents are housed.	Sharon Green, Chair	The Chair opened discussion on combining Street Outreach and Service Collaboration Efforts to include Housing Partners to creating a more effective CES. Generate recommendations to the Interagency Council on Homelessness (ICH) to ensure residents are housed. - Sharon Green- Stated that she would like a monitoring form and would like to discuss what the monitoring would look like. Mrs. Green asked for Marcus Dillard to discuss these items. - Marcus Dillard- Stated that HUD has a standard monitoring form. Mr. Dillard stated that form can be presented and get feedback from committee to see if anything needs to be added. Mr. Dillard informed that OHS recently pulled that information as a tool so as HMIS administrators they can know what types of things they should be looking so everyone is on the same page. Mr. Dillard stated that would be a good starting point and modify it based on the needs of this area. - Sharon Green- Requested that information be provided by Mr. Dillard for the next CES meeting. Mrs. Green stated that she believes that the committee should monitor outreach that has the end result of housing individuals. - David Rabindranath- Stated that the lag that they are fixing in Redlands is they are paying groups to do outreach, but there aren't any shelter beds. Mr. Rabindranath stated they are case conferencing starting in December. - Marcus Dillard- Stated that at this level it would be good to have a policy and procedures to show what the outreach should look like. Mr. Dillard stated that as much as the talk is about the lack of shelter beds, we also need to talk about the people who are placed in the shelter beds and who is seeing them to the next step. Mr. Dillard stated we need to know what aid is available in the county to get them to the next step. - Sharon Green- Stated that as a county there are a lot of individual outreach groups and that is not effective for the county. Mrs. Green informed that there are 26 outreach teams countywide in HMIS and she is sure there are some not in HMIS. - Marcus Dillard- Stated that OHS is going through the bed inventory and programs in HMIS to verify what is accurate. Mr. Dillard informed that he is trying to complete this before the point in time count so we can have accurate information to tell the community. Mr. Dillard stated that on the CE side they are looking to establish a bed inventory count that can be updated weekly. Mr. Dillard stated that the form should give agencies a way to standardize prioritization. Mr. Dillard stated that Darryl Evey brought up at the last CES meeting a calendar to show where the outreach teams are going out but suggested taking a multidisciplinary approach and send a multidisciplinary team to the area and strategically work that area.

		- Sharon Green- Asked if there is going be a new system besides Vi-Spdat - Marcus Dillard- Stated that some regions and populations that are served the Vi-Spdat process may not fit those areas and it makes it difficult to get a feel for people based upon their need for the specific region. Mr. Dillard stated that we shouldn't use it as the sole reliance upon prioritization but to establish policies and procedures on how to prioritize. - William Lamas- Asked if the CES committee can direct OHS to come up with different surveys besides Vi-Spdat to utilize or the powers of the committee to establish another committee to work on policies and procedures. - Marcus Dillard- Stated that the chair could establish an ad hoc committee to work on policies and procedures and the group goes through it to establish that. - Kameron Grosvenor- Asked what the ad-hoc committee would be in charge of doing and to repeat the motion. - William Lamas- Asked how the committee will be selected. - Sharon Green- Stated the committee will be selected right now and asked who would be interested in working on the committee. Mrs. Green asked the individuals to state their name on who would like to be part of the committee. - The following people stated they were interested in joining the committee: Sharon Green, William Lamas, Astrid Johnson, David Rabindranath, Rene Keres, Kevin Mahany, Ujima Moore, Gabby Leon, and Elisabel Castillo. - David Rabindranath- asked how many people would be on the committee. - Sharon Green-Stated that she wanted a representative from every region and asked OHS to contact Pastor Rucker and Susan Buckley to see if they would like to be a part of the CES ad-hoc committee. A motion was made by Astrid Johnson to establish an ad-hoc committee to establish the standards of policies and procedures of street outreach and rehousing plan it was second by William Lamas. - 5 members were in favor: Sharon Green, William Lamas, Astrid Johnson, Kameron Grosvenor, Mike Jones, David Rabindranath. - 0 members were opposed. - Absent: Darryl Evey, Susan Buckley, Edward Amaya, Mike Jones. The motion made was approved. - William Lamas- Stated he had a meeting with Mike Jones, Behavioral Health, and other reach teams to discuss the CORE model to coordinate with CES and case conferencing will be beneficial. - David Rabindranath- Asked if the case conferencing will be by cities or regions. - Sharon Green- Stated this is to establish the plan for case conferencing. - Marcus Dillard- Recommended that the committee add establishing the plan for case conferencing to the ad hoc committee. - Sharon Green-Stated that this process was established before but only with the veteran's population.

		- William Lamas- Asked if any of the hubs are currently doing case conferencing. - Marcus Dillard- Stated case conferencing was cut, and it should not be cut. - Kameron Grosvenor- Asked if the CORE case conferencing was just for the outreach teams. - Marcus Dillard- Stated that it was only for outreach teams. - Sharon Green- Stated they could invite Karyn Young-Lowe to attend the next meeting to get information about case conferencing since she has experience doing it with the veterans. - Kameron Grosvenor- Asked if case conferencing will be a separate committee from the policies and procedures. - Sharon Green- Stated it will be a separate committee. - David Rabindranath- Stated he would like to be part of that committee. Mr. Rabindranath stated that case conferencing is starting in Redlands and their outreach is just for their city and it should just start small with a local approach before they expand out. Mr. Rabindranath stated that he will need to target his area first because his area has the third highest homeless population in the county. - Sharon Green- Stated that agencies have worked in silos for too long. - Astrid Johnson- Stated she has sent reverse referrals. - Kameron Grosvenor- Stated just because an agency gets funds in a certain region doesn't mean the funds have to stay in that region. Mrs. Grosvenor stated that at times individuals can't afford to stay in the West region so they move the individuals to a different region that they can afford. - Marcus Dillard-Stated that it needs to be viewed from a funding perspective too. He informed that when money is broken down into small pieces there is not enough to serve everybody so resources need to pull together to truly combat the issue and if you try to do it for just your area you will fall short because you must have support from all areas. - Sharon Green- Stated that most of the funding is around collaboration. - William Lamas- Asked if countywide case conferencing is there a need to break it into regions. - Marcus Dillard- Stated the regions can still represent in the countywide case conferencing. Mr. Dillard informed that it would say that all the resources are being pulled together to support who has the highest need. - David Rabindranath- Stated that if it broken up regionally more can be covered during that meeting timeframe. - A motion was made by William Lamas to reestablish case conferencing and seconded by David Rabindranath. 5 members were in favor: Sharon Green, William Lamas, Astrid Johnson, Kameron Grosvenor, David Rabindranath. 0 members were opposed. - Absent: Darryl Evey, Susan Buckley, Edward Amaya, Mike Jones. The motion made was approved. Chair closed item for discussion.

Discuss the CES Chapter of the Governance Charter for changes, additions, or edits	Sharon Green, Chair	The Chair informed that she would like Dr. Pat Leslie to present this item at the next meeting. The Chair request a motion be made for this item to be tabled until the next meeting. • A motion was made by William Lamas and seconded by Astrid Johnson. 5 members were in favor: Sharon Green, William Lamas, Astrid Johnson, Kameron Grosvenor, David Rabindranath • 0 members were opposed. • Absent: Darryl Evey, Susan Buckley, Edward Amaya, Mike Jones The motion made towards item #5 was approved. Chair closed item for discussion.
Set date, time, location for the next CES meeting	Sharon Green, Chair	The Chair opened discussion on setting the date, time, and location for the next CES meeting. • Kameron Grosvenor – Stated she can attend the meeting the first Thursday of the month and a two-hour meeting. • Sharon Green- Stated she move SWAG to January and Dr. Leslie to the December meeting. • David Rabindranath- Asked if the Chair could ask SWAG for an update on the data of how many people they are helping for the next meeting. • Sharon Green- Stated she can ask SWAG for that information. Mrs. Green stated the meeting will be December 7th from 10am- 12pm. • A motion was made by Sharon to seconded by William Lamas. 5 members were in favor: Sharon Green, William Lamas, Astrid Johnson, Kameron Grosvenor, David Rabindranath • 0 members were opposed. • Absent: Darryl Evey, Susan Buckley, Edward Amaya, Mike Jones Chair closed item for discussion.
COMMITTEE ROUNDTABLE	**PRESENTER**	
Adjournment		• David Rabindranath- Stated Happy Veteran's Day to Marcus Dillard. • Being no further business, the meeting was adjourned at 11:19 a.m.

Next Meeting		The Next Outreach and Coordinated Entry System Committee (CES) Meeting will be held on:
		Thursday, December 7th, 2023 **10:00 am – 12:00 pm** **Address: Office of Homeless Services** **560 E. Hospitality Lane Suite 200** **San Bernardino, CA 92408**

Office of Homeless Services
560 E. Hospitality Lane, Suite 200 • San Bernardino, CA 92408
Phone: (909) 501-0610 • Fax: (909) 501-0622
Email: homelessrfp@hss.sbcounty.gov • Website: https://sbchp.sbcounty.gov/

Attendees on August 10, 2023, • Outreach and Coordinated Entry System Committee (CES) Meeting				
LAST NAME	FIRST NAME	ORGANIZATION	PHONE NUMBER	EMAIL
Dillard	Marcus	Office of Homeless Services		Marcus.Dillard@hss.sbcounty.gov
Green	Sharon	Victor Valley Family Resource Center		sgreen@vvfrc.com
Lamas	William	City of Victorville		wlamas@victorvilleca.gov
Grosvenor	Kameron	Inland Valley Hope Partners		kamig@inlandvalleyhopepartners.org
Jones	Mike	H.O.P.E Team		mjones@sbcsd.org
Johnson	Astrid	Morongo Basin ARCH		skyviewfarm29@gmail.com
Rabindranath	David	City of Redlands		drabindranath@cityofredlands.org
Woodard	Joy	Office of Homeless Services		Joy.woodard@hss.sbcounty.gov

Please note attendance of members of the public is not included

San Bernardino City and County Continuum of Care (CoC)

San Bernardino County CoC
Coordinated Entry System (CES)

Policies

PATHWAYS HOME™
Housing Coordination Program

SAN BERNARDINO COUNTY | Homeless Services

San Bernardino County CoC

Coordinated Entry System (CES)

Policies

Table of Contents

Overview

Introduction	This policy outlines the requirements for the design, implementation, and ongoing review of a Coordinated Entry System (CES). Unlike prior editions of CES policy, the Continuum of Care (CoC) Written Standards for operation of housing and services programs and CoC Governance Policies are addressed in separate documents.
Terms and acronyms	Below is a list of terms and acronyms commonly used in this policy:

Acronym	Term
AE	Administrative Entity
ADA	Americans with Disabilities Act
AH	Affordable Housing
AIDS	Acquired Immunodeficiency Syndrome
AMI	Area Medium Income
APR	Annual Performance Report
BNL	By Name List
BOS	Board of Supervisors
CES	Coordinated Entry System
CoC	Continuum of Care
CFR	Code of Federal Regulations
CORE	Coordinated Outreach Resources and Engagement
CPD	Community Planning and Development
CPA	Collaborative Partner Agency
ES	Emergency Shelter
ESG	Emergency Solutions Grant
ESRI	Environmental Systems Research Institute
GPD	Grant and Per Diem
HC	Housing Coordinator
HEARTH	Homeless Emergency Assistance and Rapid Transition to Housing
HHAP	Homeless Housing, Assistance and Prevention
HHSA	Health and Human services Agency
HIP	Housing Identification and Placement
HIV	Human Immunodeficiency Virus
HMIS	Homeless Management Information System
HOPE	Homeless Outreach and Proactive Enforcement
HQS	Housing Quality Standards
HSSE	Housing Search and Stabilization Entity
HUD	United States Department of Housing and Urban Development
ICH	Interagency Council on Homelessness
IHS	Inland Housing Solutions
K.E.Y.S.	Knowledge & Education for Your Success
LEP	Limited English Proficiency
LHSS	Lighthouse Social Service Centers
MOU	Memorandum of Understanding

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Overview, Continued

Terms and acronyms, continued

Acronym	Term
NCLU	No Child Left Unsheltered
OHS	Office of Homeless Services
PH	Permanent Housing
PHS	Permanent Housing Subsidy
PII	Personally Identifiable Information
PSH	Permanent Supportive Housing
RHP	Receiving Housing Program
RRH	Rapid Rehousing
SBC&C	San Bernardino City and County
SSA	Social Security Administration
SSVF	Supportive Services for Veterans Families
TAY	Transitional Age Youth
VA	Veterans Administration
VASH	Veterans Affairs Supportive Housing
VAWA	Violence Against Women Act
VI-SPDAT	Vulnerability Index - Service Prioritization Decision Assistance Tool
VSP	Violence Service Provider

Definitions

Introduction

This section provides definitions for terms used throughout this policy.

Administrative Entity (AE)

An AE is the Continuum of Care's (CoC's) designated agency to receive and administer State of California grants.

At imminent risk of homelessness

At imminent risk of homelessness is defined by the United States (U.S.) Department of Housing and Urban Development (HUD) as "an individual or family who will imminently lose their primary nighttime residence, provided that:

i. Residence will be lost within 14 days of the date of application for homeless assistance,
ii. No subsequent residence has been identified, and
iii. The individual or family lacks the resources or support networks needed to obtain other permanent housing."

Note: At imminent risk of homelessness represents Category 2 in HUD's homeless definition.

Chronically homeless

Chronically homeless is defined as stated in the Definition of Chronically Homeless final rule:

a. "A homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
   i. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and
   ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last three years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least seven consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility."
b. "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 (a) of this definition, before entering the facility."
c.   "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 (a) or (b) of this definition (as described in Section I.D.2. (a) of this notice), including a family whose composition has fluctuated while the head of household has been homeless."

Continued on next page

Definitions, Continued

Client	A client is defined as a person at-risk of or experiencing homelessness or someone being served by the coordinated assessment process.

Coordinated entry requirement	The coordinated entry requirement is in reference to the provisions in 24 Code of Federal Regulations (CFR) 578.7(a)(8) that require each CoC, in consultation with recipients of Emergency Solutions Grants (ESG) program funds within the CoC's geographic area, to 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.

CoCs that adopt the order of priority in Section III of 24 CFR 578.7(a)(8) into the CoC's written standards are strongly encouraged to use a coordinated entry process to ensure there is a single prioritized list for all CoC program-funded Permanent Supportive Housing (PSH) within the CoC. The Coordinated Entry Policy Brief provides recommended criteria for a quality coordinated entry process and standardized assessment tool and process. Under no circumstances will the order of priority be based upon diagnosis or disability type, but instead on the following:

- Length of time an individual or family has been experiencing homelessness, and
- Severity of needs of an individual or family.

Note: A centralized or coordinated assessment system is referred to as coordinated entry or coordinated entry process in this notice.

Developmental disability	Developmental disability is defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 15002) as a severe, chronic disability that is:

- Attributable to a mental or physical impairment or combination,
- Manifested before age 22,
- Likely to continue indefinitely, and
- Reflects need for a combination and sequence of special, interdisciplinary:
  − Generic services,
  − Individualized supports, or
  − Other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

An individual may be considered to have a developmental disability without meeting three or more of the criteria listed previously, if the individual is:

- Nine years old or younger,
- Has a substantial developmental delay or specific congenital or acquired condition, and
- Without services and supports, has a high probability of meeting those criteria later in life.

Definitions, Continued

Disability   Disability is defined by the HUD as the following:

- A physical, mental, or emotional impairment, including impairment caused by the following that is expected to be long-continuing or of indefinite duration:
  - Alcohol or drug abuse,
  - Post-traumatic stress disorder, or
  - Brain injury,
- Substantially impedes the individual's ability to live independently, and
- Could be improved by the provision of more suitable housing conditions.

A disability includes the following:

- Developmental disability, and
- Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS)

Fleeing domestic abuse or violence   Fleeing domestic abuse or violence is defined by HUD as "any individual or family who:

  i. Is fleeing, or is attempting to flee, domestic violence,
  ii. Has no other residence, and
  iii. Lacks the resources or support networks to obtain other permanent housing."

Note: Fleeing domestic abuse or violence represents Category 4 in HUD's homeless definition.

HIV/AIDS   HIV/AIDS is defined as the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus.

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Definitions, Continued

HMIS

Homeless Management Information System (HMIS) is defined as a database used to record and track client-level information on the characteristics and service needs of homeless persons. HMIS ties together homeless service providers within a community to help create a more coordinated and effective housing and service delivery system.

HUD, other planners, and policymakers at the federal, state, and local levels use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time.

Specifically, HMIS can be used for the following:

- Produce an unduplicated count of homeless persons,
- Understand patterns of service use, and
- Measure the effectiveness of homeless programs.

HMIS staff is responsible for the administration of the HMIS software and providing technical assistance to participating agencies and end-users. Each participating agency needs to follow certain guidelines to help maintain data privacy and accuracy.

Homeless under other federal statutes

Homeless under other federal statutes is defined by HUD as "unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

  i. Are defined as homeless under the other listed federal statutes,
  ii. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance,
  iii. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance, and
  iv. Can be expected to continue in such status for an extended period of time due to special needs or barriers."

Note: Homeless under other federal statutes represents Category 3 in HUD's homeless definition.

Housing First

"Housing First" is defined as a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions for entry, such as:

- Sobriety, or
- A minimum income threshold.

HUD encourages all recipients of CoC program funded PSH to follow a Housing First approach to the maximum extent practicable.

Continued on next page

Definitions, Continued

Housing interventions

Housing interventions are defined as housing programs and subsidies, which include the following programs:

- Transitional Housing (TH),
- Rapid Rehousing (RRH),
- PSH, and
- Permanent Housing Subsidy (PHS).

Literally Homeless

Literally homeless is defined by HUD as (1) "An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

i. Has a primary nighttime residence that is a public or private place not meant for human habitation,
ii. Is living in a 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 and local government programs, or
iii. Is exiting an institution where she/he has 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."

Note: Literally homeless represents Category 1 in HUD's homeless definition.

Non-discrimination requirements

Non-discrimination requirements are in reference to CoCs and recipients of CoC program funded PSH being required to continue to comply with the non-discrimination provisions of federal civil rights laws, including, but not limited to the:

- Fair Housing Act,
- Section 504 of the Rehabilitation Act,
- Title VI of the Civil Rights Act, and
- Titles II or III of the Americans with Disabilities Act, as applicable.

Outreach

Outreach is defined as the coordinated entry process that is linked to street outreach efforts so people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the coordinated entry process. Persons on the streets tend to have high levels of vulnerability and visibility.

The CES system is developing the Coordinated Outreach Resources and Engagement Program (CORE) approach included in the Strategic Plan. Once available, the CES system will be implemented in accordance with the CORE approach.

Continued on next page

Definitions, Continued

Program	A program is defined as a specific set of services, or a housing intervention offered by a provider.
Provider	A provider is defined as an organization that provides services or housing to people experiencing or at-risk of homelessness.
Recipient	A recipient is the entity that receives the grant award. A recipient may choose to subgrant part or all of the grant to one or more subrecipients to operate the project, or the recipient may operate the project directly.
Standardized assessment tool requirement	The standardized assessment tool requirement is in reference to CoCs being required to utilize a standardized assessment tool, in accordance with 24 CFR 578.3, or process. The Coordinated Entry Policy Brief provides recommended criteria for a quality coordinated entry process and standardized assessment tool.
Vulnerability Index (VI)	The VI is defined as an assessment tool that is used to identify members of the homeless population who are considered medically vulnerable and will face an increased risk of mortality if homelessness persists; however, they may still be eligible for PSH. Six-months or more of homelessness in combination with one or more of the markers detailed below will give someone a vulnerability score (1 or greater):

- Three or more hospitalizations or emergency room visits in a year,
- Three or more emergency room visits in the previous three months,
- Aged 60 or older,
- Cirrhosis of the liver,
- End-stage renal disease,
- History of frostbite, immersion foot, or hypothermia,
- HIV+/AIDS, and/or
- Tri-morbidity, including:
  - Co-occurring psychiatric, substance abuse, and
  - Chronic medical condition, such as:
    - ✓ Asthma,
    - ✓ Cancer,
    - ✓ Diabetes,
    - ✓ Etc.

A vulnerability score (i.e., 0) is not assigned to persons who are homeless for six months but have none of the markers listed above. Additionally, homeless persons who have less than six months of homelessness, but who have the above medical risks are assigned a score of zero.

Definitions, Continued

Written standards for creation of a single prioritized list for PSH

The written standards for creation of a single prioritized list for PSH is in reference to HUD's encouragement for CoCs to establish policies and procedures governing their Coordinated Entry System (CES) to include a requirement that all CoC program funded PSH accept referrals only through a single prioritized list, referred to as a By Name List (BNL).

The BNL created through the CES process, which is informed by the CoC's street outreach. This helps ensure CoC program funded PSH is being used most effectively, which is a primary goal of CES. A BNL approach is adopted for the San Bernardino City and County (SBC&C) CES and will be:

- Reviewed at least weekly, and
- Updated as frequently as needed to reflect the most up-to-date information as possible.

Coordinated Entry System Purpose and Background

Introduction   This section provides a description of the Coordinated Entry System (CES).

Purpose   The CES is a powerful tool intended to ensure that homeless persons and persons at risk of homelessness are matched, as quickly as possible, with the intervention that will most efficiently and effectively end their homelessness. Successful implementation and operation of a CES requires clear policy guidance and system-level management.

Background   The San Bernardino City and County (SBC&C) Continuum of Care (CoC) designed the CES described in this document to coordinate and strengthen access to housing for families and individuals who are homeless or at risk of homelessness throughout San Bernardino County. The CES institutes consistent and uniform assessment and referral processes to determine and secure the most appropriate response to each individual or family's immediate and long-term housing needs.

Guidance   The SBC&C CoC has developed guidance for the CES in accordance with the following U.S. Department of Housing and Urban Development (HUD) rules:

- 24 Code of Federal Regulations (CFR) Part 578 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act): Continuum of Care Program; Interim Final Rule,
- Emergency Solutions Grants Program (24 CFR 576),
- HUD's Community Planning and Development (CPD) Notice 17-01. *Notice Establishing Additional Requirements for CoC Centralized or Coordinated Assessment System*,
- HUD's final rule on defining chronically homeless and homeless (24 CFR 91),
- HUD Notice CPD-16-011 on prioritizing persons experiencing chronic homelessness and other vulnerable homeless persons in permanent supportive housing and Recordkeeping Requirements for Documenting Chronic Homeless Status, and
- The Equal Access Rule, 24 CFR 5.105, revised 2016.

Guidance,
continued

In addition to the rules and guidelines identified above, HUD provides a guide for administration and management of the CES titled, *Coordinated Entry Management and Data Guide*. This guide expands on the policy and management responsibilities described in HUD's Coordinated Entry Core Elements document and in CPD Notice 17-01. This guide discusses the following aspects, which helped to inform the San Bernardino CoC CES design:

- Coordinated entry management and evaluation,
- Data privacy and security, and
- Use of data to guide system change efforts.

HEARTH Act

The HEARTH Act (24 CFR Part 578) describes the responsibilities of the CoC, including the following:

- "In consultation with recipients of Emergency Solutions Grants (ESG) program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance," and
- "To establish and operate a "centralized or coordinated assessment system" (Coordinated Entry System, [CES]) with the goal of increasing the efficiency of local crisis response systems and improving fairness and ease of access to resources, including mainstream resources."

Both the CoC and ESG program interim rules require use of the CoC's coordinated entry process.

Coc Coordinated Entry System Foundation and Vision

Introduction	This section provides explains the foundation and vision of the Continuum of Care (CoC) Coordinated Entry System (CES).

HUD rules and CoC core principles

The San Bernardino City and County CES is founded on the United States (U.S.) Department of Housing and Urban Development (HUD) rules and CoC core principles that offer:

- A:
  - System of coordinated access to homeless services providers that facilitate access to services and follows HUD guidelines, and
  - Standard assessment process for all those seeking assistance,
- Phased assessment procedures for determining the appropriate next level of assistance to resolve the homelessness of those living:
  - On the streets,
  - In:
    - ✓ Shelters, or
    - ✓ Places not meant for human habitation, and
- Eligibility assessment for housing programs is targeted to homeless persons, but does not guarantee that the individual will meet the final eligibility requirements for, or receive a referral to, a particular housing or service option.
- A person-centric, permission-based system that honors privacy and choice.
  - This means clients determine whether to:
    - ✓ Share personal information,
    - ✓ Participate in CES services, or
    - ✓ Accept referral offers.

Vision for the CoC CES design

The vision for the CoC CES design includes:

- A central CES Entity with formal partners offering subregional access points,
- Providing a "no wrong door approach" to allow anyone who needs assistance to:
  - Know where to go to get that assistance,
  - Be assessed in a standard and consistent way, and
  - Connect with the housing/services that best meet their needs,
- Facilitating exits from homelessness to stable housing in the most rapid manner possible given available resources and reduce new entries into homelessness through coordinated system wide diversion and prevention efforts,
- Preventing people experiencing homelessness from entering and exiting multiple programs before getting their needs met,
- Fostering increased collaboration between homelessness assistance providers,

Continued on next page

Coc Coordinated Entry System Foundation and Vision,

Continued

Vision for the CoC CES design, continued

- Ensuring:
    - Clients gain access as efficiently and effectively as possible to the type of intervention most appropriate to their immediate and long-term housing needs,
    - The following for system users:
        - ✓ Clarity,
        - ✓ Transparency,
        - ✓ Consistency, and
        - ✓ Accountability, and
    - People who have been homeless the longest and/or are the most vulnerable have priority access to scarce permanent supportive housing resources.

<u>Notes</u>:
- The policies for the re-imagined system as outlined in the Ad Hoc Report adopted by the Interagency Council on Homelessness (ICH) are incorporated into the discussion of HUD Community Planning and Development (CPD) Notice 17-01 requirements included in the HUD CES Requirements section in this policy.
- Details and oversight of CES implementation are the responsibility of the following:
    - CoC-CES Oversight Standing Committee,
    - Contracted CES Lead Entity, and
    - Formal partners.

Partnerships

The implementation of the re-imagined CES necessitates significant, community-wide change. To help ensure the system will be effective and manageable for homeless persons, persons at-risk of homelessness, and housing and service providers tasked with meeting their needs, a robust, diverse group of partners must be involved in the following:

- System design,
- Ongoing operations, and
- Review of system effectiveness.

Partnerships in the revised CES must create a system that:

- Combines remote phone access and face-to-face opportunities through formal partner agencies to provide regional coverage and the "No-Wrong Door" approach,
- Increases access points by incorporating a diversity of entities, such as:
    - Outreach teams,
    - Homeless Outreach and Proactive Enforcement (HOPE) team,
    - Law enforcement,
    - CES anchor staff or hotline,
    - Emergency Solutions Grant (ESG) providers, and
    - Selected health care and domestic violence response system services,

Coc Coordinated Entry System Foundation and Vision,

Continued

Partnerships, continued
- Leverages HOPE Team and partner with community-based organization in the following:
  - Outreach,
  - Assessment,
  - Documentation, and
  - Regular case conferencing,
- Effectively moves people from homelessness to stable housing; and
- Employs mechanisms to maximize system efficiencies.
  - Some examples of these mechanisms include:
    - ✓ Automated record-keeping,
    - ✓ Virtual communication platforms,
    - ✓ Mobile technology, and
    - ✓ Web-based training.

Core concepts integrated throughout CoC systems

The CES system will adhere to the core concepts and Community Standards established by the CoC. Three of these basic concepts are of particular importance to the efficient facilitation of housing placement in the CES process, including:

- A Housing First approach,
- Low Barrier design, and
- Client-centric service model.

Housing First approach

A Housing First approach will be implemented. The approach prioritizes rapid placement and stabilization in permanent housing without service participation requirements or preconditions, such as:

- Sobriety, or
- A minimum income threshold.

What differentiates a Housing First approach from other strategies is that there is an immediate and primary focus on helping individuals and families experiencing a housing crisis to quickly access or sustain permanent housing and then providing services as needed. The approach is client-centric and includes supportive services; however, participation in these services and the duration of services are based on the needs and desires of program participants.

Low barrier approach

A low barrier approach will be implemented to remove the following barriers that screen out potential participants from obtaining housing based on those clients possessing the following:

- Too little or little income,
- Active or history of substance use,
- Criminal record, with exceptions for state-mandated restrictions,

Coc Coordinated Entry System Foundation and Vision,

Continued

Low barrier approach, continued

- History of having been or currently a victim of domestic violence, such as:
  - Lack of a protective order,
  - Period of separation from abuser, or
  - Law enforcement involvement,
- A low barrier approach will also remove the following barriers that may terminate residents from their housing and prevent them from maintaining their housing:
  - Failure to participate in supportive services,
  - Failure to make progress on a service plan,
  - Loss of income or failure to improve income,
  - Fleeing domestic violence, and
  - Any other activity not covered in a lease agreement typically found in the project's geographic area.

Client-centered service methods

CoC systems ensure housing and service options are tailored to meet the unique needs of each individual or family presenting for services and that program participants have access to the services they reasonably believe will help them achieve their goals. However, program participants should not be required to participate in services and cannot be required to participate in disability-related services.

Like other components of the CoC, the CES process incorporates principles of empowerment through the following:

- Participant choice,
- Cultural competence, and
- Trauma-informed approaches.

Participant choice is facilitated by questions in the following:

- Assessment tool,
- Direct inquiry, or
- Other methods, such as case conferencing.

Participant choice influences the following:

- Location and type of housing,
- Level of services, and
- Other intervention options.

HUD CES Requirements

<table>
<tr><td>Introduction</td><td>This section provides the Coordinated Entry System (CES) requirements from the United States (U.S.) Department of Housing and Urban Development (HUD).

Each Continuum of Care (CoC) receiving HUD CoC, Emergency Solutions Grant (ESG), and state homelessness funding must establish and operate a coordinated entry process (referenced as a CES) in this guide. In January 2017, the HUD Community Planning and Development (CPD) Office published a notice detailing the CES system compliance requirements for CoC and ESG programs.

The San Bernardino CES Policies and Procedures Guide uses the HUD notice to frame the description of the CoC CES. Sections are organized by the list of the HUD topics in CPD notice 17-01, followed by how the SB CoC CES will accomplish the guidance. Additional policy details are provided as available.</td></tr>
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Full geographic coverage

Requirements for the full geographic coverage are as follows:

- Must cover entire geographic area of the CoC, and
- May establish referral zones within the geographic area designed to avoid forcing persons to travel or move long distances to be assessed or served.

The San Bernardino CES will accomplish full geographic coverage by:

- Implementing a regional approach that covers the full CoC geography, but includes subregional components, such as:
  - Outreach,
  - Anchor agencies,
  - Intake,
  - Assessment,
  - Homeless Management information System (HMIS) entry, and
  - Referring to the CES By Name List (BNL),
- Combining phone access and partner agencies for regional coverage and a "No-Wrong Door" approach,
- Increasing access points by incorporating a diversity of entities as formal partners, such as, but not limited to:
  - Outreach teams,
  - Homeless Outreach and Proactive Enforcement (HOPE) team,
  - Law enforcement,
  - CES anchor staff or hotline,
  - Emergency Solutions Grant (ESG) providers, and
  - Potentially selected health care and domestic violence response system services,
- Addressing all homeless populations with special provisions for victims of domestic violence and the unique needs of five subgroups as allowed by the regulations,

Continued on next page

Full geographic coverage, continued

- Assessing the level of demand reflected in call center data and referral outcomes and evaluating the sub-regional need, then ensuring adequate coverage to meet those need, and
- Implementing mobile and virtual assessments/communications to improve system efficiency and ensure full geographic coverage.

Policy details – Full geographic coverage

Policy details regarding full geographic coverage indicate regional coverage will include at least one formal access point in each subregional area as well as centralized phone access. These points will form a network that allows access to the CES for any person who is experiencing homelessness. To effectively serve differences in subpopulation needs, the CES network may include access centers specializing in and variations in assessment for the five subgroups as permitted under HUD rules. These five subgroups include the following:

- Adults without children (also known as individuals),
- Adults with children (also known as families),
- Unaccompanied youth,
- Persons at risk of homelessness,
- Victims of:
  - Domestic violence,
  - Sexual assault,
  - Stalking, or
  - Other dangerous life-threatening conditions, including human trafficking (also known as domestic violence or victims of violence),

In addition, regional geographic coverage will include the following:

- Identifying organizations to engage as formal partners in the CES and implementing the revised system as soon as possible,
- Providing phone access through a regional call center and through phone contact with partner agencies identified as access points, and
- Ensuring all formal access centers offer initial prescreening using a standardized process and triage tools.

Use of standardized access points and assessment approaches

The requirements for the use of standardized access points and assessment approaches are as follows:

- Must:
  - Offer the same assessment approach at all access points and all assessment points,
  - Be usable by all people who may be experiencing homelessness or at risk of homelessness,
  - Ensure:
    - ✓ Persons who present at any access point can easily access an appropriate assessment process that provides the CoC with enough information to make prioritization decisions about that household,

Use of standardized access points and assessment approaches, continued

- ✓ Households who are included in more than one of the five populations can be served at all the access points for which they qualify as a target population,
  - – Have written "Privacy Protections" policies concerning data collected through the assessments,
- May:
  - – Include separate access points for five groups:
    - ✓ Adults without children,
    - ✓ Adults accompanied by children,
    - ✓ Unaccompanied youth,
    - ✓ Households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions, including human trafficking, and
    - ✓ Persons at risk of homelessness,
  - – Use variations in access and assessment approaches to remove population-specific barriers and account for the following in assessment processes and prioritization:
    - ✓ Different needs,
    - ✓ Vulnerabilities, and
    - ✓ Risk factors,
  - – Not establish a separate access point and assessment process for veterans,
    - ✓ May allow Veterans Administration (VA) partners to conduct assessment and make direct placements into homeless assistance programs, provided that the method is described in the CES policies and procedures,
  - – Provide, or be required to provide, reasonable accommodations for a person with disabilities,
- Written policies and procedures must describe the standardized assessment process, including documentation of the criteria used for uniform decision-making across access points and staff,
  - – If the CES is using different access points and assessment tools for the five allowable groups listed above, written policies and procedures must separately document the criteria for uniform decision-making within each population, and
- Cannot base prioritization on a protected status basis, such as a diagnosis or particular disability.
  Note: Determining eligibility is a different process than prioritization.

San Bernardino County CES will accomplish these requirements by:

- Using a phased assessment approach, beginning with the following:
  - – Engagement,
  - – Diversion, and
  - – Triage,
- Addressing all homeless populations through a standard process with special provisions for victims of domestic violence and unique needs of five subgroups as allowed by the regulations,

Use of standardized access points and assessment approaches, continued

- Employing a phased, progressive assessment approach that includes diversion,
- Amending the current assessment process to use the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) or other screening and triage tool that is embedded as only one part of the assessment,
- Clearly describing administrative and structural components and roles for the following:
  - CoC Membership,
  - Interagency Council on Homelessness (ICH),
  - CES Oversight Committee/Task Force,
  - Collaborative Applicant,
  - The central or lead CES organization, and
  - Participating agencies,
- Taking into consideration special needs and customized consumer response on an as needed basis,
- Engaging a multi-disciplinary team structure to re-engage regular case conferencing and ensure that all households prioritized for housing and services are reviewed.
  - Leveraging HOPE Team and partners with community-based organizations in the following:
    - ✓ Outreach,
    - ✓ Assessment,
    - ✓ Documentation, and
    - ✓ Case conferencing,
- Using HMIS initiated from the "first touch" with system outreach/engagement and initial contact,
- Ensuring data will:
  - Be transactional,
  - Preserve the confidentiality rights of the individual, and
  - Comply with HUD privacy rules,
- Having domestic Violence Service Providers (VSP):
  - Utilize a comparable database to comply with HUD Violence Against Women Act (VAWA) mandates, as applicable, and
  - Participate in reporting de-identified or aggregate data to comply with HUD reporting and CES system requirements.

Use of standardized prioritization in the referral process

The requirements for the use of standardized prioritization in the referral process are as follows:

- Must:
  - Use the CES to prioritize homeless persons for referral to housing and services,
  - Be consistent with CoC and ESG, and
  - Extend the same HMIS data privacy and security protections prescribed by HUD in the HMIS Data and Technical Standards to the "BNL" data,

Use of standardized prioritization in the referral process, continued

- Prioritization policies must be:
  - Documented in CES policies and procedures,
  - Made publicly available and applied consistently throughout the CoC areas for all populations,
- Assessment must provide sufficient information to make prioritization decisions,
- Written policies and procedures must:
  - Include:
    - ✓ The factors and assessment information with which prioritization decisions will be made for all homeless assistance, and
    - ✓ An appeals process,
  - Identify information that is relevant to factors used to make prioritization decisions,
- Prioritization may use a combination of factors intended to help identify persons for access to housing and services based on severity of needs,
- Cannot:
  - Use any assessment tool or the prioritization process, including the factors that would discriminate based on the following:
    - ✓ Race,
    - ✓ Color,
    - ✓ Religion,
    - ✓ National origin,
    - ✓ Sex,
    - ✓ Age,
    - ✓ Familial status,
    - ✓ Disability,
    - ✓ Type or amount of disability, or
    - ✓ Disability-related services or supports required,
  - Discriminate based on actual or perceived:
    - ✓ Sexual orientation,
    - ✓ Gender identity, or
    - ✓ Marital status,
- Assessment tools may not produce the entire body of information necessary to determine a household's prioritization,
- Case workers and others working with households should have the opportunity to provide additional information through case conferencing or another method of case worker input,
- A central list of persons, referred to as a "BNL" is not required, but can help effectively manage prioritization and placement and ensure a transparent referral process, and
- When two or more households have the priority for referral to the next available unit, the household that first presented for assistance should be referred.

Use of standardized prioritization in the referral process, continued

San Bernardino CES will accomplish these requirements by:

- Preparing a CES policies and procedures guide,
- Defining which interventions will or will not be included in the CES,
  - For example, only longer-term interventions including transitional or joint housing, rapid rehousing, and permanent supportive housing require full assessment and use of the "BNL," while emergency shelter (ES), domestic violence, or diversion resources would not,
- Using CES for the following that are supported by CoC, ES, or State funding:
  - Permanent supportive,
  - Transitional, and
  - Bridge housing facilities,
- Utilizing a BNL in the prioritization and tracking processes,
- Basing prioritization, matching, and referral on priorities reflected in the screening tool scores, while taking in consideration the following:
  - Special needs plus case conference information,
  - Availability of resources in a particular subregion (participant preference), and
  - The CoC Written Standards policy for prioritization (including HUD Prioritization Notice 16-11),
- Documenting the criteria and procedures for matching the deepest housing resources with persons with the most severe housing and service needs,
- In cases where two or more participant assessments have the same priority, the participants will be receiving referrals in the order based on the date of the referral to the CES system or entry on the BNL,
- Using HMIS initiated from 'first touch' with the system and continuing its use throughout the process.
  - First touch could happen at any phase from outreach, prevention, or diversion through placement in housing or provision of a subsidy until the participant lives independently or no longer needs assistance,
- Ensuring:
  - Direct service providers are trained on federal and state Anti-Discrimination and Equal Access Rules,
  - Ongoing case conferencing for households referred to the CES BNL,
  - Partners entering data into the HMIS are trained in privacy and security protocols, and
- Publicly posting an appeals policy.

<u>Notes</u>:
- Prioritization of clients will be based on their Vulnerability Index – Service Prioritization Decision Assistance Tool VI-SPDAT score.
- The Case Coordination Team will discuss and collaborate to determine which clients to prioritize if they have the same VI-SPDAT score.

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Use of standardized prioritization in the referral process

The requirement for lowering barriers is to have written standards that must prohibit the process from screening people out of the coordinated entry process due to perceived barriers related to housing or services, such as:

- Too little or no income,
- Active or a history of substance use,
- Domestic violence history,
- Resistance to receiving services,
- The type or extent of disability-related services or supports that are needed,
- History of evictions or poor credit,
- Lease violations or history of not being a leaseholder, or
- Criminal record except for state or local restrictions that prevent projects from serving people with certain convictions.

San Bernardino CES will accomplish these requirements by:

- Obtaining written commitment from providers to adhere to Housing First principles and standards.
- Requiring training in Housing First fidelity and certifying individuals that successfully complete training,
- Providing the HUD Housing First Self-Assessment tools for agency use to be completed at least annually.
- Allowing flexible housing placements and decisions that consider the following:
  - Assessment data,
  - Case conferencing information, and
  - Consumer preference,
- Using progressive engagement and trauma-informed approaches that foster empowerment, and
- Instituting and utilizing a phased triage and assessment approach and incorporates cultural and linguistic competency for assessment staff.

Marketing

The requirements for marketing are as follows:

- Must:
  - Include a strategy to ensure the CES is available to all eligible persons regardless of the following:
    - ✓ Race,
    - ✓ Color,
    - ✓ National origin,
    - ✓ Religion,
    - ✓ Sex,
    - ✓ Age,
    - ✓ Familial status,
    - ✓ Disability,
    - ✓ Actual or perceived sexual orientation,
    - ✓ Gender identity, or
    - ✓ Marital status,

Marketing, continued	– Ensure that all people in the following populations and subpopulations have fair and equal access to the CES regardless of the location or method by which they access the system: ✓ People experiencing chronic homelessness, ✓ Veterans, ✓ Families with children, ✓ Youth, and ✓ Survivors of domestic violence, – Document steps taken to ensure effective communication with individuals with disabilities, – Provide appropriate auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in appropriate accessible formats as needed, such as: ✓ Braille, ✓ Audio, ✓ Large type, ✓ Assistive listening devices, and ✓ Sign language interpreters, – Take reasonable steps to ensure the coordinated entry process can be accessed by persons with Limited English Proficiency (LEP), and • Access points must be accessible to individuals with disabilities, including: – Accessible physical locations for individuals who use wheelchairs, and – As people who are least likely to access homeless assistance. The CoC and CES will accomplish these requirements by: • Providing CES basic information and how to access the following: – Outreach, assessment, and referral system using the CoC and formal partner websites, – A virtual communications platform (when established), – Printed material from the Office of Homeless Services (OHS), • Distributing education about what CES is and how it works through outreach teams and all HUD and state-funded homeless service organizations, • Employing CES materials that are client-centric, culturally sensitive, and accessible to all (languages, Americans with Disabilities Act [ADA] accommodations such as large print or captions for visualizations, auditory/voice-over for on-line information. • Offering CES information through the CoC website and virtual platforms, – Stakeholders will be encouraged to share CES information on their websites and formal partners in the CES will be required to distribute CES information as determined in collaboration with the CES Lead Entity, • Requiring the CES Lead Entity (United Way 2-1-1) to expand on the general information and referral phone call center to provide information and connect callers to the CES-specific phone access services. – CES specific services will provide an initial, immediate response, and follow-up within three days.

Marketing, continued

- Linking the CES service information to the following programs that require participation in CES:
  - CoC,
  - ESG, and
  - State.

Note: For marketing policy detail, consider Promisor programs in the development.

Street outreach (SO)

The requirements for street outreach are as follows:

- Street outreach teams must link to the CES, including:
  - CoC ESG,
  - Federal,
  - City,
  - Government, and
  - State,
- Written policies and procedures must describe a process by which all street outreach staff, regardless of funding source, ensure persons encountered are offered the same processes as persons in site-based access points, and
- May decide whether to incorporate assessment process street outreach activities or separate the assessment process or is only conducted by assessment workers.

San Bernardino City and County CES will accomplish these requirements by:

- Establishing a Coordinated Outreach Resources and Engagement Program (CORE),
- Training street outreach teams on the CES and assessment process, and having the ability to offer CES access and assessment services to participants they contact through their street outreach efforts,
  - Street outreach teams will be considered an access point for CES,
- Having the CoC adopt the HUD 16-11 prioritization order as a key component in determining use of available resources,
  - As a result, these individuals and families must continue to be prioritized on the BNL until they are housed,
- Street outreach and service providers will continue to make culturally sensitive attempts to engage persons that have been resistant to accepting housing until their housing crisis is resolved,
- Ensuring efforts to contact participants on the BNL for service referral requires documentation of "due diligence" prior to declaring the system is "unable to locate" the participant and moving to the next name on the BNL to match the available resource,
  Note: "Due diligence" will mirror the three-step process identified by HUD that is used prior to accepting self-certification of homelessness status,

HUD CES Requirements, Continued

Street outreach (SO), continued

- Expanding the use of faith-based and other community informants to participate in coordinated outreach efforts, such as CORE,
- Developing clear communication protocols,
- Establishing a virtual platform for CES to facilitate access to resources across the CoC,
- Ensuring the virtual platform can effectively interact with the following data systems while maintaining data privacy and security:
    - HMIS,
    - Environmental Systems Research Institute (ESRI), and
    - Domestic violence comparable data base.

Emergency services

The requirements for emergency services are as follows:

- Must:
    - Allow emergency services to operate with as few barriers as possible, including all:
        - ✓ Domestic violence and emergency hotlines,
        - ✓ Drop-in programs, and
        - ✓ ESs,
    - Have access to emergency services independent of the operating hours of the CES intake and assessment processes,
    - Clearly identify the interventions that will not be prioritized based on severity of service need or vulnerability, such as:
        - ✓ ES, and
        - ✓ Crisis response,
    - Clearly identify interventions that will be prioritized, such as:
        - ✓ Permanent Supportive Housing (PSH), and
        - ✓ Rapid Rehousing (RRH),
    - Follow the written standards required under ESG rules (24 CFR 576.400(e)(3)(iv) for ESG- funded emergency services, and
    - Describe how persons accessing services outside assessment operating hours will be connected to intake and assessment processes as soon as they are operating, and
- Ensure access to emergency services during hours when the coordinated entry's intake and assessment processes are not operating.

Homelessness prevention services

The requirements for homelessness prevention services are as follows:

- Must have access to ESG-funded homelessness prevention services,
- May include separate access point(s) for homelessness prevention so people at risk of homelessness can receive urgent services when and where they are needed (i.e., on-site at a courthouse or hospital) provided that the separate access point(s) meet all requirements in this notice, and
- Written policies and procedures must describe the prioritization process for referrals to homelessness prevention services.

HUD CES Requirements, Continued

Homelessness prevention services, continued	San Bernardino City and County CES will accomplish these requirements by:

- Using a data-driven approach to establish system-wide and regional-level targets and prioritization for homeless prevention assistance, and
- Coordinating information and referrals from subregional partner access points and general homeless assistance access points to ensure persons at imminent risk of literal homelessness are provided coordinated access to CoC homelessness prevention services regardless of where the participant first contacts the CoC.

Referrals to participating projects	For referrals to participating projects, the following requirements must be met:

- Implement a uniform and coordinated referral process for the following at participating projects:
  - Beds,
  - Units, and
  - Services,
- Have a uniform referral process, including standardized criteria by which a participating project may justify declined a referral, and
- Identify the protocol(s):
  - For the rare instances of decline of a referral, and
  - To connect a decline household with another project.

The San Bernardino CES will accomplish these requirements by:

- Facilitating prompt referrals and reducing vacancy rates by requiring participating providers to notify the CES coordinating entity of known or anticipated upcoming vacancies,
- Requiring the following provider agencies with the vacancy to alert the coordinated entry coordinator or within the virtual platform when a vacancy is expected, no later than within three business days of the vacancy:
  - PSH,
  - RRH, or
  - Rental assistance, and
- Using a platform, such as a component of a virtual platform, that identifies a master list for referrals and prioritization protocols.

Safety planning	The requirements for safety planning are as follows:

- Domestic violence victims do not require service providers to use the CoC's CES if they use an alternative coordinated entry for victim service providers that meets HUD's minimum coordinated entry requirements,
- Must:
  - Not jeopardize the safety of the individuals and families seeking assistance, and

Continued on next page

Safety planning, continued

    – Have protocols that ensure people fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to CES and victim services, including as applicable, immediate access to emergency services such as domestic violence hotlines and shelters.

The San Bernardino CES will accomplish these by:

- Working with domestic violence and victim service providers to establish CES entry points in the subregional design,
- Requiring all CoC providers to incorporate a safety risk assessment as part of initial coordinated entry triage and intake procedures, evaluating, to the greatest extent possible, the physical safety and well-being of participants and prospective participants, and
- Establishing a process to link into the CES resources to ensure safety of the client.

Participant autonomy

For participant autonomy, the following requirements must be met:

- Allow participants autonomy to freely refuse the following without retribution or limiting their access to assistance:
  - Answer assessment questions, and
  - Housing and service options, and
- Specify the conditions for participants to maintain their place in coordinated entry prioritized list when the participant rejects an option.

The San Bernardino CES will accomplish these by having a written policy:

- Of client-driven choice and specifically notes the participant's right to refuse to answer or share data without retribution, and
- Statement indicating the participant's order on the BNL is retained until a placement is secured and accepted by the individual.

Privacy protections

The requirements for privacy protections are as follows:

- Must:
  - Ensure adequate privacy protections of all participant information,
  - Include written policies and procedures for obtaining participant consent to share and store participant information for purposes of assessing and referring participants,
  - Allow participants to decide what information they provide during the assessment process,
  - Not deny access to the CES on the basis the participant is or has been a victim of the following:
    - ✓ Domestic violence,
    - ✓ Dating violence,
    - ✓ Sexual assault, or
    - ✓ Stalking,
  - Inform participants of the ability to file a nondiscrimination complaint,

Continued on next page

Privacy protections, continued

- Prohibits denying:
  – Assessment or services to a participant if the participant refuses to provide information, unless the information is necessary to establish or document program eligibility per program regulations, and
  – Services to participants if the participant refuses to allow their data to be shared unless Federal statute requires the following of a participant's personally identifiable information (PII) as a condition of program participation:
    ✓ Collection,
    ✓ Use,
    ✓ Storage, and
    ✓ Reporting,
- Records containing PII must be kept secure and confidential, and the address of any family violence project cannot be made public, and
- Cannot require disclosure of specific disabilities or diagnoses.
  – Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

The San Bernardino CES will accomplish these requirements by:

- Implementing privacy protections and protocols aligned with HMIS privacy and security policies as established by HUD and documented in HMIS user policies,
- Maintaining written agreements with participating organizations and CoC staff and volunteers acknowledging awareness and commitment to adhere to the privacy and security policies,
- Providing the following types of training at least annually or more frequently as needed to reflect policy changes or system implementation changes:
  – Privacy,
  – Security, and
  – Confidentiality,
- Ensuring equal access to CES services, advising participants of their rights regarding confidential information, and prohibiting participating organizations and staff from excluding or otherwise discriminating against participants based on their status as a:
  – Victim of:
    ✓ Violence,
    ✓ Dating violence,
    ✓ Sexual assault,
    ✓ Stalking, or
    ✓ Survivor of human trafficking, or
  – Member of any other class protected by federal or state regulations, such as:
    ✓ Fair Housing,
    ✓ Equal Access,
    ✓ Anti-discrimination,
    ✓ VAWA, and
    ✓ California Unrue Act.

Privacy protections, continued

- Educating the following about the Federal and State mandates to protect persons and the location of victims of violence (at least annually):
  - Organizations,
  - Staff,
  - Volunteers,
  - Contractors, and
  - Others,
- Maintaining written agreements with organizations/persons with access to domestic violence participant housing and service locations,
- Providing information to each participant about how to lodge concerns and complaints regarding fair treatment in accessing housing and services,
- Establishing a clear, simple to follow, protocol for participants wanting to submit a complaint, and
- Publicly posting participants' rights filing a complaint or requesting an appeal, including the protocol for their submission.

Policy detail – Privacy protections

The San Bernardino CoC HMIS privacy policies are found in the HMIS User Manual which complies with the HUD guidelines set forth in the 2022 HMIS Data Standards as identified on the HUD Exchange, https://www.hudexchange.info/programs/hmis/hmis-data-standards/. This resource provides detailed guidance for each role in the process, such as:

- CoC Lead,
- HMIS Lead,
- HMIS Data Entry Agent, and
- VSP organization.

All CES partner organizations and HMIS participating staff must sign a written statement acknowledging awareness and commitment to adhere to the privacy and security policies. A standardized form for the statement will be available from the HMIS Lead and posted on the CoC webpage.

Privacy, security, and confidentiality training will be available via webinar twice annually and via an interactive training module on the CoC webpage. The HMIS Lead is responsible for updating the training to ensure policy and system changes are incorporated into the training material when changes occur.

To ensure equal access to services, the CoC will:

- Provide Non-Discrimination and Equal Access training to all CES partner organizations at least annually,

Continued on next page

Policy detail – Privacy protections, continued

- Require CES organizations to prohibit staff from excluding or otherwise discriminating against participants based on their status as a:
  - Victim of:
    - ✓ Violence,
    - ✓ Dating violence,
    - ✓ Sexual assault,
    - ✓ Stalking, or
    - ✓ Survivor of human trafficking, or
  - Member of any other class protected by federal or state regulations, such as:
    - ✓ Fair Housing,
    - ✓ Equal Access,
    - ✓ Anti-discrimination,
    - ✓ VAWA, and
    - ✓ California Unrue Act.
- Entail CES organizations to advise participants/clients of their rights in writing regarding confidential information, privacy, and VAWA emergency transfers,
  - The CoC Administrative Entity (Collaborative Applicant) will provide a standardized statement concerning these rights to organizations for their use.
- Obtain consent from participants to enter PII into the HMIS and require a release of information from the participant prior to sharing information with others,
  - The SB CoC will develop a form using a single consent for disclosure to CES partners who engage in a confidentiality "trust network."
  - Trust network partners agree to conform to information-sharing protections that comply with HUD data sharing standards (updated in 2020 to address public health risks) and Health and Human Services Agency (HHSA) protections of human subjects (45 CFR part 46) when data is used for research.
- Follow the general elements of a data sharing agreement among organizations. This means Inter-Agency Data Sharing Agreements will identify the following 13 elements as listed below:
  - *Purpose and intended use of data sharing:* Language must be consistent with the consent forms signed by individuals, including the following:
    - ✓ Type of data to be shared,
    - ✓ Organizations involved, and
    - ✓ How the data are to be used,
  - *Period of agreement:* Particularly the term for which the data sharing agreement is valid,
    Note: Individual parties to the data sharing agreement should have the right to terminate their participation with adequate notice.
  - *Description of data:* Providing a more precise description of the data to be shared.
    Note: For consistency, the list of data should match the description of data to be shared in the written consent agreement.

**Policy detail –
Privacy
protections**,
continued

- *Timing and frequency of updates:* If data is to be provided on an ongoing basis, list the conditions for sharing new data,
- *Custodial responsibility and data stewardship:* Lists the responsibilities for maintenance of data security, including a secure process for transmitting the file and any particular file format, and special circumstances regarding data access, such as a public health emergency,
- *Roles and responsibilities:* Identifies the individuals in the organizations with responsibility for the data,
- *Permissible data use, linking and sharing under this agreement:* Rules for use of the data by the receiving organization, including access rights and sharing of data with other organizations,
  Note: This must comply with the requirements and conditions specified when the data was collected.
- *Resources and costs of data sharing and data management:* Stipulates which organizations will be responsible for specific data sharing costs,
- *A statement of no warranty for data or linkage quality:* Protects the receiving organization, which commits to make reasonable efforts to promote data quality but does not guarantee a specific standard.
  Note: Data transfers include a notice of the requirement to delete any information not intended for the recipient and immediately notify the sender.
- *Indemnification:* In the case of legal claims against any of the parties to the agreement, normal legal rules and principles will apply, and requires trust partners who party become aware of a claim against the other to inform the other party in a timely manner,
- *Publication and dissemination of results:* Provides for review of any results to be disseminated, including review to make sure that third party researchers protect the confidentiality of individuals when publishing findings,
  Note: Such restrictions should not allow arbitrary or unwarranted suppression of data but protects the privacy rights of individuals.
- *Termination and modification of this agreement:* identifies the conditions under which the agreement can be terminated.
  Note: This clause also includes direction on how data are to be disposed of after termination.
- *Detail the Actions when consent is rescinded:* Details of the actions to be taken when a client rescinds permission to share data.
  Note: Any data shared while authorization was active is not subject to recapture.

Data security protections	The requirements for data security protections are as follows:

- Data systems must meet HUD's requirements in 24 CFR 578.7(a)(8),
- Must be compliant with HUD's HMIS Privacy and Security Notice and updated for regulations as they change, and
- Should include specific policies and procedures to allow for participation by victim service providers that are prohibited by law from entering personally identifying information into the HMIS.

The San Bernardino CES will accomplish these requirements by:

- Ensuring the HMIS system meets the provisions of 24 CFR578.7 (a)(8) and subsequent notices, and
- Establishing policies that allow VSPs to maintain client-level data in a separate database comparable to the HMIS and report only de-identified data as needed to secure housing and services.

Policy detail – Data security protections	The San Bernardino CES data management policies will follow the requirements established in HUD regulations as updated in 2022. These requirements are found in 24 CFR 578.7.

The San Bernardino CES policies for VSP organizations align with HMIS and VAWA regulations. Qualified VSP organizations comply with HUD rules for participation in an alternate, comparable data system and for initial response and emergency transfer of VSP impacted households to ensure their safety. A VSP organization is an entity whose primary purpose is to serve persons who are victims of the following:

- Violence,
- Dating violence,
- Sexual assault stalking, or
- Survivors of human trafficking.

The CoC standards regarding VAWA compliance include procedures for the following:

- Prioritizing/expediting safe housing placement that allows for immediate response (within 72 hours), and
- Placement transfer of qualified domestic violence households.

Domestic violence households that are already housed in the system and approved for the Emergency Transfer Plan are raised in CES priority to ensure immediate response for continuing in stable housing. To ensure immediate transfer, this housing may be in an alternate form of housing than what they vacate.

Disciplinary actions for privacy and data violations	In the event of a privacy or data violation, disciplinary actions will be followed based on the regulations and guidance found in HUD's Breach Notification Policy and Response Plan.

Assessor training	The requirements for assessor training are as follows:

* Must:
  – Provide:
    ✓ Training protocols, and
    ✓ At least one annual training opportunity to participating staff in locations that serve as access points or conduct assessments,
  – Include the requirements for prioritization and the criteria for uniform decision-making and referrals, and
  – Update and distribute training protocols at least annually, and
* Provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CESs and its written policies and procedures.

The San Bernardino CES will accomplish these requirements by:

* Publishing CES system protocols that create training for three different audiences, including:
  1. *Public:* CES education and orientation for the general public or others new to the CES concept.
     a. Ideally make this information available continuously via websites or repeated short outreach training sessions.
     b. Training will include, at a minimum, introduction, and explanation of what a CES is and how to access it.
  2. *CES operating fundamentals for users:* Formal partners and housing and service organizations implementing the system.
     Note: This material needs to be readily available as new staff or partners are added.
  3. *Assessors:* Specific training on the following:
     a. Assessment instruments,
     b. Documentation, and
     c. Service delivery,
* Distributing the following type of information from the HUD Exchange to the CoC list serve and posting the information to the CoC website to ensure ongoing access:
  – Binders,
  – PowerPoints,
  – Summary sheets, and
  – CPD notices,

Assessor training, continued

- Offering interactive training open to all interested parties and required for CES formal partners regarding the topics listed below with at least annual certification of completion of training:
  - CES overview,
  - Regulations,
  - Processes,
  - Priorities, and
  - Methods for compliance with relevant regulations,
- Requiring active CES staff to complete a refresher training at least bi-annually or successfully complete an on-line protocols quiz annually,
- Eliciting and documenting feedback from trainees using standardized feedback forms,
- Monitoring HUD and other funding source communications to ensure the following:
  - Updates to policies and protocols remain compliant, and
  - ICH/CoC regulatory change recommendations are made to policy/protocol updates as needed, and
- Providing initial and ongoing training to partners and stakeholders in the community to enhance consistent understanding and operation of the CES components.

Policy detail - Assessor training

In consultation with recipients of ESG, the CoC operates a centralized assessment system that provides an initial triage for immediate needs and a phased comprehensive assessment of the needs of individuals and families for housing and services.

CES protocols establish a multi-phased approach to assessment. Training for persons involved in assessment is extensive, including materials published by HUD as well as materials developed for and by the SB CoC. Assessor training will be available annually by webinar and ongoing training on basic guidelines will be accessible via website for new personnel added to the system between annual training. A certificate of completion will be issued by the CES Lead to each assessor completing training.

The materials for each training will include a standardized feedback form that is made available to all trainees. The CES Oversight Committee and CES Lead Entity are responsible for reviewing the feedback and adjusting training as appropriate to enhance training. A link to examples of formal HUD materials for both system and client-level assessments are available on the HUD Exchange.

To ensure ongoing compliance with regulations, monitoring of HUD and other funding source communications is the responsibility of the CoC Oversight Standing Committee and CES Lead Entity.

Policy detail - Assessor training	The requirements for ongoing planning and stakeholder consultation are as follows:

- Must:
  - Facilitate ongoing planning and stakeholder consultation concerning the implementation of coordinated entry,
  - Solicit feedback:
    - ✓ At least annually from participating projects, and
    - ✓ From individuals and families currently engaged in the coordinated entry process or who have been referred to housing through the coordinated entry in the last year,
  - Address the quality and effectiveness of the entire coordinated entry experience for both participating projects and households,
  - Use the feedback that they receive to make updates to their CES and written policies and procedures,
  - Describe:
    - ✓ The frequency and method by which CES evaluation will be conducted, including how project participants will be selected to provide feedback, and
    - ✓ A process by which the evaluation is used to implement updates to existing policies and procedures,
- Uses appropriate feedback methodologies, including the following:
  - Surveys designed to reach either the entire population or a representative sample,
  - Focus groups of five or more participants, or
  - Individual interviews with participating providers and enough participants to approximate the diversity of participating households.
  Note: The CES may opt to use any combination of feedback methods.

The San Bernardino CES will accomplish ongoing planning and stakeholder feedback by:

- Requiring regular reports from the contracted CES Lead Entity to the ICH, at least quarterly but preferably monthly,
- Strengthening governance by activating the CoC Oversight Standing Committee responsible for oversight of the CES operations and ongoing development of policies and procedures for evaluating regulatory compliance,
- Charging the Standing Committee with completion of a comprehensive annual review process, including but not limited to:
  - Collection and analysis of data from CES provider and services agencies survey and focus groups,
  - A customer-consumer survey,
  - CES:
    - ✓ System performance and outcome data,
    - ✓ System user demographic data, and
    - ✓ Management agency contract compliance data,
  - Reports from the fiscal and administrative entity, and
  - Feedback about CoC training and resources,

**Policy detail -
Assessor
training**,
continued

- Inviting a wide spectrum of respondents to participate in the CES annual process who represent subregional, subpopulation, and demographic diversity of the CoC through an open solicitation, then selecting a range of participants that reflects the composition of the community,
- Employing the HUD CES review tool to help guide the review to ensure each aspect of the requirements/processes are included in the evaluation,
- Using the CES Review Standing Committee, report the findings from the annual assessment and regular reports to the CoC and make recommendations for updating policies and procedures to improve CES operations as necessary,
- Ensuring update to the CES is an action item on the ICH/CoC agendas at least annually, and
  Note: Incorporating identification of resources and funding as part of consultation and coordination.
- Incorporating the identification of resources and funding as part of the consultation and coordination of the CES system.

**Policy detail -
Ongoing
planning and
stakeholder
consultation**

The policy outlining the Standing Committee responsibilities, adopted by ICH in 2019, identifies the Oversight Committee as "responsible for monitoring the CoC's strategic, operational, fiscal, and grant performance of federal and state CoC funded programs and ensuring alignment between local, state and/or HUD strategic priority system performance measures and local performance measures as set or encouraged by the ICH."

The CoC Performance Oversight Committee provides oversight of the CoC funded recipients and makes recommendations based upon documented outcomes. The Committee must:

- Review the:
  – Annual Performance Reports of funded responsible organizations and/or programs and provide strategic recommendations regarding outcomes to the ICH, and
  – Data outcomes for CoC funded recipients,
- Provide recommendations on current policies and procedures for accessing the CoC homeless service delivery system, complementing county contract compliance standards, and
- Require formal partners to provide regular reports concerning the demand for service and service utilization and housing outcomes, and encourage participating organizations to do the same.

The following applies to consultation and coordination policy detail:

- A wide spectrum of respondents will be invited to participate in the CES annual process who represent subregional, subpopulation, and demographic diversity of the CoC through an open solicitation, then selecting a range of participants that reflects the composition of the community,

Policy detail - Ongoing planning and stakeholder consultation, continued

- At a minimum, consultation will involve the following in the annual CES system review, revision, and transition:
  - CoC membership,
  - ICH,
  - Collaborative Applicant,
  - HMIS Lead,
  - CES Lead, and
  - ESG entitlement areas,
- The HUD CES review tool will be used to help guide the review to ensure each aspect of the requirements/processes are included in the evaluation,
- The CES Review Standing Committee will report the findings from the annual assessment and regular reports to the CoC and make recommendations for updating policies and procedures to improve CES operations as necessary,
- Updates to the CES will be included on the ICH/CoC calendar as an action item on the ICH/CoC Agendas at least annually,
- Identifying and committing resources beyond the CoC project award to support CES:
  - Operations,
  - Coordination,
  - Oversight, and
  - Management,
- Recognize that CES is used by an array of funding sources, and to the extent possible, dedicate available resources or identify new ones to the CES such as:
  - Bonus funds, including:
    - ✓ Potential expansion of CoC competitive,
    - ✓ Youth-dedicated,
    - ✓ Special unsheltered, or
    - ✓ Domestic violence,
  - State resources, including:
    - ✓ Homeless Housing, Assistance and Prevention (HHAP), or
    - ✓ ESG, or
  - Local resources,
- Task the CES Oversight Committee/Task Force to work cooperatively with the CES Lead and community stakeholders to accomplish annual consultation and coordination planning,
- CES administrative entity will work with the community stakeholders/funding sources who are required to use the CES and identify funds or in-kind resources for CES operations,
- Develop written commitment of resources necessary for system implementation between the following who are required to utilize the CES and receive funding for CES:
  - CoC,
  - Formal partners, and
  - Stakeholders,

Policy detail - Ongoing planning and stakeholder consultation, continued

- Request entities receiving funds from programs that call for the use of CES, or with homelessness-dedicated funds to participate in funding the CES. Request the following from the:
  - CoC and ICH Board to identify and allocate funding in addition to the CoC Renewal funds,
  - ICH to initiate a request to the County Board of Supervisors (BOS) to advise departments receiving state and federal funding for homelessness to identify and allocate funds or in-kind resources to support the CES, and
  - Cities that are recipients of CoC, ESG, and HHAP to identify and allocate funds for the CES.
- Ensure updates and detailed procedures/workflows are made for each aspect of CES operations when policy changes occur.

The 2017 notice of requirements for CES includes strong recommendations about the CES design and implementation. These were part of the recommendations adopted by ICH. These actions included the following:

- Incorporate:
  - A person-centered approach,
  - Cultural and linguistic competencies, and
  - Mainstream service providers and resources,
- Utilize assessment tools and processes that facilitate a phased approach,
- Use HMIS and other complementary data collection systems, and
- Conduct calls for management of waiting lists (BNLs) in a manner that minimizes wait-time and allows prioritized persons to access housing within 60 days.

Note: These recommendations were adopted by the ICH and are reflected in the policy statements for HUD CPD Notice 17-01 as described above.

CES Processes

Introduction	This section provides information about the Coordinated Entry System (CES) processes.
System overview	The following overview provides a brief description of the path a household would follow from an initial request for housing through permanent housing placement. The overview also describes roles and expectations of the key partner organizations that play a critical role in the system.
System entities - Outreach	Outreach is a system entity that will ensure people living in unsheltered locations are prioritized for help by providing essential services necessary to "connect them with emergency shelter, housing, or critical services and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility." United States (U.S.) Department of Housing and Urban Development (HUD) Notice 16-11 and Emergency Solutions Grant (ESG) program standards on 24 Code of Federal Regulations (CFR) 576.101 note that priority should be given to the persons with the most extensive needs and longest history of homelessness. These elements are included in the CES housing needs assessment and will give the highest priority to persons with this combination of factors. In the revised CES system, outreach staff play a key role in documenting the homeless status of persons they contact. Direct observation or contact with persons on the street or living in places not meant for human habitation is key in documenting homeless status and eligibility for HUD-funded services. Outreach staff are often the "first touch" with unsheltered persons. As a result, outreach staff will assist in the entry of homeless persons in the Homeless Management Information System (HMIS) or virtual platform.
System entities - Assessment	Assessment is a system entity in which the CES is intended to facilitate access to the most appropriate housing intervention for each household's immediate and long-term housing needs and ensure scarce permanent housing resources are targeted to those who are most vulnerable and/or have been homeless the longest. An initial pre-screening (triage) will be conducted by all CES partners. Staff completing triage will advise persons of the rights to privacy and gain their informed consent to participate. Triage staff and case managers who are assigned to individuals will enter essential information for apparently homeless persons into HMIS.

System entities - Assessment, continued	Initial assessment will include the following:
	
	• Appropriateness for diversion or alternate services,
	• Verification of homelessness, and
	• Urgent immediate need, such as for:
	   – Violence intervention, or
	   – Obvious health risk.
	
	Persons deemed to be eligible for homeless services, will be further assessed for the type of intervention needed. This next phase of assessment includes completing a multi-factor assessment and the Continuum of Care (CoC)-selected standardized assessment tool, such as the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). The standardized assessment process employs specialized tools for subpopulations as allowed by HUD rules, such as:
	
	• Single individuals,
	• Households with children,
	• Unaccompanied youth, and
	• Victims fleeing violence.
	
	Note: The assessment is completed by individuals who have been trained and certified for assessment.
	
	Prioritization is based on vulnerability across the following five entities:
	
	• History of housing and homelessness,
	• Risks,
	• Socialization and daily functioning,
	• Wellness, which includes immediate health needs, such as:
	   – Chronic health conditions,
	   – Substance usage,
	   – Mental illness, and
	   – Trauma, and
	• Special needs, if applicable.
	
	Case conferencing will help inform the prioritization process. Prioritization information is entered into HMIS or a CES virtual platform which enables the creation of a By Name List (BNL) of those needing housing assistance.

System entities – Enrollment into CES and housing case management	Enrollment into CES and housing case management is a system entity in which each household that is assessed as needing more than diversion or emergency shelter (ES), will be referred for enrollment in the CES prioritization system. This enrollment may be completed through the CES virtual platform when available. All persons assessed as needing housing services and enrolled in the CES will be assigned to a CES coordinator or case manager. Once successfully referred to housing, each housing program will provide ongoing case management to address client needs and supportive services clients are eligible for directly from the program and/or with a referral to services.

CES Processes, Continued

System entities – Housing search & stabilization (housing navigation)

Housing navigation is a system entity that includes the definition by HUD in 24 CFR 576 (ESG programs) and 576.105 (Housing Relocation and Stabilization Services), which indicates the following:

"(1) Housing search and placement. Services or activities necessary to assist program participants in locating, obtaining, and retaining suitable permanent housing, include the following:

- Assessment of housing barriers, needs, and preferences,
- Development of an action plan for locating housing,
- Housing search,
- Outreach to and negotiation with owners,
- Assistance with submitting rental applications and understanding leases,
- Assistance with obtaining utilities and making moving arrangements, and
- Tenant counseling."

The CoC CES system contracts with a Housing Search and Stabilization Entity (HSSE) designed to work in collaboration with participating CoC CES partnership agencies to connect individuals and families experiencing homelessness throughout the county with safe decent and affordable housing. The HSSE plays a key role in facilitating identification and access to housing, including units beyond the CoC – ESG funded resources.

Types of assistance provided

The HSSE will work in collaboration with participating partner agencies and service providers to provide participating households with the following types of assistance:

- Housing Identification and Placement,
- Recruit landlords to provide housing opportunities for individuals and families experiencing homelessness,
- Address potential barriers to landlord participation such as concern about nature of rental assistance and tenant qualifications, and
- Help individuals and families:
  - Experiencing homelessness, and
    - ✓ Identify and select among various permanent housing options based on their unique needs, preferences, and financial resources.
    - ✓ Address issues that may impede access to housing (such as credit history, arrears, and legal issues).
  - Find and secure suitable rental housing and negotiate manageable and appropriate lease agreements with landlords.

Continued on next page

CES Processes, Continued

Target population

The target population intended to be served by the CES process are people experiencing homelessness and who believe they are at imminent risk of homelessness. Homelessness will be defined in accordance with the official HUD definition, which includes:

- Literally Homeless (HUD Homeless Definition Category 1),
- At imminent risk of homelessness (HUD Homeless Definition Category 2),
- Homeless under other Federal statutes (HUD Homeless Definition Category 3), and
- Fleeing domestic abuse or violence (HUD Homeless Definition Category 4).

The CES implementation acknowledges that CoC funds can only be used for people who are homeless under HUD Homeless Definition Category 3 if the CoC has written permission from HUD to do so. At this time, the CoC does not have this permission, as a result these households cannot be served using CoC funds.

The CES implementation also recognizes that people who are at risk of homelessness within the next 72 hours should be assessed for prevention or diversion services as well as referral to emergency services. People who have a longer period of time before they will become homeless should be referred to other prevention-oriented resources available in the community. People with higher apparent vulnerability such as an acute health issue will be offered housing before non-vulnerable people.

The CoC has adopted HUD Community Planning and Development (CPD) Notice 16-11 for prioritization of Permanent Supportive Housing (PSH) units that are not dedicated or prioritized for chronic homelessness. This policy is meant to ensure that persons who do not yet meet the definition of chronic homelessness but have the longest histories of homelessness, most severe service needs, and are therefore the most at risk of becoming chronically homeless, are prioritized. This policy is incorporated into the multi-phased assessment process and is considered during CES case conferencing.

Data collection

Data will be collected on everyone who is assessed through the coordinated assessment process. CES protocols, in addition to instructions embedded within the assessment tool and process, detail when and how data about clients going through assessment will be collected. All clients will be advised of their rights with respect to Personally Identifying Information (PII) and will be given an opportunity to consent to have their information shared with others.

CES Processes, Continued

Data collection,
continued

Once a client has been triaged and is deemed eligible for continued assessment, the assessment staff will provide the client with additional information about their privacy rights. The assessor will share the confidentiality form which explains the following:

- What data will be requested,
- How data will be shared,
- Who will the data be shared with, and
- What the client's rights are regarding the ongoing use of their data.

Assessment staff will be responsible for ensuring clients understand their rights regarding the release of information and data confidentiality. If the client is unwilling to permit the sharing of his or her personal data, the client will be given information explaining if this choice would prevent establishing eligibility for particular services, such as referral to public mainstream resources. At no time will clients be pressured into agreeing to release their PII.

Staffing roles and expectations

Identifying staffing roles and expectations is a component of the planning of programs and services for homeless populations. Recognizing the need to stimulate community-wide planning and coordination of programs for individuals and families who are homeless, HUD instituted a requirement for communities to come together to submit a single, comprehensive application for HUD funds for housing and support services for people who have experienced homelessness. The organizational concept that embodies this effort is the CoC as it holds specific responsibilities in implementation of the CoC and CES systems.

CoCs are required to develop a Governance Charter that specifies some or all the responsibilities that will be passed to another entity. The CoC structure includes a Steering Committee composed of relevant representatives from across the community. As a result of its strong leadership, access to resources, and high visibility in the community, the San Bernardino County Interagency Council on Homelessness (ICH) serves as this region's lead agency for the CoC. ICH's purpose is to:

- Help create integrated, community-wide strategies and plans to prevent and end homelessness, and
- Provide coordination among the numerous regional organizations and initiatives that serve the homeless population.

CES Processes, Continued

Staffing roles and expectations, continued

The table below identifies the responsibilities for CES staff:

Staff	Responsibilities

CES Lead Entity	In the CES design, a CES Lead Entity is designated as the central coordinating entity. The CES regional design incorporates the services of the Coordinating Entity and subregional partner organizations. The Coordinating Entity (CES Lead) is responsible for the day-to-day administration of the CES, including but not limited to the following:
	
	• Creating and widely disseminating materials regarding services available through the CES and how to access those services,
	• Designing and delivering training at least annually to all key stakeholder organizations,
	• Ensuring pertinent information is entered into HMIS for monitoring and tracking the process of referrals, including:
	  – Vacancy reporting, and
	  – Completion of assessments,
	• Managing case conferences to review and resolve denial of services decisions by receiving housing programs and refusals by clients to engage with receiving housing program guidelines,
	• Managing an eligibility determination appeals process in compliance with the protocols as established by CoC policies,
	• Coordinating the subregional access and assessment partners to ensure effective and consistent implementation of CES in accordance with policies and contracts,
	• Managing processes as necessary to enable participation in the CES by providers not participating in HMIS,
	• Designing and executing ongoing quality control activities to ensure clarity, transparency, and consistency to remain accountable to the following throughout the coordinated access process:
	  – Clients,
	  – Referral sources, and
	  – Homeless service providers,
	• Periodically reviewing process and outcomes data to ensure the CES is functioning as intended,
	• Ensuring implementation and processes are informed by feedback from a broad and representative group of stakeholders,
	• Providing performance reports to the ICH at least quarterly,
	• Cooperating with the Oversight Standing Committee for ongoing review and evaluation of CES implementation,
	• Responding to inquiries from the following in a timely manner:
	  – ICH,
	  – HMIS Lead, and
	  – Collaborative Applicant,
	• Making periodic adjustments to the CES as determined necessary,
	• Updating CES policies and procedures to maintain compliance with HUD, CoC and State regulations, and
	• Ensuring CES daily operations comply with established policies and procedures.

CES Processes, Continued

Staffing roles and expectations, continued

Staff	Responsibilities
Project Manager	The CES Coordinating Entity (Lead) staffs the System Manager positions. The project managers' role includes management of the CES, including but not limited to the following: • Serving as point person and lead to workgroups and transition teams, • Providing CES training to participating agencies, • Generating reports, • Communicating to user agencies and outreach coordinators, • Ensuring case conferencing sessions among relevant parties, • Responding to email questions and correspondence, and • Monitoring system performance.

Fair housing, tenant selection plan, and other statutory and regulatory requirements

The CES Lead Entity will take all necessary steps to ensure the CES is administered in accordance with the Fair Housing Act and Equal Access Rule by promoting housing that is accessible to and usable by all persons, including those with disabilities. The CES complies with the non-discrimination requirements of the Fair Housing Act, which prohibits discrimination in all housing transactions on the basis of the following:

• Race,
• National origin,
• Sex,
• Color,
• Religion,
• Disability status, and
• Familial status.

This also includes protection from housing discrimination based on source of income. Additional protected classes under state law include the following:

• Sexual orientation (including gender identity),
• Marital status,
• Military discharge status, and
• Age.

Agencies cannot preference any protected class unless allowed by statute/regulation or written waiver from their funding or regulatory body (i.e. HUD).

All authorized user agencies who enter into a MOU for the CES agree to take full accountability for complying with Fair Housing and all other funding and program requirements, as identified in the 24 CFR 578 and HUD notices, such as compliance with the Equal Access Rule. The MOU requires user agencies to use the CES in a consistent manner with the statutes and regulations that govern their housing programs.

CES Processes, Continued

Evaluating and updating CES policies and procedures

The implementation of the CES necessitates significant, community-wide participation and coordination. To help ensure the system will be effective and manageable for the following groups, particularly during the early stages of implementation, the CoC will work with the Oversight Standing Committee to make adjustments to the policies and procedures for implementing the regional CE:

- Homeless and at-risk households, and
- Housing and service providers tasked with meeting their needs.

To inform of the adjustments, the CES will be evaluated at least annually. The CES Lead Entity will convene and manage ongoing opportunities for stakeholder feedback, including but not limited to:

- Referral and Receiving Housing Program work groups,
- Subregional partner agencies,
- Outreach/Coordinated Outreach Resources and Engagement Program (CORE) teams, and
- The administrative entity.

Specifically, the Coordinating Entity is responsible for the following:

- Cooperating with the Oversight Standing Committee to ensure annual efforts to ensure that the CES is functioning as intended,
- Leading efforts to make periodic adjustments to the CES as determined necessary,
  Note: At a minimum, adjustments will be made at least annually based on findings from evaluation efforts.
- Ensuring:
  – Evaluation and adjustment processes are informed by a broad and representative group of stakeholders, and
  – The CES is updated as necessary to maintain compliance with all state and federal statutory and regulatory requirements.

Evaluation efforts will be informed by metrics established annually by the Oversight Standing Committee and collected by the Coordinating Entity, in conjunction with the following:

- CoC and CES partner organizations,
- HMIS Lead Agent, and
- Other relevant entities.

These metrics will include indicators of effectiveness for the functioning of the CES itself, such as:

- Wait times for initial contact,
- Extent to which expected timelines described in this document are met,
- Number/percentage of:
  – Referrals that are accepted by receiving housing programs,
  – Persons declined by more than one provider,
  – Eligibility and referral decision appeals, and
  – Program intakes not conducted through CES, and
- Completeness of data on assessment and intake forms.

CES Processes, Continued

Evaluating and updating CES policies and procedures, continued

These metrics will also include indicators of impact for the CES on system wide CoC outcomes, such as:

- Changes in the:
    - Level of persons qualifying as chronically homeless, and
    - Rate of family homelessness,
- Tracking the rate of returns to homelessness within the following:
    - Six months,
    - 12 months, and
    - Two years, and
- The rate of people becoming homeless for first time.

Housing assessment process – Initial client contact

For initial client contact, whether the client contacts a partner organization in person or by phone, partner screening and referral process consists of the following steps:

Stage	Description
1	Client in housing crisis contacts partner organizations,
2	Partner organizations gather responses to the triage/pre-screening questions detailed in Appendix A,
3	

If ...	Then ...
The answers to the triage/pre-screening questions indicate the client may be appropriate for the CES,	- Make a referral to CES through entering the client data into HMIS, and - Register the client in the CES virtual platform.
Triage/pre-screening determines the client does not qualify for homelessness services or is appropriate for prevention or diversion,	Providers proceed with the client as they normally would based on their organization policies and procedures, without referral for CES prioritization.

Housing assessment process – Enrollment in the CES

The first steps for enrollment in the CES are the following:

Step	Action
1	Gathering the Universal Data Elements.
2	Obtaining informed client consent regarding privacy.
3	Registering the individual in the HMIS.
4	Beginning the phased reassessment process using the triage/pre-Screening protocols.

Recording and tracking clients from first contact through placement in permanent housing is a multi-phased process that includes each CES partner organization. Progressive outreach and assessment approach will indicate when the full assessment, including completion of the Vulnerability Index – Service Prioritization Decision Assistance TooVI-SPDAT or other vulnerability assessment is deemed appropriate.

Housing assessment process – Enrollment in the CES, continued

The VI-SPDAT is only one component of assessment. This tool is described as follows:

- Takes about 20-30 minutes to complete,
- Asks a broad range of questions related to the following about a person:
  – Housing history,
  – Vulnerability, and
  – Service needs, and
- Provides an initial indication of the type of housing assistance a person will likely need, such as:
  – Affordable House tooling,
  – Rapid Rehousing (RRH), or
  – PSH.

Other aspects of assessment include information from the following in the area preferred by the client:

- Case-conferencing,
- Client stated preferences, and
- Resources available.

Housing assessment process – Matching process

For the matching process, based on how a person scores on the comprehensive assessment will guide in issuing housing resource recommendations. The Housing Coordinator (HC) will issue recommendations to make the appropriate match and referral. As part of the person's full assessment, the VI-SPDAT or another numeric scoring tool selected by the CoC will be used to indicate the appropriate level of housing intervention to be considered, such as the following:

Score	Housing Intervention

0-3 for individuals or families	• Affordable Housing (AH) referrals will be provided.
	• Additionally, a referral will be provided to any population-specific housing resource that applies to them (i.e., senior housing, veteran housing, etc.).
	• "We are NOT required to offer housing intervention at this time."
	• If a family or a veteran scores 0-5, they may be eligible for RRH programs.
	   – Families may also qualify for the following:
	     ✓ Cal-Works housing programs,
	     ✓ No Child Left Unsheltered (NCLU), or
	     ✓ Other mainstream resources.
	   – Veterans may also qualify for the following:
	     ✓ Supportive Services for Veterans Families (SSVF),
	     ✓ Veterans Affairs (VA) benefits, and
	     ✓ Other mainstream resources.

CES Processes, Continued

Housing assessment process – Matching process, continued

Score	Housing Intervention

4-7 for individual or 4-8 for families	• RRH referrals will be provided.
	• Additionally, a referral will be provided to an AH program and any population-specific housing resource that applies to them.
	• If they meet chronically homeless criteria (see below), they may be eligible for PSH.
	  – ***Example:*** If clients score for RRH and meet the following criteria, they should also be referred to PSH programs (based on availability):
	    ✓ Been continuously homeless for one year or more,
	    ✓ Had four episodes in the last three years, and
	    ✓ Has a diagnosable chronic disability.

8+ for individuals or 9+ for families	• PSH referrals will be provided. • Additionally, a referral will be provided to an AH program and any population-specific housing resource that applies to them. **Note:** Must have a diagnosable disability.

Housing assessment process – General resources

For general resources, based on the assessment answers, referrals to the following will be provided to individuals:

- Employment,
- Mental health,
- Substance abuse,
- Health,
- Domestic violence,
- Legal assistance,
- Food assistance,
- Literacy, and
- Any other mainstream resources and programs.

Coordinated Entry Workflow

Introduction   This section provides information regarding the coordinated entry workflow for the Coordinated Entry System (CES).

Coordinated entry workflow   The re-imagined coordinated entry workflow process is depicted in a graphic attached to this policy.

Once the client is contacted through outreach, community partners, or 211, a record will be created in the coordinated entry component of Homeless Management Information System (HMIS) or CES virtual platform, when available. The system will provide recommendation, based on the score reflected through the phased assessment process. Until an automated process is available through the selected CES virtual platform, a manual process for identifying potential housing programs will be implemented to match client needs.

In the manual process, case conferencing led by a Housing Coordinator (HC) will consider all factors and make appropriate referrals to a potential receiving housing program. The HC will continuously identify any basic needs to include the following:

- Emergency Shelter (ES),
- Transitional Housing (TH),
- Motel voucher, or
- Any beds available until housing is identified.

Note: This is based on the programs' availability.

The manual process includes the following steps and actions:

Step	Action
1	Clients will be assessed and prequalified for available housing programs; this is known as the referral matching process.
2	The HC refers the client to the Receiving Housing Program (RHP) and will contact via email, phone, and HMIS. **Notes:** • Only non-identifiable information will be shared. • Use the HMIS Client Identifier (ID) number.
3	The RHP will acknowledge receipt of referral and contact the client within 48 business hours.
4	The RHP will schedule an intake appointment within five business days as described in the Receiving Program Responsibilities – Initial Contact block.
5	The HC will continue to follow-up with the client and referred program until HMIS reflects enrollment.
6	The RHP will make a determination for enrollment or non-enrollment, as described in the Receiving Program Responsibilities – Enrollment Determination block.
7	The RHP can contact the Housing Search and Stabilization Entity (HSSE) to coordinate housing identification and placement; this is known as HSSE referrals.
8	If no program is available when matching the client, the client will go on a By Name List (BNL).

Coordinated entry workflow, continued

Step	Action
9	A BNL is the working list for permanent housing services that consists of clients who are prioritized based on target population as identified in the Continuum of Care (CoC) policy that mirrors the U.S. Department of Housing and Urban Development (HUD) Community Planning and Development (CPD) Notice 16-11, which Is described as the following: • Prioritizes persons with the longest term of homelessness and greatest vulnerability, and • The full assessment that incorporates the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) or score on another numeric scoring tool selected by the CoC.
10	The HC pulls the BNL data weekly for review during case conferencing.

11	Once a housing program indicates a vacancy or upcoming availability, the HC will:
	• Start the process of contacting the client who is next on the working list, and
	• Match the client to the housing program requirements, such as:
	  – TH,
	  – Rapid Rehousing (RRH), and
	  – Permanent Supportive Housing (PSH).

12	The HC attempts to make contact with the client for three business days.

13	If the client cannot be contacted within the timeframe, the Unable to Contact protocol is initiated. This includes the following:
	• Outreach to relevant third parties, including:
	  – Street outreach,
	  – Drop-in centers,
	  – Health and safety locations, such as:
	    ✓ Hospitals, and
	    ✓ Jails,
	• Review of HMIS records or other registries, and
	• Contact with key providers in the geographic area where the individual has been known to frequent.
	
	In the case of the San Bernardino CES, this is indicated as the following:
	• Contact with:
	  – Outreach teams/coordinators, and
	  – Relevant emergency and tangible service providers in the area where the client was last known to be,
	• A HMIS record seeking potential status of the person, and
	• The formal CES partner agency in the relevant subregion.

14	Once staff makes contact with the client, the client must decide immediately (within the business day) if they want to continue with the next steps.
15	<table><tr><td>**If ...**</td><td>**Then ...**</td></tr><tr><td>The client accepts,</td><td>The HC will arrange referral and facilitate intake appointment with the program.</td></tr><tr><td>The client declines</td><td>Depending on the circumstances for not accepting the housing referral at that time, the HC will re-determine the client's placement on the BNL, if applicable.</td></tr></table>
16	The HC will begin the process with the next eligible client on the BNL.
17	Once the client accepts, the HC will begin the housing referral process for the CES workflow.

Continued on next page

Coordinated Entry Workflow, Continued

Receiving program responsibilities – Initial contact

The RHP responsibility during initial contact is to make contact with the client within 48 business hours. If the client misses the appointment, the RHP will schedule a new intake appointment within five business days and hold the opportunity until the intake appointment is concluded. Clients who have missed a second appointment will be redirected to the HC to determine next steps. The HC will refer the next eligible client on the working list to the program.

Receiving program responsibilities – Response time and hours of operation

The RHP responsibilities for the response time and hours of operation when the Housing Coordination Entity team contacts the RHP for a client placement request are as follows:

- Responding within 48 hours on a normal business day between the hours of 9:00 a.m.- 4:00 p.m., and
- On non-business days (weekends, holidays, etc.), the response time is the next business day after the non-business day.

Receiving program responsibilities – Enrollment determination

The RHP has the following responsibilities for enrollment determination:

- ES, TH, and RRH make eligibility determination decisions within one business day of the intake interview, and
- PSH will determine eligibility when all required documents are in place.

A copy of the intake decision notification is provided to the client requesting services. The intake decision-making process is conducted as follows:

Step	Action
1	Select or provide the first available move-in date, if applicable.
2	If for any reason the client cannot enter the program, the RHP will include a reason (in writing) for denial by the client or program.
3	Complete the form of Non-Enrollment Notification (which includes redirection to the HC), if applicable.
4	Provide instructions for appealing the decision.

Reasons for denial

RHPs may only deny individuals and families found eligible for and referred by the HC under the following limited circumstances and reasons:

- There is no actual vacancy available,
  Note: In the case of a scatter site housing program, there is no funding currently available.
- The:
  - Individual or family:
    - ✓ Missed two intake appointments with no notice, or
    - ✓ Was denied by housing providers due to certain limited criminal behaviors or based on their individual program policies and procedures the RHP has determined the individual or family cannot be safely accommodated,

Continued on next page

Reasons for denial, continued

- Household contains more people than referred by the HC and RHP of:
  - ✓ ES, and
  - ✓ TH,
  - PSH project cannot accommodate the increase in their available resource,
- Client is:
  - Determined to not be eligible for homeless services under HUD's definitions,
  - Over the income limits for San Bernardino County Area Medium Income (AMI) for programs where applicable
    Note: The CoC does not require AMI assessment.
- If the:
  - Client's needs are determined to be at a higher level of care from what the program is able to safely accommodate, or
  - Eligible client has not otherwise been accommodated for the night (i.e., via an intervention by emergency services), the RHP must do the following:
    1. Notify the HC,
    2. Refer the client back, and
    3. Document the outcome in HMIS.
    Note: The reason for denial will be submitted using the Non-Enrollment Notification form on the same day the decision is made and a copy should be provided to the client.
- Client demonstrated abusive and aggressive behavior, where intervention by the HC was not successful, and
  Note: Mediation efforts will be required.
- Programs may not decline persons with disabilities for refusal to participate in treatment for their disability, as indicated in 24 Code of Federal Regulations (CFR) 578.
  Example: A person with a mental health or substance use disorder cannot be denied for services if they chose to not participate in treatment for their mental health or substance use disorder.

Note: In all cases of denial, the reason must be clearly provided and documented through HMIS and the CES virtual platform, when available.

Client's choice

When dealing with a client's choice, the following must be followed:

- Clients must be:
  - Informed of their right to decline a referral that is inconsistent with their needs or preferences, and
    Note: There are no limitations on this decision.
    Example: Clients may decline participation in programs requiring sobriety or in an area they determine is unfamiliar or unsafe.
  - Aware that a CES participation and referral does not guarantee them access to a particular housing site, and
- Refusal to accept a specific referral does not render the client ineligible nor alters their priority on the BNL.

Referrals to and from other systems not using HMIS

For referrals that are issued to and received from other systems that are not using HMIS, the CES appropriately addresses the needs of veterans and individuals and families who are fleeing or attempting to flee the following:

- Domestic violence,
- Dating violence,
- Sexual assault, or
- Stalking.

The table below outlines how the CES addresses the needs of these populations:

Population Type	Addressing the Needs

Domestic Violence	• When a homeless or at-risk individual/household is identified by the CES to be in need of domestic violence services, that individual/household is referred to the domestic violence hotline immediately.
	• If the individual/household does not wish to seek domestic violence specific services, the individual/household will have full entry to the CES, in accordance with all protocols described in this policy.
	• If the domestic violence helpline determines the individual/household seeking domestic violence specific services is either not eligible for or cannot be accommodated by the domestic violence specific system, the client will contact the HC to be assessed into the CES. The CES will perform the following:
	  – Call and verify with Victim Service Providers (VSPs) to confirm there is no room or services available for the client, and
	  – Provide full entry to the CES.
	• The CES certifies in writing the individual/household made an oral statement indicating they are feeling or attempting to flee the following:
	  – Domestic violence,
	  – Dating violence,
	  – Sexual assault,
	  – Stalking, or
	  – Any other dangerous or life-threatening conditions related to violence.
	Note: Indicate if the individual/household has a lack of resources or support networks that are necessary to obtain permanent housing or if they haven't identified another subsequent residence.

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Referrals to and from other systems not using HMIS, continued

Population Type	Addressing the Needs

Veterans	• When an individual facing homeless is identified as a veteran by the CES or participating parties (outreach), additional questions will be asked concerning the following:
	  − Service:
	    ✓ Era, and
	    ✓ Branch,
	  − Length of service, and
	  − Discharge status.
	• If the veteran is eligible for Veterans Affairs (VA) services, the veteran will be given a dual referral option to the VA Drop-In Center for the following:
	  − Veterans Affairs Supportive Housing (VASH) or Grant and Per Diem (GPD) screenings, and
	  − Supportive Services for Veterans Families (SSVF).
	• When determining eligibility for a veteran, the following will be performed:

If ...	Then ...
The veteran is not eligible for VA healthcare services,	The veteran will be referred to a SSVF provider only
The veteran is ineligible for all veteran programs,	The veteran will continue in the CES for next steps.

For residents who might fall through the gaps in funding for the initial prioritization, the CES will work with Pathways to Housing Network to leverage non-COC funded resources, such as the following:

• Faith-based, and
• Room and board.

<u>Notes</u>:
• Pathways to Housing Network incorporates the existing efforts of the following:
  − San Bernardino County Sheriff's Department Homeless Outreach & Proactive Enforcement (HOPE) Team, and
  − Homeless Provider Network.
• The target population for Pathways to Housing Network's pilot project includes the following who are currently experiencing or at-risk of becoming homeless in San Bernardino County:
  − Households with children under 18 years, including Transitional Age Youth (TAY), and
  − Seniors and adults with disabilities.

HSSE referrals   Once the client is enrolled and assigned to case management, he/she can be referred to the HSSE. The HSSE has various responsibilities for services provided to eligible clients who are enrolled in HSSE programs as indicated in the HSSE Responsibilities block below.

Coordinated Entry Workflow, Continued

HSSE responsibilities   The HSSE Lead Agency will have responsibilities pertaining to the services provided including, but not limited to:

Service Type	Responsibilities
Landlord Recruitment and Retention Services	• Identify and build relationships with rental property owners and operators throughout the county to establish a variety of housing options for service-engaged households, and • Establish a centralized vehicle for receiving vacancy updates and responding to landlord-tenant concerns as they arise.
Housing Search and Placement Services	Lead a multi-agency team of housing specialists with backgrounds in real estate and rental housing management to provide housing search and placement services to service-engaged households identified through the CES and/or receiving permanent housing assistance (PSH and/or RRH) from San Bernardino County CoC participating agencies, including the following HUD funded programs: • CoC, and • Emergency Solutions Grants (ESG).
Coordination with Participating Service Agencies	Establishing collaborative partner agreements with participating agencies to deliver Memorandum of Understandings (MOUs) with agencies delineating the following for participation in the CES HSSE: • Requirements, • Roles, and • Responsibilities.

RHP responsibilities   The RHP will have responsibilities pertaining to the services provided including, but not limited to:

Service Type	Responsibilities
Enrolling Participants in PSH	• Enroll individuals and families assigned through the CES into their permanent housing program, • Assist individuals and families with overcoming immediate barriers to obtaining stable housing, including bridge housing if needed, and • Connect individuals and families with the Housing Identification Team. **Note:** All outcomes are tracked in HMIS.

Obtaining Participants Proper Homeless Verification Documents	• Disabled participants
	  − The RHP documents acceptable evidence the participant has qualifying the disability, and
	  − Obtain documents, such as:
	    ✓ Written verification from a professional licensed by the state to diagnose and treat the disability or from the Social Security Administration (SSA),
	    ✓ The receipt of a disability check,
	    ✓ Intake staff self-recorded observation of the disability, or
	    ✓ Any other documentation approved by HUD.

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RHP responsibilities, continued

Service Type	Responsibilities

Obtaining Participants Proper Homeless Verification Documents, cont.	• Youth and families
	  − The RHP documents there is evidence the client has a homeless statue signed by local private non-profit organization, state, or local governmental entity responsible for administering assistance under that statue.
	  − Provide proof the participant does not have the following in permanent housing at any time during the 60 days preceding the date of application for homeless assistance:
	    ✓ A lease,
	    ✓ Ownership interest, or
	    ✓ Occupancy agreement.
	  − Obtain any confirmation the program participant has persistent instability to continue for an extended period of time because of the following:
	    ✓ Chronic disability,
	    ✓ Chronic physical health,
	    ✓ Mental health conditions,
	    ✓ Substance abuse,
	    ✓ History of domestic violence, and
	    ✓ Etc.

Housing Stabilization Case Management	• Work in collaboration with the HSSE Lead Agency and participant household to establish and implement a customized housing identification and stabilization plan, and
	• Assist with the following needed by the household to achieve independent living and maintain long-term housing stability:
	  − Direct services, and
	  − Linkage to mainstream resources and community-based services.

Tenant-based Rental Assistance	Ensure timely access and availability for funding to cover the following items that are necessary to allow participating households to immediately move out of homelessness and stabilize in permanent housing: • Move-in costs, • Deposits, • Utilities, and • Rental subsidy assistance.
Move-In	• If the homeless individual or family is accepted, the RHP must document the acceptance in HMIS in a timely manner, and • If the client does not move-in as scheduled or within three business days of the original move-in date, the RHP will notify the HC with updates in the housing placement progress.

Coordinated Entry Workflow, Continued

Termination   Any authorized user agency may request termination of their participation in the CES by giving written notice to the Oversight Standing Committee. Housing programs that are required to participate due to HUD guidelines will need to do the following:

- Contact the Oversight Standing Committee, and
- Be granted written HUD or state funding program approval to terminate participation.

Note: An agency's choice to not participate in the CES may impact eligibility for funding through the CoC.

Housing Identification and Placement Team

Introduction

This section describes and provides information about the Housing Identification and Placement (HIP) Team.

Countywide HIP Team composition

The HIP team includes representatives from the following organizations:

- San Bernardino County Department of Behavioral Health (DBH),
- Foothill Aids Project,
- Inland Housing Solutions (IHS),
- Knowledge & Education for Your Success (K.E.Y.S.),
- Lighthouse Social Service Centers (LHSS), and
- U.S. VETS.

Housing Search/HIP Team referrals

Once client is enrolled and assigned to case management through the Coordinated Entry System (CES), he/she can be referred to the Housing Search Team (HIP).

Note: The HIP Team is also referred to as the Housing Search Team in this block.

HIP Team responsibilities

The countywide HIP will have responsibilities pertaining to the services provided including, but not limited to:

Service Type	Responsibilities
Landlord Recruitment and Retention Services	• Identify and build relationships with rental property owners and operators throughout the county to establish a variety of housing options for service-engaged households, and • Establish a centralized vehicle for receiving vacancy updates and responding to landlord-tenant concerns as they arise.
Housing Search and Placement Services	Lead a multi-agency team of housing specialists with backgrounds in real estate and rental housing management to provide housing search and placement services to service-engaged households identified through the CES and/or receiving permanent housing assistance (Permanent Supportive Housing [PSH] and/or Rapid Rehousing [RRH]) from San Bernardino County Continuum of Care (CoC) participating agencies, including the following U.S. Department of Housing and Urban Development (HUD) funded programs: • CoC, and • Emergency Solutions Grants (ESG).
Coordination with Participating Service Agencies	Establishing collaborative partner agreements with participating agencies to deliver Memorandum of Understandings (MOUs) with agencies delineating the following for participation in the CES Housing Search and Stabilization Entity (HSSE): • Requirements, • Roles, and • Responsibilities.

Continued on next page

CPA responsibilities   The Collaborative Partner Agency (CPA) will have responsibilities pertaining to the services provided including, but not limited to:

Service Type	Responsibilities
Enrolling Participants in PSH	• Enroll individuals and families assigned through the CES into their permanent housing program, • Assist individuals and families with overcoming immediate barriers to obtaining stable housing, including bridge housing if needed, and • Connect individuals and families with the Housing Identification Team.

Housing Stabilization Case Management	• Work in collaboration with the HSSE Lead Agency and participant household to establish and implement a customized housing identification and stabilization plan, and
	• Assist with the following needed by the household to achieve independent living and maintain long-term housing stability:
	  – Direct services, and
	  – Linkage to mainstream resources and community-based services.

Tenant-based Rental Assistance	Ensure timely access and availability for funding to cover the following items that are necessary to allow participating households to immediately move out of homelessness and stabilize in permanent housing: • Move-in costs, • Deposits, • Utilities, and • Rental subsidy assistance.
Move-In	• If the homeless individual or family is accepted, the Receiving Housing Program (RHP) must document the acceptance in the Homeless Management Information System (HMIS) in a timely manner, and • If the client does not move-in as scheduled or within three business days of the original move-in date, the RHP will notify the Housing Coordinator (HC) with updates in the housing placement progress.

Note: The CPA is also referred to as the RHP in this block.

HIP Team referral process   The table below outlines the referral process to the HIP Team:

Stage	Description
1	All CoC and ESG funded agencies must participate in the CES referral system.
2	The CES assigns eligible household to the CPA program.

3	The CPA enrolls the household which includes the following:
	• Conducts the agency intake and enrollment process,
	• Identifies "bridge housing" options if needed, as available,
	• Completes:
	  – Universal Housing Needs Assessment, and
	  – Homeless Certification, and
	• Obtains income verification.

Housing Identification and Placement Team, Continued

HIP Team referral process, continued

Stage	Description

4	The CPA submits the CPA Participant Housing Needs Assessment to the HIP Team.
	• The preferred method by CPAs is to post the following to the participant's HMIS file:
	   − Housing Needs Assessment,
	   − Homeless Certification, and
	   − Income Verification.
	Note: The documents can also be sent directly by email or fax if posting on the participant's HMIS file is not practical.
	• The CPA notifies the HIP Team via email regarding a new prospective tenant referral.

5	The HIP Team contacts the CPA point of contact for a new participant within one business day to agree on housing identification and placement strategy for the participant, including:
	• Identifying the participant's:
	   − Housing needs,
	   − Preferences,
	   − Barriers, and
	   − Financial resources,
	• Agreeing to the:
	   − Communication/coordination protocols between the HIP Team and CPA, and
	   − Timeframe for search strategy and follow-up with identified targets.

6	The HIP Team performs customized Housing Search for unit(s) in target communities meeting CPA specifications, utilizing target units and/or locations:
	• In the countywide database, and
	• By the:
	   − Countywide Housing Search Team, and
	   − Participant.

HIP Team referral process, continued

Stage	Description
7	• Make contact with target landlords as follows:

If ...	Then ...

It's a new landlord,	The HIP Team makes initial contact as follows:
	• Introduce general program concepts,
	• Provide the Landlord Packet,
	• Review:
	  – The prospective tenant profile,
	  – CPA program,
	  – Lease up process, and
	  – Etc.

The landlord is willing to become a partner,	• The HIP Team enters the prospective landlord or property management organization into the Customer Relations Management system, and • Secures the Landlord Participation Agreement and Applicant Screening concessions, as appropriate.
It's currently a participating landlord,	The HIP Team makes personal introduction for the CPA or provides contact information to the CPA who makes initial contact to pitch the prospective applicant depending on: • Landlord and CPA circumstances, and/or • Whether the CPA agrees to the Countywide Housing Navigation Team guidelines.

	• Create arrangements for the participant to view the unit, as appropriate, with the following preliminary steps:
	  – Having the participant tour the neighborhood, and
	  – Ensuring the participant completes the rental application in advance of viewing, if appropriate.
	    Note: Possibly have the rental application submitted ahead of time or to be brought to the viewing.
	• Participant views the unit with the CPA or HIP Team (when necessary),
	• Some participants may be capable of viewing on their own, when appropriate, in coordination and communication with the HIP Team.

8	If the participant is accepted by the landlord for a unit, the participant does not sign the lease at this stage. Instead, the following must be conducted:
	• Next steps in the lease-up process are identified for the landlord,
	• Landlord completes the paperwork required for the CPA "Request for Tenancy Approval" process with assistance from the CPA and/or HIP Team to ensure accuracy,
	• Conduct the following reviews within 72 hours:
	  – Housing Quality Standards (HQS), for CoC,
	  – Other appropriate inspections, such as Habitability Standards (for ESG), and
	  – Rent reasonableness, and
	• HIP Team and CPA negotiate inspection and/or rent reasonable issues as identified.

Continued on next page

Housing Identification and Placement Team, Continued

HIP Team referral process, continued

Stage	Description
9	If the rental agreement is approved for the participant to move-in, the following must be conducted: • CPA completes the rent subsidy agreement with the landlord, • Participant signs the rental agreement, • All parties sign the Landlord-Tenant-Case Manager Communications Agreement, • Deposit payment is provided to the landlord immediately unless other payment arrangements agreed to are in-writing, and • First month's rent is provided to the landlord immediately unless other payment arrangements agreed to are in writing **Note:** This must be done no later than seven days from signing the lease.
10	Once the participant takes possession of unit, the following must be conducted: • CPA assists the participant with move-in arrangements and utility start-up, and • Participant is provided with the keys to the unit on the initial lease start date.
11	Follow-up and response to tenancy issues is conducted for at least nine months by the CPA and HIP Team in accordance with the Countywide HIP Partnership Agreement.

Appendix A: Pre-screening Questions

CES pre-screening questions

The questions below are used to pre-screen clients for enrollment in the Coordinated Entry System (CES).

Domestic violence

The question to ask for domestic violence is as follows:

1. Are you seeking services today because you are concerned about your safety related abuse and experience domestic or intimate partner violence?
   a. Yes
   b. No
   c. Confused

Note: If question #1 is "Yes," then refer the client to the Domestic Violence Program.

Pre-screening

The questions to ask for the pre-screening are as follows:

1. Do you want help with housing today?
2. Where are you currently staying?
3. Where did you sleep last night?
4. Where are you going to sleep tonight?

Notes:
- If questions #1 and #2 state either of the following, refer the client to the CES Housing Coordinator (HC) at 211 OPT 42 or hotline (909) 912-6112:
  - "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," or
  - "Hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals."
- If the answers indicate a referral to the Housing Coordination Entity, then simply refer the client to the 211 CES Contact List.
  - No entry into HMIS is needed.

Appendix A: Pre-screening Questions, Continued

Outreach pre-screening

The questions to ask for the outreach pre-screening are as follows:

1. Do you need help with housing?
2. Where did you sleep last night?
3. Where will you sleep tonight?
4. Observer: Are there any visible signs of a disability mental or drug/alcohol addiction?

Note: If questions #1 and #2 state either of the following, continue with the additional questions and Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT):

- "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," or
- "Hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals. "

Appendix B: CFR 5.105(a) - Recordkeeping Recommendations for CoCs that have Adopted the Orders of Priority in this Notice

Introduction

This section outlines the Code of Federal Regulations (CFR) 5.105(a) which provides the recordkeeping recommendations for Continuum of Cares (CoCs) that have adopted the orders of priority in this notice.

Background

24 CFR 578.103(a)(4) outlines documentation requirements for all recipients of dedicated and non-dedicated CoC program-funded Permanent Supportive Housing (PSH) associated with determining whether or not an individual or family is chronically homeless for the purposes of eligibility.

In addition to these requirements, the U.S. Department of Housing and Urban Development (HUD) expects CoCs to adopt the orders of priority in Section III of this notice into their written standards. The CoC, as well as recipients of the CoC program funded PSH, will maintain evidence of implementing these priorities. Evidence of following these orders of priority may be demonstrated by:

Evidence Type	Description

Evidence of Severe Service Needs	• The recipient is able to determine the severity of needs as defined in Section I.D.3. of this notice using data-driven methods, such as:
	  – An administrative data match, or
	  – A standardized assessment.
	• The documentation should include any information pertinent to how the determination was made, such as notes associated with case-conferencing decisions.

Evidence the recipient is following the CoC's written standards for prioritizing assistance	• Recipients must follow the CoC's written standards for prioritizing assistance, as adopted by the CoC.
	• In accordance with the CoC's adoption of written standards for prioritizing assistance, recipients must in turn documents that verify the following:
	  – CoC's revised written standards have been incorporated into the recipient's intake procedures, and
	  – The recipient is following its intake procedures when accepting new program participants into the project.

Continued on next page

Background, continued

Evidence Type	Description

Evidence there are no households meeting higher order of priority within the CoC's geographic area	• When dedicated and prioritized PSH is used to serve non-chronically homeless households, the recipient of CoC program funded PSH should document how it was determined there were no chronically homeless households identified for assistance within the following at the point in which a vacancy became available:
	  − CoC's geographic area, or
	  − The smaller defined geographic area within the CoC's geographic area.
	  Note: For CoCs that implement a sub-CoC planning and housing and service delivery approach.
	• This documentation should:
	  − Include evidence of the outreach efforts that had been undertaken to locate:
	    ✓ Eligible chronically homeless households within the defined geographic area, and
	    ✓ Where chronically homeless households have been identified but have not yet accepted assistance.
	  − Specify the following:
	    ✓ Number of persons who are chronically homeless that meet this condition, and
	    ✓ The attempts that have been made to engage the individual or family.
	  Note: Where a CoC is using a single prioritized list, the recipient of PSH may refer to this list as evidence.
	• When non-dedicated and non-prioritized PSH is used to serve an eligible individual or family that meets a lower order of priority, the recipient of CoC program funded PSH should document how the determination was made that there were no eligible individuals or families within the following that met a higher priority:
	  − CoC's geographic area, or
	  − The smaller defined geographic area within the CoC's geographic area.
	  Note: For CoCs that implement a sub-CoC planning and housing and service delivery approach.
	• Where a CoC is using a single prioritized list, the recipient of PSH may refer to this list as evidence to proof there were no households identified within the CoC's geographic area that meet a higher order of priority.

Appendix C: Housing Solutions – Housing Identification and Placement Form

Introduction   This section provides a visual of the Housing Solutions – Housing Identification & Placement form.

Note: The version of this form is from 2020.

Form   Below is a screenshot of the Housing Solutions – Housing Identification & Placement form.

HOUSING SOLUTIONS
Housing Identification & Placement

2020 VERSION

CPA Participant Housing Needs Assessment

Today's Date:_____   Participant HMIS ID#:_____
Partner Agency_____Phone #:_____
Case Worker/Contact Person_____E-mail:_____
Enrollment Date:_____
Permanent Housing Program Type:
   ☐ a. CoC PSH   ☐ b. CoC RRH ☐ c. ESG RRH ☐ d. HUD VASH
   ☐ e. VA SSVF   ☐ f. CalWorks HSP   ☐ g. CalWorks FSP ☐
   h. other_____

Participant Household Information:

Head of Household Full Name_____Gender ☐M   ☐F

Contact Phone #_____E-mail address_____
Household status:_# in family   _____# of adults
_____# of children under 18 Ages of children:_____

Any pets? ☐Yes ☐No If yes, what type/how many?

Current Living Situation:

   ☐ A. Unsheltered   ☐ B. Bridge Housing/Shelter ☐ C. Bridge Housing/Motel Voucher

   ☐ D. Hotel/Motel by household   ☐ E. temporarily w/family-friends   ☐ F. Fleeing
     domestic violence/abuse
   ☐ G. Exiting institution ☐ H. Other:_____

Does participant have a valid form of ID? ☐Yes ☐No Does participant have a
vehicle/transportation? ☐Yes ☐No

Monthly Household Income $_____

Source of Income (check all that apply)

   ☐ a. Employment   ☐ b. Cash Aid   ☐ c. Cal Fresh   ☐ d. Child/Spousal Support

   ☐ e. Unemployment ☐ f. Social Security   ☐ g. Disability ☐ h. Veterans Benefits

   ☐ i. Other _____

How would participant rate their credit history?   ☐Good ☐Fair ☐Poor ☐No credit history

Continued on next page

Form, continued

Housing History and Preferences:

Does participant have rental evictions on their record? ☐Yes ☐No If yes, how many/what

year(s)? _____

City/Community(s) where participant is seeking to live? _____

Does participant have any disabling conditions that require a "reasonable

accommodation"? ☐Yes ☐No

If yes to either, please describe accommodation: _____

Does participant smoke? ☐Yes ☐No   Does participant have any felony convictions? ☐Yes ☐No
If yes to felonies, please identify year and type? _____

Is participant open to sharing an apartment with another individual or a shared housing

environment? ☐Yes ☐No

Subpopulations/Vulnerabilities: (check all that apply)

☐ a. Chronically Homeless   ☐ b. Veteran   ☐ c. Mental Health condition

☐ d. Transitional Aged Youth ☐ e. Senior (62+)   ☐ f. Chronic Health condition

☐ g. Alcohol/Drug Abuse issues ☐ h. Living w-HIV/AIDS ☐ i. On Parole or Probation

☐ j. Physically disabled   ☐ k. Domestic Violence/Abuse   ☐ l. Currently Pregnant

☐ m. Single parent w/children under 18   ☐ n. Other _____

Please provide any additional comments or information that might be relevant to identifying permanent
housing options for this participant.

For Internal Use -   Initial Contact Date: _____
Housing Specialist Assigned: _____
Appointment Scheduled: