



Inland SoCal 211+



Inland SoCal United Way

# TRAINING MANUAL

San Bernardino County  
Coordinated Entry System



# Coordinated Entry System Manual

The Coordinated Entry System (CES) is the process by which people experiencing or at risk of experiencing homelessness can access a crisis response system in a streamlined way. It is an evidence-based strategy that focuses on housing and service coordination designed to link homeless people to the most appropriate housing solution based on their needs. The United States (U.S.) Department of Housing and Urban Development (HUD) requires all projects funded under the Continuums of Care (CoC) to utilize the CES to effectively and efficiently assist those in need by using the valuable resources in the community.

The CoC is responsible for addressing homelessness through a CES, identifying needs and building a system of housing and services that meet those in need. Ideally, coordinated entry can be the framework that transforms a CoC, from a network of projects making individual decisions about whom to serve, into a fully integrated crisis response system. By gathering information through a standardized assessment process, coordinated entry provides a CoC with data that it can use for system and project planning and resource allocation.

## Phases of CES:

- Enter data in the Homeless Management Information System (HMIS)
- Enrollment
- Universal Assessment
- Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)
- Outreach/Community Queue
- Homeless Verification
- Housing Queue
- Case Coordination
- Matching & Prioritization
- Referral

CES is an entry point equipped within providing services and strive to create a community centered system that connects people to a response system that understands people and identifies and matches resources in a way that help towards a goal to end their homelessness. The CES is implemented to provide a “no wrong door approach,” allow anyone who needs to know where to go for the assistance, to be assessed in a standard and consistent way, and connect with the housing/services that best meet their needs. The CES also ensures that clients gain access as efficiently and effectively as possible to the type of intervention that is most appropriate to their immediate and long-term housing needs. CES fosters an increased collaboration between homelessness assistance providers to ensure clarity, transparency, consistency and accountability for system users.

## HUD Requirement

The Continuum of Care (CoC) establishes the following guiding principles for its Coordinated Entry System (CES): *The CES will operate with a person-centered approach, and with person-centered outcomes.* The CES will ensure that participants quickly receive access to the most appropriate services and housing resources available. CoC program- and Emergency Solutions Grant (ESG) program-funded projects are required to participate in the local CES. The CoC will have all homeless assistance projects participating in its CES process and will work with all local projects and funders in its geographic area to facilitate their participation in the CES. As part of the annual CoC and ESG application processes, each project must submit a report that identifies the number of participants its project referred to, accepted, rejected, and/or served from the CE process. CES is designed to meet the requirements of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, under which, at a minimum, CoCs adopt written standards that include policies and procedures for/to:

- Housing assessment to determine the best housing, services and support for individuals and families in need.
- Guide the operation of the CES on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence.
- Evaluating individuals' and families' eligibility for assistance.
- Ensure factors contributing to disparities and racial inequities in determining and prioritizing individuals and families for housing and services are recognized and addressed.
- Determine and prioritize how eligible individuals and families will receive Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH), and Homeless Prevention (HP) assistance.

**Reference:** [24 Code of Federal Regulations \(CFR\) 578.3](#)

## The Intent of a Coordinated Entry System

1. **Access:** Ensures that individuals and families at risk of homelessness or experiencing homelessness can easily access the Coordinated Entry System (CES) by providing a clear pathway for entry in the centralized system, for example by phone, regional access point, or outreach.
2. **Assessment:** Develop standardized assessment tools to evaluate housing needs, vulnerabilities, and preferences. These assessments help prioritize individuals based on their level of need and urgency.
3. **Prioritization:** Establishes criteria for prioritizing assistance. Factors may include vulnerability, length of homelessness, and other specific needs. Prioritization ensures that resources are allocated effectively.
4. **Referral:** Designs a referral process that connects individuals to appropriate housing and services. This involves collaborating with service providers, shelters, and housing programs.

## COORDINATED ENTRY PROCESS

Coordinated Entry System (CES) is responsible for the day-to-day operations of coordinated entry and ensures continued flow from the initial intake phase to the final placement phase. CES coordinates efforts of all coordinated entry components, including the initial creation of a community queue (in partnership with the Homeless Management Information System [HMIS]), identification of housing availability, eligibility requirements (in conjunction with housing providers), coordination of case conferencing and placement into housing. CES identifies and forwards any barriers and challenges to the agency(ies) who can help solve problems. CES is supported by the Office of Homeless Services (OHS) and works closely with HMIS.

OHS oversees the administration of HMIS and provides staffing for the day-to-day operation and user training of HMIS. In working closely with the CES, HMIS generates the Community Queue for the Case Conferencing Team that CES and OHS shall conduct biweekly.

For HMIS questions or technical support, users shall submit a request or ticket through the [Spiceworks](#) portal. If users do not have access to the [Spiceworks](#) portal, an email shall be sent to the OHS HMIS Helpdesk at [OHS-HMISHelpDesk@hss.sbcounty.gov](mailto:OHS-HMISHelpDesk@hss.sbcounty.gov).

## Assessors

Assessors are trained staff, designated by the **Collaborative Applicant**, who conduct coordinated entry assessments for households and individuals experiencing homelessness. By using the Homeless Management Information System (HMIS) (Clarity). The eligible clients after assessed are placed on the Community Queue for outreach/housing opportunities and case conferencing. Assessors assess clients for their level of vulnerability with the standardized assessment tool (Vulnerability Index – Service Prioritization Decision Assistance Tool [VI-SPDAT]) and collect the Homeless Verification and Client Consent and Information Release Form. Assessors shall also be responsible for uploading or entering this data into HMIS. Assessors shall be specifically trained in conducting the standardized assessment tool (VI-SPDAT) and the entry of data into HMIS. Assessors may also have other roles and serve as staff, but shall be responsible for continuous following up.

The approach shall be used by all Assessors who will work with participants to address the following during the assessment process:

1. Resolve immediate crisis needs.
2. Diversion and prevention – examination of existing resources and options. Diversion and prevention strategies help clients work toward solving immediate issues and help conserve scarce housing resources. The Regional Access Point(s) (RAPs) and other partners shall work with the Continuum of Care (CoC) to develop and promote effective diversion and prevention strategies.
3. HMIS intake obtained to enroll participant, HMIS universal data elements, and the Client Consent and Information Release Form shall be completed by the participant and Assessor.
4. Administer the standardized assessment. (VISPDAT)
5. Additional Information/Documentation as identified by Assessors – this may include collecting information to help resolve the household’s immediate crisis needs, or information that will establish eligibility for housing or services. Households may decide what information they provide during the assessment process and may refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. Programs may require household to provide certain pieces of information to determine program eligibility only when the applicable program regulation requires the information to establish or document eligibility. Assessors and RAP(s) shall ensure their services are accessible to individuals with disabilities and provide information in appropriate accessible formats as needed. In addition, Assessors and RAP(s) shall ensure the coordinated entry process is accessible by people least likely to access homeless assistance as well as those with limited English proficiency.

## Covering the Geographic Area: Mobile Multidisciplinary Engagement and Outreach

The intent is to provide coordinated entry to the entire geographic area through the established Regional Access Point(s) (RAPs) through the use of mobile engagement and outreach teams trained as Assessors, who can meet clients where they present for services. People experiencing homelessness can complete the coordinated entry intake process, including the Universal Assessment and coordinated entry documentation, by meeting with engagement and outreach workers or being assessed by Assessors who are staff at the RAP(s).

## Standardized Assessment Tool

The Coordinated Entry System (CES) currently uses the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) created by OrgCode Consulting, Inc. and Community Solutions as the community's standardized assessment tool to assess household and individuals experiencing homelessness. There are three versions of the VI-SPDAT in use for different populations:

- Single adults,
- Single youth, and
- Families.

The VI-SPDAT is a pre-screening tool used by homeless service providers. It assesses the health and social needs of homeless individuals and determines their acuity and severity of need. Based on the assessment, clients receive scores for their level of vulnerability, which helps prioritize them for available housing resources.

### **References:**

- [OrgCode Consulting](#)
- [VI-SPDAT-V3-American-Single-Adults-fillable.pdf](#)
- [TAY-VI-SPDAT-V2-American-Fillable-PDF.pdf \(cohho.org\)](#)
- [VI-F-SPDAT-V3-Families-fillable.pdf \(cohho.org\)](#)
- [VISPDAT presentation \(2\).pdf](#)

## Script: After identifying eligibility to be entered into HMIS

With your consent I would like to enter your information in the Homeless Management Information System (HMIS). The information I will be entering is your full name, Social Security Number (SSN), and Date of Birth (DOB), as well as some additional information about your demographics and family. This information is held highly confidential and will only be shared with housing within the Coordinated Entry System (CES) in San Bernardino County, where we partner with social services and housing providers to assist people facing homelessness. We will be asking you information about you (and your family) and enter it into a secure electronic database The information we will be asking from you (and your family) is to try to identify resources that may be able to assist you, document your situation, track your outcomes or progress. However, it does NOT guarantee housing. A referral to a housing provider is based on program availability, prioritization and services are contingent on meeting their eligibility requirements and providing proof of your statements. The information you provide to us may not be disclosed to an outside party unless:

1. We have your written consent,
2. We are mandated to disclose it by court order, or
3. Of a medical emergency.

This information will only be shared with participating agencies in the San Bernardino HMIS, who abide by the same privacy rules as our agency (The Privacy Notice contains more detailed information about how your information may be used and disclosed. A copy of this notice is available upon request and on the Inland SoCal 211 website.

- Do we have your Consent to enter into HMIS General and Personally Identifiable Information (PII) which may include, but is not limited to: SSN, DOB, and demographics of you?    Yes    No
- Do we have your authorization to share your (and your household) information with partner agencies in the San Bernardino County HMIS?    Yes            No



Script: After identifying eligibility to complete the VI-SPDAT.

This next section is a survey about your housing situation. Your answers will help us determine how we can best support and refer you to available (housing) resources. Most questions only require a “Yes or No” answer and you do not need to explain your answers. Some questions are personal in nature, but you can skip or refuse to answer any question. If you don’t understand the question, I can review it so you can better understand. It is very important that you answer all the questions and provide the most accurate information. There are no wrong or right answers. The more honest you are, the better we can figure out how best to support you. This information is only for your housing plan and not to be given to any legal authorities. You’ll need to provide proof/verification of your statements to receive services. So, in order to not be denied enrollment in housing programs we would appreciate for you to answer as honest as you can. Please understand this does **not** guarantee housing, if there is no open availability we will not have a direct referral and we will provide mainstream resources like shelter and affordable housing information.

To continue I will need your consent to participate:

Do we have your Consent to participate?                      Yes                      No

ASSESSMENTS	
FAMILY VI-SPDAT V3	START
INDIVIDUAL VI-SPDAT V3	START
San Bernardino Universal Assessment	START

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 3.0

**ADMINISTRATION**

First Name:	Last Name:
Date:	Race/Ethnicity:
Start Time:	Gender Identity (Male, Female, Transgender, Other):
End Time:	Identifies as LGBTQ2+?
Survey Location - Shelter, Outreach, Drop In, or Other (specify):	Date of Birth:
Previous VI-SPDAT completed?	Ever served in the military?
VI-SPDAT Score:	Pet(s)?

**OPENING SPEAKING POINTS**

Cover the following in the opening explanation of the VI-SPDAT each time:

- The purpose of doing the triage
- Approximately how long it will take
- How to answer the questions (yes, no or simple one-word answers)
- That they can get clarification if they do not understand a question
- That they can skip or refuse to answer any question
- Where the information is stored
- The importance of being as honest as they feel comfortable being
- That some answers provided may need further verification from other sources (like whether or not they meet the definition of chronic homelessness)
- Consent to participate in the process

**Disclaimer:**  
 OrgCode Consulting, Inc. (OrgCode) cannot control the way in which the VI-SPDAT and SPDAT products will be used, applied or integrated by communities, agencies or frontline staff. OrgCode assumes no legal responsibility or liability for the decisions that are made or services that are received in conjunction with the tools.

## Coordinated Entry Documentation

References to coordinated entry documentation throughout this document, refers collectively to the initial information collected by Assessors from participants, which includes each of the following:

- Coordinated Entry System (CES) 211 verbal Release of Information (ROI) Consent (Recorded) and written consent by completing the [Client Consent and Information Release Form](#)
- The Homeless Management Information System (HMIS) Intake
- Enrollment into a program
- Universal Assessment embedded in HMIS
- Standardized Assessment Tool (Vulnerability Index – Service Prioritization Decision Assistance Tool [VI-SPDAT]) [Homeless Verification Form](#)

The HMIS Intake Form requests basic demographic information from the client, including the HMIS Universal Data Elements and the HMIS Client Consent and Information Release form authorizes providers to collect and enter client data into HMIS.

## Community Queue

A list of households (individuals or families) who have been assessed for housing needs, organized by the Standardized Assessment score, that contains basic eligibility information from HMIS and other sources. Households on the Community Queue with the highest scores and who meet the eligibility requirements of a vacant unit shall be discussed during a case coordination meeting as a team.

## Countywide Case Coordination

The Case Coordination Team is comprised of the Coordinated Entry System (CES), Homeless Management Information System (HMIS), Office of Homeless Services (OHS), Inland SoCal United Way (ISCUW), and agencies funded by the Continuum of Care (CoC) and Emergency Solutions Grant (ESG), providers, and Assessment and Navigation staff. This group shall meet biweekly to review the Community Queue, as well as review available housing opportunities. During the meetings, the group shall review the most vulnerable, prioritized participants for housing types, and those who are eligible will be matched with any open housing opportunities as soon as they are available. This is a collaboration with all participants, in which housing providers and housing specialists identify upcoming and immediate vacancies and preparations shall be made to ensure participants are engaged, eligible, and have documentation through warm handoffs to appropriate team members. Client preparation shall also include location and engagement of participant, documentation gathering, eligibility verification, and other support. The [Countywide Case Coordination Referral Form](#) shall be used to identify participants that agencies would like to discuss during the case coordination meetings.

## Regional Access Point(s) (RAPs)

A physical location or locations where the following opportunities are provided for households and individuals experiencing homelessness:

- Completing standardized assessments and be entered into the Coordinated Entry System (CES) Homeless Management Information System (HMIS)(Clarity),
- Having access to supportive services and community support, including diversion conversations and links to other resources community partners, and
- Receiving and meeting with an assessor and to either refer clients to a provider through a warm handoff or by having a designated assessor conduct the necessary coordinated entry assessment and documentation.

RAPs are an **entry point to coordinated entry (CE)**. These entry points are resource centers where households and individuals experiencing homelessness may begin the process of exploring their housing options. They provide entry and assessment for the CES, but there is no guarantee this assessment will lead to a housing resource.

- **Central Valley Region:** Encompasses the cities of Colton, Fontana, Grand Terrace, Highland, Loma Linda, Redlands, Rialto, San Bernardino, Yucaipa, and the surrounding unincorporated communities.
- **Desert Region:** Encompasses the cities of Adelanto, Apple Valley, Barstow, Hesperia, Victorville, and the surrounding unincorporated communities.
- **East Valley Region:** Encompasses the cities of Needles, Twenty-nine Palms, Yucca Valley, and the surrounding unincorporated communities.
- **Mountain Region:** Encompasses the cities of Big Bear and the unincorporated communities which include Blue Jay, Cedar Glen, Cedarpines Park, Crestline, Forest Falls, Green Valley Lake, Lake Arrowhead, Rimforest, Running Springs, Skyforest, Sugarloaf, and Twin Peak.
- **West Valley Region:** Encompasses the cities of Chino, Chino Hills, Montclair, Ontario, Rancho Cucamonga, Upland, and the surrounding unincorporated communities.

### **References:**

- [San Bernardino End User Training Enrollments \(1\).mov](#)
- [San Bernardino Assessor Training Enrollments 1.mov](#)

## PARTICIPATION REQUIREMENTS

The Department of Housing and Urban Development (HUD) mandates that Continuum of Care (CoC) and Emergency Solutions Grants (ESG) projects participate in their CoC's coordinated entry process. In addition, the State of California's Department of Housing and Community Development (HCD) requires that housing projects funded through the state, including ESG and others, participate in coordinated entry. Other state-funded programs, including the California Work Opportunities and Responsibility to Kids (CalWORKs) Housing Support Program (HSP), are strongly encouraged to participate. The CoC has developed a coordinated entry process with the following expectations for project participation when a housing service provider begins participating in the Coordinated Entry System (CES):

- **Written Standards:** CoC and ESG projects, including Homeless Shelters (ES), Transitional Housing (TH), Rapid Re-Housing (RRH), Homeless Prevention (HP) and Permanent Supportive Housing (PSH), shall provide written standards for client eligibility to the CES.
- **Submission of Project Vacancies:** CoC- and ESG-funded ES, TH, RRH, HP and PSH projects must submit project vacancies, including bed/unit-specific eligibility information to the CES within one business days of being made aware of such availability and updating the actual availability date once the bed/unit becomes vacant.
- **Participation in Case Coordination:** CoC- and ESG-funded ES, TH, RRH, HP and PSH projects must participate in case conferencing through identification of vacancies and working to ensure eligibility and efficient warm handoffs to the program for clients identified for enrollment into their programs. Case Coordination meetings shall be held biweekly. If your agency is required to participate in coordinated entry, attendance at case conferencing meetings shall be mandatory.
- **Enrollment through CES:** CoC- and ESG-funded ES, TH, RRH, HP, and PSH projects enroll eligible clients referred through the coordinated entry process.
- **Participation by other programs:** Other state and locally funded projects shall participate as described above as mandated by contract or rule, and all are highly encouraged to enroll clients through the CES.

## Housing First and Compliance with the Coordinated Entry System

If the Coordinated Entry System (CES) has a concern that a program's requirements may be contributing to "screening out" or excluding otherwise eligible individuals or households from services, it shall request to meet with the provider to discuss their eligibility or admission criteria. If a provider is unwilling to modify the criteria, CES shall refer the matter to the Continuum to Care (CoC) Advisory Board for future action. Permissible action by the CoC Advisory Board includes making recommendation to the CoC to no longer award CoC funding to the program until any issues with program delivery are corrected to the satisfaction of the CoC and to notify Emergency Solutions Grant (ESG) funders to the issues and request that no further ESG funding be provided to the program until any issues are corrected.

### Coordinated entry process:

- Initial Engagement - Conducted through outreach teams, Regional Access Point(s) (RAPs), 211 CES, and/or homeless assistance agencies.
- Initial Enrollment into the Homeless Management Information System (HMIS) - Entering client's basic information into HMIS.
- Universal Assessment - Assessment of the client's current situation and demographics.

If eligible move forward to the next step

- Complete the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT), which is a tool used to identify the vulnerability of the case and prioritization based on a score system.
- Placed on the Outreach/Community Queue - The Outreach team shall verify client's situation and identify any resources or needs. Also, the required documentation shall be completed (Client Consent and Information Release and Homeless Verification) to have the client's case prepared for possible housing opportunities. The outreach team shall continue to follow up with the client.
- Verify Homeless Status - The outreach team shall go out to where the client is living or location where he/she was identified to observe and document.
- Complete all required documents and upload in HMIS (Clarity) under the client's file.
- Place on the Housing Queue.
- Place on By-Name List (BNL) for Case Coordination/Match Making.
- CES shall complete a referral, if client is eligible.
- CES shall exit the client from the Housing Queue.

## Training and Authorization of Users

Conducting the standardized assessment (Vulnerability Index – Service Prioritization Decision Assistance Tool [VI-SPDAT]) is estimated to take approximately 20 minutes to complete and shall only be conducted by Assessors who have successfully completed training. Training includes how to conduct the assessment, guidelines for communicating with people about coordinated entry, cultural and linguistic competency training, and frequently asked questions. All Assessors shall be trained in completing and entering the standardized assessment (VI-SPDAT) and recording the data in HMIS. Training opportunities will be made available by the Coordinated Entry System (CES) and the Homeless Management Information System (HMIS) at least annually, to organizations and or staff persons designated as Assessors. Training protocols shall also be updated and distributed at least annually by the CES or HMIS. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with appropriateness to the coordinated entry written policies and procedures

## Privacy and Confidentiality

The standardized assessment (VI-SPDAT) shall be conducted in a setting that promotes privacy and confidentiality. In the case of family and individuals standardized assessments (VI-SPDATs), the adults in the family are assessed individually and the highest score reflects the family’s vulnerability. Services are not denied to participants if the participant refuses to allow their data to be shared unless federal statute requires collection, use, storage, and reporting of a participant’s Personally Identifiable Information (PII) as a condition of program eligibility. Adequate privacy protections of all participant information per the Department of Housing and Urban Development (HUD) HMIS Data and Technical Standards and other notices, state authority, and local procedures shall be implemented in the management of coordinated entry by participating organizations



## Confidentiality and HMIS Client Consent and Information Release

Any household who agrees to participate in coordinated entry is asked to sign Homeless Management Information System (HMIS) Client Consent and Information Release, as required by the HMIS Data and Technical Standards and local HMIS policies, before proceeding with the standardized assessment ((Vulnerability Index – Service Prioritization Decision Assistance Tool [VI-SPDAT])). Per the HMIS Data and Technical Standards, households shall also be given a Privacy Notice and asked to read and/or sign any other disclosure, notice, or release as required by law (e.g. Health Insurance Portability and Accountability Act [HIPAA]). The household is informed that the standardized assessment (VI-SPDAT) information will improve access and service alignment by assessing various health and social needs, and match those assessed with the most appropriate housing interventions available. Furthermore, households are informed that assessment information shall be shared with housing agencies and service providers through a secure database (HMIS) and they can be removed from the database at any time by submitting a request in writing.

**Note:** Coordinated Entry System (CES) 211 calls are recorded, and callers are able to give verbal consent, but a follow up shall be given with an outreach team to obtain a signed Client Consent and Information Release.

## Updates to Standardized Assessments (VI-SDAT)

As long as households remain homeless, they should complete the standardized assessment (VI-SPDAT) annually or sooner if the circumstances have significantly changed. The update would include an HMIS update and a new standardized assessment. The history and timeline of standardized assessments (VI-SPDATs) shall be in the CES and available for those conducting the assessment to review.

## Emergency Services

The CES does not delay access to emergency services such as emergency shelters and healthcare services. The process includes a method for people to access emergency services at all hours through the 24-hour call center operated by 2-1-1. For example, people who need emergency shelter at night can access shelter, to the extent that shelter is available, and then receive a standardized assessment (VI-SPDAT) in the days that follow.

## Diversion and Prevention

Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Assessors shall work on a diversion plan with people during initial intake. Examination of opportunities for existing available resources, including mainstream services, shall be provided in partnership with community service organizations.

Diversion assistance includes, but is not limited to:

- Conflict mediation,
- Over the phone resolution/case management,
- Connection to mainstream services (services that come from agencies outside of the homeless assistance system, such as welfare agencies) and/or benefits,
- Connection to healthcare, employment, and other services,
- Transportation/Relocation,
- Financial assistance from available eligible funding source, and/or
- Family Reunification.

Diversion eligibility activities include financial assistance to help “divert” individuals and families from entering shelter, either by:

1. Assisting them to remain where they are currently housed (these activities include providing mediation services to help repair relationships with family members in the household where the person has been staying),
2. Helping them move directly to alternative housing (these activities include by helping locate a friend they can stay with and provide a small amount of money to help establish a shared living situation where the individually formally rents a room or rooms from his or her friend or family), and/or
3. Providing them with financial assistance (this assistance includes bus ticket, gas money, or plane ticket) to help reunite/reconnect with family in another state.

## Housing Match and Prioritization

During the Housing Match and Prioritization Coordinated Entry System (CES), prior to each case coordination meeting, the Office of Homeless Services (OHS) Homeless Management Information System (HMIS) Team shall run a report that pulls all the information entered by Assessors during the assessment phase to create the Community Queue or prioritized list of individuals and households who meet the threshold eligibility requirements for housing placement through coordinated entry. The Case Coordination Team shall meet to review the Community Queue, By-Name List (BNL), and submitted client agency request to begin to match eligible participants with housing opportunities (Permanent Supportive Housing [PSH], Transitional Housing [TH], or Rapid Rehousing [RRH], Emergency Shelter [ES], Homeless Prevention [HP]). As described in detail below, the Case Coordination Team shall begin by reviewing the highest prioritized participants from the Community Queue and match participants with any open housing opportunities for which they meet the Housing and Urban Development (HUD)-mandated and program specific eligibility requirements, as applicable and after collaboratively with case coordination to agree what is best for the client.

If a housing intervention for which an individual is eligible is not immediately available, the case will remain in the Community Queue prioritized by their level of vulnerability and await referral to an appropriate housing opportunity. The Case Conferencing Team shall meet biweekly, or more frequently if determined necessary by the CES. If a client refuses to take a housing opportunity the referral will be closed, and they will continue to be on the priority list. If after three opportunities are refused by the client, the team shall move to the next name on the BNL.

## Case Coordination

During the case coordination process, the Case Coordination Team shall review the following information to effectively match the highest prioritized eligible households with available housing opportunities:

- Enrollment in HMIS (Clarity).
- Homeless Verification.
- Completion of the Client Consent and Information Release form, and
- Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT).

## Housing Program Inventory

The Homeless Management Information System (HMIS) shall contain program eligibility criteria as entered/verified by participating Housing Providers. All Emergency Shelter (ES), Transitional Housing (TH), Rapid ReHousing (RRH), Homeless Prevention (HP), and Permanent Supportive Housing (PSH) programs shall notify the Coordinated Entry System (CES) and HMIS of vacancies and/or housing opportunities by completing a census of unit/bed availability that shall be distributed biweekly by the Office of Homeless Services (OHS) HMIS Team. Housing providers shall also notify the CES and OHS HMIS Team of new bed openings any time they become available.

**Note:** Housing providers shall be prepared to share information about any vacancies in their programs along with program-specific eligibility requirements during case coordination meetings.

## Match to Program Type

During the Case Coordination meetings, team members shall review these available vacancies and consider program-specific eligibility requirements (see full explanation of these requirements in the sections below) and match the vacancy with the highest priority individual or household that meets the program and Housing and Urban Development (HUD)-specific eligibility requirements. The Coordinated Entry System (CES), to the maximum extent feasible, shall ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability. Using standardized assessment (Vulnerability Index – Service Prioritization Decision Assistance Tool [VI-SPDAT]) scores, individuals/households are assigned to the most appropriate type of housing intervention (i.e., Permanent Supportive Housing [PSH], Rapid Rehousing [RRH], Transitional Housing [TH], Emergency Shelter [ES], and/or diversion/prevention/referral to another program). The following table shows how individuals with certain standardized assessment (VI-SPDAT) score ranges are directed to a particular housing intervention.

<b>Standardized Assessment Score<sup>6</sup></b>	<b>Housing Intervention</b>
0 – 4	Diversion, Prevention, Referral to Other Programs
4 – 9	Rapid Rehousing
4 – 11	Transitional Housing
11 – 17	Permanent Supportive Housing

## Program Eligibility

In the Coordinated Entry System (CES) process, determining eligibility is a project-level process governed by written standards as established in [24 Code of Federal Regulations \(CFR\) 576.400\(d\)](#), [24 CFR 576.400\(e\)](#), and [24 CFR 578.7\(a\)\(9\)](#) for Emergency Solutions Grant (ESG) and Continuum of Care (CoC) programs, and adopted or mandated by other programs. The CES process incorporates mechanisms for determining whether potential participants meet program-specific requirements of the projects for which they are prioritized and to which they are referred. Program eligibility requirements for subsidies may include but are not limited to:

- Single individuals,
- Families,
- Transition Age Youth (TAY) (ages 18-24),
- Chronic homelessness,
- Serious mental illness,
- Disabled,
- Veterans,
- Seniors (ages 55 and older),
- Domestic violence,
- Vulnerability victimization, including physical assault, trafficking, or sex work,
- Pregnant head of household, and
- Recently released from incarceration.

## Prioritization

Prioritization for Permanent Supportive Housing (PSH) is consistent with federal regulations, including the Housing and Urban Development's (HUD's) Notice 16-11: [Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing](#). To reflect a commitment to serve those most in need and most at risk, the Continuum of Care (CoC) shall work with all CoC- and state-funded PSH projects to in the turnover of beds to be dedicated or prioritized for the chronically homeless based on program eligibility. Individuals and households scoring highest on the standardized assessment (Vulnerability Index – Service Prioritization Decision Assistance Tool [VI-SPDAT]) are prioritized for available housing interventions for which they are eligible based on the following prioritization criteria. Cases that may score the same consideration of overall severity of vulnerability will prioritize the matching.

### Permanent Supportive Housing Prioritization (Standardized Assessment Score Range 11-17):

- Standardized assessment (Vulnerability Index – Service Prioritization Decision Assistance Tool [VI-SPDAT]) score – Those with the highest standardized assessment (VI-SPDAT) score who have been on the street, in Emergency Shelter (ES), and/or places not meant for human habitation the longest, with the highest acuity and most severe needs.
- Length of time homeless – Those with the highest standardized assessment (VI-SPDAT) score who have the longest history of homelessness.
- Severe service needs – Those with the highest standardized assessment score, who have the highest service needs and vulnerability, and victimization indicators measured by the standardized assessment (VI-SPDAT) “Risks” score. This score assesses the following service needs components:
  1. Risk of harm to self or others,
  2. Involvement in high-risk and/or exploitative situations,
  3. Interactions with emergency services, and
  4. Legal issues.

### Rapid Rehousing Prioritization (Standardized Assessment Score Range 4-9):

- Standardized assessment (VI-SPDAT) score – Those with the highest score within the Rapid Rehousing (RRH) range shall be served first.
- Vulnerability and victimization – This is based on the standardized assessment (VI-SPDAT) “Risks” score. The “Risks” score assessed the following components:
  1. Risk of harm to self or others,
  2. Involvement in high-risk and/or exploitative situations
  3. Interactions with emergency services, and
  4. Legal issues.
- Households with children – Residing on the streets or in ESs.
- Length of time on the Community Queue – Among those with the same standardized assessment (VI-SPDAT) score and the same “Risks” score, individuals/households shall be served in the order they completed the assessment or if there are additional factors that make the case a more vulnerable situation.

### Transitional Housing Prioritization (Standardized Assessment Score Range 4-11):

- Standardized Assessment (VI-SPDAT) Score – Those with the highest score within the Transitional Housing (TH) range shall be served first.
- Length of time on the Community Queue – among those with the same standardized assessment (VI-SPDAT) score, individuals/households shall be served in the order they completed the assessment or by any additional factors that would make them a priority.

## APPENDIX C: PARTICIPATING AGENCIES

Below is the current list of providers that participate in the Coordinated Entry System (CES):

- Barstow Community College District (BCC)
- Benjamin E Jones Community Resource Center (BEJ)
- Children and Family Services (CFS)
- City of Fontana (FON)
- City of Montclair (MON)
- City of Ontario (ONT)
- City of Redlands (RED)
- City of Victorville (COV)
- Community Action Partnership (CAP)
- Desert Manna (DM1)
- Family Assistance Program (FA2)
- Family Services Association of Redlands (FSA)
- Foothill AIDS Project (FA1)
- Healthcare in Action (HIA)
- High Desert Homeless Services (HDH)
- Hope Team (HT1)
- Hope The Mission (HTM)
- Illumination Foundation (ILF)
- Inland Counties Legal Services Inc. (ICL)
- Inland Empire Community Outreach Center (IEC)
- Inland SoCal United Way (UW1)
- Inland Temporary Homes (LTH)
- Inland Valley Hope Partners (IHP)
- Inspire Together (INS)
- Jewish Family Service of San Diego (JFS)
- Knowledge & Education For Your Success (KEYS)
- Lighthouse Social Services (LSS)
- Lutheran Social Services of Southern California (CCL)
- Morongo Basin ARCH (MBA)
- Mountain Homeless Coalition (MHC)
- New Hope Valley, Inc (NHV)
- Operation Grace (OG1)
- Restoring Hope (RH1)
- SAC Health Systems (SHS)
- Salvation Army-San Bernardino (SA1)
- SB DBH/HA (DBH)
- SB Department of Aging and Adult Services (DAS)
- SB HMIS
- SB Housing Authorities (HA1)
- SCAN Health Plan (SHP)
- Step Up on Second Street. Inc (SUS)
- Symba Center (SYM)
- The Blessing Center, Inc (TBC)
- Time For Change Foundation (TFC)
- US Veterans Inc (USV)
- Victor Valley Family Resource Center (VVF)
- Water of Life Community Church (WOL)
- With Open Arms (WOA)
- Windsor Center- Telecare (WST)

**Note:** This list is subject to change.