



Office of Homeless Services
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3	Approve the CES Policies – Sharon Green, Chair	10:15 – 10:45 am
4	Discuss the formation of a new Ad-Hoc Committee to evaluate regulatory compliance from participating agencies – Sharon Green, Chair	10:45 – 11:15am
5	Set the date, time, and location for the next CES meeting. – Sharon Green, Chair	11:15 – 11:20 am
Committee Member Comments		
	Individual committee member comments. Each member is given 3-minutes to make comments.	11:20 – 11:30 am
Adjournment		
Next CES Meeting	Thursday January 9, 2025 Location TBD	

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.

THE COORDINATED ENTRY SYSTEM COMMITTEE MEETINGS ARE 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 92408-0044. <https://sbchp.sbcounty.gov/> AGENDA AND SUPPORTING DOCUMENTATION CAN BE OBTAINED AT 560 E. HOSPITALITY LANE, SUITE 200, SAN BERNARDINO, CA 92408-0044.



**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	<ul style="list-style-type: none"> The meeting was called to order at 10:06 a.m.
Introductions	Sharon Green, Chair	<ul style="list-style-type: none"> Sharon Green took CES Board Member roll call. Members of the public are not introduced.
CES Members Present		<p>The following CES members or their alternates were present for the meeting: Sharon Green, William Lamas, Astrid Johnson, Kameron Grosvenor, David Rabindranath</p> <ul style="list-style-type: none"> Absent: Darryl Evey, Susan Buckley, Edward Amaya, Mike Jones.
PUBLIC COMMENTS	PRESENTER	ACTION/OUTCOME
		<ul style="list-style-type: none"> No Public Comment:
CONSENT	PRESENTER	ACTION/OUTCOME
Approve Minutes of the October 12, 2023, CES Meeting	Sharon Green, Chair	<ul style="list-style-type: none"> 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 <p>The motion made towards the consent calendar was approved.</p>
PRESENTATION	PRESENTER	ACTION/OUTCOME
Inland SoCal United Way & 211+ Data and Systems Update	Christopher Darbee, Inland SoCal United Way & 211+	<p>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</p> <p>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.</p>

		<p>The Chair opened the floor to the Committee members for comments/questions.</p> <ul style="list-style-type: none"> • 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
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		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	<p>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.</p> <ul style="list-style-type: none"> • 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.

<p>Discuss the CES Chapter of the Governance Charter for changes, additions, or edits</p>	<p>Sharon Green, Chair</p>	<p>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.</p> <ul style="list-style-type: none"> • 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 <p>The motion made towards item #5 was approved.</p> <p>Chair closed item for discussion.</p>
<p>Set date, time, location for the next CES meeting</p>	<p>Sharon Green, Chair</p>	<p>The Chair opened discussion on setting the date, time, and location for the next CES meeting.</p> <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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 <p>Chair closed item for discussion.</p>
<p>COMMITTEE ROUNDTABLE</p>	<p>PRESENTER</p>	
<p>Adjournment</p>		<ul style="list-style-type: none"> • 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		<p>The Next Outreach and Coordinated Entry System Committee (CES) Meeting will be held on:</p> <p style="text-align: center;"><u>Thursday, December 7th, 2023</u> <u>10:00 am – 12:00 pm</u> <u>Address: Office of Homeless Services</u> <u>560 E. Hospitality Lane Suite 200</u> <u>San Bernardino, CA 92408</u></p>
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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		sqreen@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@sbcasd.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)

Coordinated Entry System (CES) Policies



SAN BERNARDINO CITY AND COUNTY CoC
Coordinated Entry System (CES) Policies

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Overview

Introduction

This policy outlines the requirements for the design, implementation, and ongoing review of a Coordinated Entry System (CES).

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
ADA	Americans with Disabilities Act
AH	Affordable Housing
AIDS	Acquired Immunodeficiency Syndrome
AMI	Area Median 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
ES	Emergency Shelter
ESG	Emergency Solutions Grant
GPD	Grant and Per Diem
HEARTH	Homeless Emergency Assistance and Rapid Transition to Housing
HHAP	Homeless Housing, Assistance and Prevention
HHS	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
HUD	United States Department of Housing and Urban Development
ICH	Interagency Council on Homelessness
ISCUW	Inland SoCal United Way
LEP	Limited English Proficiency
MOU	Memorandum of Understanding
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
RRH	Rapid Rehousing

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Overview, Continued

Terms and
acronyms,
continued

Acronym	Term
SBC&C	San Bernardino City and County
SSA	Social Security Administration
SSVF	Supportive Services for Veterans Families
TH	Transitional Housing
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 An AE is the Continuum of Care's (CoC's) designated agency to receive and administer State of California grants.

Chronically homeless Chronically homeless is defined as:

- 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:
 - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and,
 - Has been homeless and living as described in paragraph (1)(i) of **this definition** 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 (1)(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 **the** institutional care facility;
- An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering the facility; **or**
- A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Reference: Defining "Chronically Homeless" Final Rule

Centralized or coordinated assessment system A centralized or coordinated assessment system is defined as a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

Reference: 24 Code of Federal Regulations (CFR) 578.3

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

Continued on next page

Definitions, Continued

CoC

The CoC is defined as the group organized to carry out the responsibilities required under 24 CFR 578 and that is composed of representatives of organizations, including:

- Nonprofit homeless providers,
- Victim service providers,
- Faith-based organizations,
- Governments,
- Businesses,
- Advocates,
- Public housing agencies,
- School districts,
- Social service providers,
- Mental health agencies,
- Hospitals,
- Universities,
- Affordable housing developers,
- Law enforcement,
- Organizations that serve homeless and formerly homeless veterans, and
- Homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.

Reference: 24 CFR 578.3

Coordinated entry requirement

The coordinated entry requirement is in reference to the provisions in 24 CFR 578.7(a)(8) that require each CoC, in consultation with recipients of CoC-funded programs, local and state funded programs required to participate in CES, and any resources that voluntarily participate in Coordinated Entry System (CES), 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 United States (U.S.) Department of Housing and Urban Development's (HUD's) Community Planning and Development (CPD) Notice 16-11 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 CPD Notice 16-11](#).

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Definitions, Continued

Developmental disability

Developmental disability is defined as:

1. A severe, chronic disability of an individual that:
 - i. Is attributable to a mental or physical impairment or combination of mental and physical impairments,
 - ii. Is manifested before the individual attains age 22,
 - iii. Is likely to continue indefinitely, and
 - iv. Reflects in substantial functional limitations in three or more of the following areas of major life activity:
 - A. Self-care,
 - B. Receptive and expressive language,
 - C. Learning,
 - D. Mobility,
 - E. Self-direction,
 - F. Capacity for independent living, or
 - G. Economic self-sufficiency.
 - v. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
2. An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in paragraphs (1)(i) through (v) of the definition of "developmental disability" in this section if the individual, without services and supports, has a high probability of meeting these criteria later in life.

References:

- Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 15002), Section 102
- 24 CFR 578.3

Continued on next page

Definitions, Continued

Disability

Disability is defined as one or more of the following:

- A physical, mental, or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
 - Is expected to be long-continuing or of indefinite duration,
 - 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
- The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for Human Immunodeficiency Virus (HIV), and

References:

- Defining "Chronically Homeless" Final Rule (2015)
 - FY 2024 HMIS Data Standards Manual, Section 3.08
-

Fleeing/attempting to flee domestic violence

Fleeing/attempting to flee domestic violence is defined as any individual or family who:

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

Note: For purposes of the CoC and ESG Homeless Eligibility binder from HUD, "Domestic Violence" includes the following that relate to violence against the individual or family member that either takes place in, or him or her afraid to return to, their primary nighttime residence (including human trafficking):

- Dating violence,
- Sexual assault,
- Stalking, and
- Other dangerous or life-threatening conditions

References:

- HUD's Homeless Definition, Category 4
 - 24 CFR 578.3
-

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

Imminent risk of homelessness

Imminent risk of homelessness is defined as an individual or family who will imminently lose their primary nighttime residence, provided that:

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

Note: Includes individuals and families who are within 14 days of losing their housing, including:

- Housing their own,
- Rent,
- Sharing with others, or
- Living in without paying rent.

References:

- HUD's Homeless Definition, Category 2
 - 24 CFR 578.3
-

HMIS

Homeless Management Information System (HMIS) is defined as the information system designated by the CoC to comply with the HMIS requirements prescribed by HUD. It is 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.

Reference: 24 CFR 578.3

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Definitions, Continued

Homeless under other federal statutes

Homeless under other federal statutes is defined as unaccompanied youth under 25 years of age, or families with **Category 3** children and youth, who do not otherwise qualify as homeless under this definition, but who:

1. Are defined as homeless under the other listed federal statutes,
2. Have not had a lease, ownership interest in permanent housing during the 60 days **prior to the** homeless assistance **application**,
3. Have experienced persistent instability as measured by two moves or more during the **preceding** 60-days, and
4. Can be expected to continue in such status for an extended period of time due to special needs or barriers.

Note: HUD has not authorized any CoC to serve the homeless under **Category 3**. HUD determines and approves the use of CoC Program funds to serve this population based on each CoC's Consolidated Application. Individuals and families that qualify as homeless under **Category 3** may be served by the ESG program if they meet required eligibility criteria for certain ESG components.

References:

- HUD's Homeless Definition, **Category 3**
 - 24 CFR 578.3
 - 24 CFR 578.89
-

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.

Reference: Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 CoC Competition and Renewal or Replacement of Youth Homeless Demonstration Program Grants, Section I.B.2.b.15

Housing interventions

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

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

Continued on next page

Definitions, Continued

Literally homeless

Literally homeless is defined as an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

1. Has a primary nighttime residence that is a public or private place not meant for human habitation,
2. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements, including:
 - Congregate shelters,
 - TH, and
 - Hotels and motels paid for by charitable organizations or by federal, state and local government programs, or
3. 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: An individual or family only needs to meet one of the three subcategories to qualify as Homeless Category 1: Literally Homeless.

References:

- HUD's Homeless Definition, Category 1
 - 24 CFR 578.3
-

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.

Reference: 24 CFR 5.105(a)

Outreach

Outreach is defined as the coordinated entry process that includes engaging and prioritizing people sleeping on the streets 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 has been implemented with the Coordinated Outreach Resources and Engagement (CORE) Program approach.

Reference: San Bernardino County CORE Approach

Continued on next page

Definitions, Continued

PH Permanent Housing (PH) is defined as community-based housing without a designated length of stay and can include PSH and RRH. To be PH, the program participant must be the tenant on a lease that is:

- For a term of at least one year, and
 - Renewable for terms that are a minimum of one month in duration.
- Terminable only for cause.

Reference: 24 CFR 578.3

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.

PSH Permanent Supportive Housing (PSH) is defined as permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

Reference: 24 CFR 578.3

RRH Rapid Rehousing (RRH) is defined as permanent housing that provides short-term (up to three months) and medium-term (4-24 months) tenant-based rental assistance and supportive services to households experiencing homelessness.

References:

- HUD Exchange, RRH
 - 24 CFR 578.37(a)(ii)
-

Recipient A recipient is defined as 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](#) published by HUD provides recommended criteria for a quality coordinated entry process and standardized assessment tool.

Continued on next page

Definitions, Continued

TH

Transitional Housing (TH) is defined as housing, where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary. The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended.

Reference: 24 CFR 578.3

VI-SPDAT

The Vulnerability Index-Service Prioritization Decision Assistance (VI-SPDAT) 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.

VSP

A Victim Service Provider (VSP) organization is defined as a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes:

- Rape crisis centers,
- Battered women's shelters,
- Domestic violence transitional housing programs, and
- Other programs.

Reference: 24 CFR 578.3

Continued on next page

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 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) CoC CES and is:

- Reviewed biweekly, 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 intention of the United States (U.S.) Department of Housing and Urban Development (HUD) Coordinated Entry process is to ensure that individuals and families experiencing homelessness receive equitable and timely access to housing and services. The key objectives of the Coordinated Entry process include:

Objective	Description
Standardized Assessment	<ul style="list-style-type: none"> A common assessment tool across the community to evaluate the needs and vulnerabilities of those experiencing homelessness. Prioritizes individuals for housing and services based on their level of need.
Streamlined Access	<ul style="list-style-type: none"> A single point of access or "no wrong door" approach for individuals seeking housing assistance. Simplifies the process and reduces the burden on those in need to navigate multiple systems.
Prioritization	<ul style="list-style-type: none"> Prioritizes individuals and families with the highest needs and most significant vulnerabilities for available housing and resources. Ensures that those who need help the most receive it first.
Efficient Resource Allocation	Uses available housing and service resources more efficiently by matching individuals and families with the most appropriate interventions based on their assessed needs
Collaboration	<ul style="list-style-type: none"> Fosters collaboration among service providers, housing agencies, and other stakeholders. Creates a more coordinated and effective response to homelessness.
Data-Driven Decision Making	<ul style="list-style-type: none"> Data collected through the Coordinated Entry process to inform decision-making, improve system performance, and identify gaps in services. Creates a more organized, effective, and fair system for addressing homelessness, ensuring that resources are allocated in a way that maximizes impact and meets the needs of the community.

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

Background The San Bernardino City and County (SBC&C) CoC designed the CES 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.

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Coordinated Entry System Purpose and Background, Continued

Guidance

The SBC&C CoC has developed guidance for the CES in accordance with the following 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 a Continuum of Care Centralized or Coordinated Assessment System](#),
- [HUD's final rule on defining chronically homeless and homeless \(24 CFR 91\)](#),
- [HUD's CPD Notice 16-11 on prioritizing persons experiencing chronic homelessness and other vulnerable homeless persons in Permanent Supportive Housing \(PSH\) and Recordkeeping Requirements for Documenting Chronic Homeless Status](#), and
- [The Equal Access Rule, 24 CFR 5.105](#), revised 2016.

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 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.

SBC&C CoC Coordinated Entry System Foundation and Vision

Introduction

This section describes the foundation and vision of the San Bernardino City and County (SBC&C) Continuum of Care (CoC) Coordinated Entry System (CES).

HUD rules and CoC core principles

The SBC&C CoC 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 SBC&C CoC CES design

The vision for the SBC&C 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,
-

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SBC&C CoC Coordinated Entry System Foundation and Vision, Continued

Vision for the SBC&C CoC CES design, continued

- Ensuring:
 - Clients gain access as efficiently 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,
 - ✓ Accountability, and
 - People who have been homeless the longest and/or are the most vulnerable have priority access to Permanent Supportive Housing (PSH) resources as available.

Notes:

- The policies for the 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:
 - Outreach and CES Committee,
 - CES Lead Agency, Inland SoCal United Way (ISCUW) 211+, and
 - Formal partners.

Partnerships

The implementation of the CES necessitates significant, community-wide change. To help ensure the system is 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 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,

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SBC&C CoC Coordinated Entry System Foundation and Vision, Continued

Partnerships, continued

- Leverages partnerships in the following:
 - Outreach,
 - Assessment,
 - Documentation, and
 - Routine 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 adheres to the core concepts and community standards established by the CoC. The primary concepts for efficient facilitation of housing placement in the CES process include:

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

Housing First approach

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

Low barrier approach

A low barrier approach is 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,
- 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,

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SBC&C CoC Coordinated Entry System Foundation and Vision, Continued

Low barrier approach, continued

- 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:

- **Vulnerability** assessment tool,
- Direct inquiry, **and**
- Other methods, such as case conferencing.

Participant choice influences the following:

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

Coordinated Entry System Requirements

Introduction

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 policy**). In January 2017, the HUD Community Planning and Development (CPD) Office published **CPD Notice 17-01 to outline** the CES requirements for CoC and ESG programs.

The **SBC&C CoC** CES Policies used **CPD Notice 17-01** to frame the description of the CoC CES. Sections are organized by the list of topics in **CPD Notice 17-01**, followed by how the SB CoC CES **complies with the requirements**. Additional policy details are provided as available.

Note: The SBC&C CoC CES recommendations were adopted by the ICH and reflect HUD's requirements from **CPD Notice 17-01**.

Geographic coverage

The entire geographic area covered by the SBC&C CoC is included in the coordinated entry process. The same approach for assessment at all access points shall be usable by all people experiencing homelessness or at risk of homelessness in the CoC coverage area.

The **SBC&C CoC** CES full geographic coverage access includes:

- A regional approach with subregional components, including **the following**:
 - Outreach,
 - Anchor agencies,
 - Intake,
 - Assessment,
 - Homeless Management information System (HMIS) entry, and
 - Referral to the CES By Name List (BNL),
- Combining phone access and partner agencies with a “No-Wrong Door” approach,
- Access points **to incorporate** diversity of entities as formal partners, such as, but not limited to:
 - Outreach teams,
 - Homeless Outreach and Proactive Enforcement (HOPE) team,
 - Law enforcement,
 - CES staff or hotline,

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Coordinated Entry System Requirements, Continued

Geographic coverage, continued

- ESG providers, and
 - Potentially selected health care and domestic violence response system services,
 - All homeless populations with special provisions for victims of domestic violence and the unique needs of two subgroups:
 - ✓ Unaccompanied youth, and
 - ✓ 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).
- Assess to meet the level of demand reflected in call center data and referral outcomes and evaluation of the sub-regional need to ensure adequate coverage to meet those needs, and
- Mobile and virtual assessments/communications.

Reference: CPD Notice 17-01, Section II.B.1

Standardized access points and assessment requirements

The SBC&C CoC CES requires that 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, and that:

- Households 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.
- Service is available at all access points for the target population of the following subgroups:
 - Unaccompanied youth, and
 - Households fleeing:
 - ✓ Domestic violence,
 - ✓ Dating violence,
 - ✓ Sexual assault,
 - ✓ Stalking, or other dangerous or life-threatening conditions, including human trafficking.
- The Privacy Protections policy in this document are adhered to.

Continued on next page

Coordinated Entry System Requirements, Continued

Standardized access points and assessment requirements, continued

- When necessary, variations in access and assessment be considered to remove population-specific barriers and account for the following in assessment processes and prioritization:
 - Different needs,
 - Vulnerabilities,
 - Risk factors, and
 - Customized response.
- Reasonable accommodations for a person with disabilities be allowed without prioritization being based on a protected status such as a diagnosis or a particular disability.
- A phased assessment approach that includes the following be utilized:
 - Engagement,
 - Diversion, and
 - Triage.
- The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) be used as a vulnerability assessment tool,
- Adherence to the following administrative and structural components and roles as identified in the SBC&C CoC Operations and Governance Manual:
 - CoC Membership,
 - Interagency Council on Homelessness (ICH),
 - Outreach and CES Committee,
 - Collaborative Applicant,
 - CES Lead Agency, Inland SoCal United Way (ISCUW) 211+, and
 - Participating agencies,
- A multi-disciplinary team structure be used for routine case conferencing to ensure that all households prioritized for housing and services are reviewed.
- Use of HMIS as the “first touch” with system outreach/engagement and initial contact to ensure data will:
 - Be transactional,
 - Preserve the confidentiality rights of the individual, and
 - Comply with HUD privacy rules.
- There are Domestic Violence Victim Service Providers (VSPs) who:
 - 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.
- Veterans Administration (VA) partners are allowed to conduct assessment and make direct placements into homeless assistance programs as necessary and described in the CES Workflow policy of this document.

Note: Determining eligibility is a different process than prioritization.

References:

- CPD Notice 17-01, Section II.B.2
- SBC&C CoC Operations and Governance Manual

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Coordinated Entry System Requirements, Continued

Standardized prioritization in the referral process

The SBC&C CoC CES requires use of standardized prioritization in the referral process as follows:

Stage	Description
CES	<p>Use of:</p> <ul style="list-style-type: none"> • The CES to: <ul style="list-style-type: none"> – Prioritize homeless persons for referrals to housing and services, – Support the following: <ul style="list-style-type: none"> ✓ Permanent supportive, ✓ Transitional, and ✓ Bridge housing facilities. • HMIS data privacy and security protections as described in the Office of Homeless Services (OHS) HMIS Privacy and Security Policies and Procedures Handbook. • HUD's HMIS Data and Technical Standards for BNL data. • HMIS initiated from 'first touch' with the system and continuing its use throughout the process. <ul style="list-style-type: none"> – 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. <p>Note: CES Prioritization Policies and Procedures and appeals policy shall be publicly available and applied consistently throughout the CoC coverage area for all populations.</p>

Continued on next page

Coordinated Entry System Requirements, Continued

Standardized prioritization in the referral process, continued

Stage	Description
Assessment	<p>Assessment of participants with sufficient information to make participant prioritization decisions for all homeless assistance based on:</p> <ul style="list-style-type: none"> • Identified relevant participant and population factors, • Access to housing and services, • Severity of participants' needs, and • When applicable, the appeals process. <p>Participants cannot be prioritized based on:</p> <ul style="list-style-type: none"> • Race, • Color, • Religion, • National origin, • Sex, • Age, • Familial status, • Disability, • Type or amount of disability, or disability-related services or supports required, <p>CoCs are prohibited from discriminating based on actual or perceived:</p> <ul style="list-style-type: none"> • Sexual orientation • Gender identity, or • Marital status. <p>Vulnerability assessment tools may not produce the entire body of information necessary to determine a household's prioritization, but prioritization of program participants will be based partially on their vulnerability assessment tool score.</p>

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Coordinated Entry System Requirements, Continued

Standardized prioritization in the referral process, continued

Stage	Description
Case Conferencing	<ul style="list-style-type: none"> • Case conferencing with case managers and others working with households, to have the opportunity of providing additional information. • Use of a BNL to: <ul style="list-style-type: none"> – Effectively manage prioritization and placement, and – Ensure a transparent referral process, and – Track processes and participant progress. – Case conference ongoing for households who are referred. • Define what interventions will be considered. • Base prioritization, matching, and referral on priorities reflected in the screening tool scores, while taking in consideration the following: <ul style="list-style-type: none"> – Special needs and the case conference information, – Availability of resources in a particular subregion (participant preference), and – The CoC Written Standards policy for prioritization (including CPD Notice 16-11), • Document: <ul style="list-style-type: none"> – The criteria and procedures for matching the deepest housing resources with persons with the most severe housing and service needs. – Verification that direct service providers who participants are referred to are trained on federal and state Anti-Discrimination and Equal Access Rules.
If ...	Then ...
Two or more households have the priority for referral to the next available unit,	The household that was first presented for assistance should be referred.
The households have the same vulnerability assessment tool score,	The Countywide Case Coordination Team will discuss and collaborate to determine which clients to prioritize.
Reference: CPD Notice 17-01, Section II.B.3	

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Coordinated Entry System Requirements, Continued

Perceived barriers

The CES process must not screen people out due to perceived barriers 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.

To lower barriers, the SBC&C CoC CES will:

- **Obtain** written commitment from providers to adhere to Housing First principles and standards.
- **Require** training on Housing First and certifying individuals that successfully complete training,
- **Provide** the HUD Housing First Self-Assessment tools for agency use to be completed at least annually.
- **Allow** flexible housing placements and decisions that consider the following:
 - Assessment data,
 - Case conferencing information, and
 - Consumer preference,
- **Use:**
 - Progressive engagement and trauma-informed approaches **which** foster empowerment, and
 - A phased triage and assessment approach and incorporates cultural and linguistic competency for assessment staff.

Reference: CPD Notice 17-01, Section II.B.4

Marketing

The SBC&C CoC CES will market that 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.
-

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Coordinated Entry System Requirements, Continued

Marketing, continued

The SBC&C CoC CES requires 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.

The SBC&C CoC CES requires:

- Documenting all steps taken to ensure effective communications with individuals with disabilities,
- Providing appropriate auxiliary aids and services when necessary to ensure effective communication, this 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,
- Reasonable steps to ensure the CES can be accessed by persons with Limited English Proficiency (LEP), and
- Access points to be accessible to individuals with disabilities, including:
 - Accessible physical locations for individuals who use wheelchairs, and
 - For individuals who are least likely to access homeless assistance.

The SBC&C CoC CES is responsible for:

- Providing general CES information to all formal partners, including:
 - The outreach, assessment, and referral system,
 - Formal partner websites,
 - HMIS, and
 - Printed material from OHS,
- Education about what CES is and how it works through outreach teams,
- All HUD and state-funded homeless service organizations,
- Encouraging stakeholders and formal partners to share CES information on their websites and distribute CES information as determined in collaboration with the CES Lead Agency, ISCUW 211+.
- Requiring:
 - The CES Lead Agency, ISCUW 211+, to expand on the general information, and
 - The referral phone call center to provide information and connect callers to the CES-specific phone access services.
 - CES specific services to provide an initial immediate response and follow-up within three days.

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Coordinated Entry System Requirements, Continued

Marketing, continued

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

References:

- Programs for marketing policy detail
 - CPD Notice 17-01, Section II.B.5
-

Street outreach

People encountered by street outreach workers must be offered the same processes as people assessed through site-based access points. The assessment process must either be incorporated into street outreach activities or separated so that it's only conducted by assessment workers who are not part of street outreach efforts.

The SBC&C CoC CES street outreach includes:

- All outreach teams and workers assessing individuals they encounter as these crews and staff are considered an access point,
- The Coordinated Outreach Resources and Engagement (CORE) Program,
- HMIS for the CES to facilitate access to resources across the CoC,
- Training street outreach teams on the CES and assessment process, and offering CES access and assessment services to participants they contact through their street outreach efforts,
Note: Street outreach teams are considered an access point for CES.
- The CoC's adoption of CPD Notice 16-11 as a key component in determining use of available resources,
Note: As a result, these individuals and families must continue to be prioritized on the BNL until they are housed.
- Documentation of "due diligence" when participants on the BNL are contacted for service referral 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" shall mirror the three-step process identified by HUD that is used prior to accepting self-certification of homelessness status.
- Street outreach and service providers who make culturally sensitive attempts to engage people who have been resistant to accepting housing until their housing crisis is resolved, and
- HMIS's effective interaction with the following data systems while maintaining data privacy and security:
 - Environmental Systems Research Institute (ESRI), and
 - Domestic violence comparable data base,
- Expanding the use of faith-based and other community informants to participate in coordinated outreach efforts, such as CORE, and
- Clear communication protocols.

Reference: CPD Notice 17-01, Section II.B.6

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Coordinated Entry System Requirements, Continued

Emergency services

Emergency services must operate with as few barriers to entry as possible. People must have access to emergency services regardless of the CES intake and assessment processes operating hours.

The SBC&C CoC CES emergency services include:

- A 24-hour call center from the CES Lead Agency, ISCUW 211+,
- A master list of agencies that provide HUD-specific emergency/crisis services, which includes the following:

Step Up on Second	Knowledge, Education for Your Success (K.E.Y.S)
City of Montclair	Morongo Aligning Resources Challenges Homelessness (ARCH)
Mountain Homeless Coalition	Family Service Association of Redlands
City of Victorville	Community Action Partnership of San Bernardino
Mercy House Living Centers	Water of Life Community Church
Impact Southern California	San Bernardino County Department of Behavioral Health (DBH)

Note: The master list shall be updated annually with new or revised agency information.

- The Housing Eligibility Criteria distributed quarterly by the OHS HMIS Team to capture service availability from CES partner organizations,
- Annual monitoring/audits conducted by OHS on contracted CES partner organizations to ensure service compliance,
- A monthly integrity check on CES partner organizations to ensure they provide the necessary emergency/crisis services and that these services are accessible to all individuals in need, regardless of barriers.
 - The integrity check is conducted:
 - ✓ By the Outreach and CES Committee comprised of a representative from each region in the CoC, and
 - ✓ On different CES partner organizations each month,
- Databases that maintain information about the emergency/crisis services available in San Bernardino County, such as:
 - <https://www.connectie.org/>, and
 - <https://inlandsocaluw.org/211>,
- Coordinating with CoC programs and other agencies to ensure services are not duplicated and that resources are used efficiently,
- Keeping thorough records of the services provided, including the:
 - Types of services,
 - Number of individuals served, and
 - Any follow-up actions taken,
- Quality assurance measures, such as obtaining feedback from clients and conducting performance reviews, to ensure services are effective and meet the needs of the individuals served,
- Training staff and volunteers on the requirements of CPD Notice 17-01 and best practices for providing emergency/crisis services, and
- Community engagement to raise awareness about available services and encouraging individuals in need to seek assistance.

Reference: CPD Notice 17-01, Section II.B.7

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Coordinated Entry System Requirements, Continued

Homelessness prevention services

People must have access to ESG-funded homelessness prevention services through the CES. The CES includes separate access point(s) for homelessness prevention so people at risk of homelessness can receive urgent services when and where they are needed.

The SBC&C CoC CES homelessness prevention services include:

- 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 people at imminent risk of literal homelessness are provided coordinated access to CoC homelessness prevention services regardless of where the participant first contacts the CoC.

Reference: CPD Notice 17-01, Section II.B.8

Referrals

A uniform and coordinated referral process must be implemented for beds, units, and services available at participating projects. If a referral is declined by a Housing Provider or client, the declined household will be attempted to be connected to another referral option if available.

The SBC&C CoC CES referrals includes:

- Prompt referrals and reducing vacancy rates by requiring participating programs to provide the CES Lead Agency, ISCUW 211+, with the following information:
 - A biweekly census of their available beds, and
 - New bed openings any time they become available,
- Requiring the following programs to notify the CES Lead Agency, ISCUW 211+, of bed availability through the Housing Census distributed biweekly by the OHS HMIS Team:
 - Permanent Supportive Housing (PSH),
 - Rapid Rehousing (RRH), or
 - Emergency Shelter (ES),
 - Americans with Disabilities Act (ADA), and
 - Transitional Housing (TH).
- A component of HMIS that identifies a master list for referrals and prioritization protocols.

Note: Referrals for CoC and ESG programs, except for PSH and ESG-RRH, can be issued for clients who are either literally homeless or at-risk of homelessness.

References:

- CPD Notice 17-01, Section II.B.9
 - 24 Code of Federal Regulations (CFR) 576
 - 24 CFR 578
 - Rapid Rehousing: ESG vs. CoC Guide
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Coordinated Entry System Requirements, Continued

Safety planning Safety planning **must not** jeopardize the safety of the individuals and families seeking assistance. **People who are** fleeing or attempting to flee **the following situations** and victims of trafficking **can seek services** from non-VSPs to address their needs, **and must** have safe and confidential access to CES and victim services:

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

The **SBC&C CoC** CES **safety planning includes**:

- CES entry points in the subregional design with domestic violence and victim service providers,
- **A** safety risk assessment as part of initial coordinated entry triage and intake procedures,
- **An evaluation of** the physical safety and well-being of participants and prospective participants,
- A process **that links** to the CES resources to ensure safety of the client, **and**
- **Immediate access to emergency services, such as domestic violence hotlines and shelters.**

Note: Domestic Violence **VSPs are** not required to use the **SBC&C CoC's** CES **and can use** an alternative **CES that** meets HUD's **CES** requirements.

Reference: CPD Notice 17-01, Section II.B.10

Participant autonomy Participant autonomy allows participants to freely refuse the following without retribution or limiting their access to assistance:

- Answer assessment questions, and
- Housing and service options.

The lack of incomplete assessment responses may limit the variety of referral options. An individual's unresponsiveness will not affect future assessments or referral options.

The **SBC&C CoC** CES **participant autonomy includes** a written policy of client-driven choice **that indicates the participant's**:

- Right to refuse to answer or share data without retribution, and
- **Refusal of service options will not affect the individual's place** on the BNL.

Reference: CPD Notice 17-01, Section II.B.11

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Coordinated Entry System Requirements, Continued

Privacy protections

Privacy protections ensure adequate privacy protections of all participant information. Participant consent shall be embedded into HMIS and obtained by any party collecting Personally Identifiable information (PII) to share and store participant information for purposes of assessing and referring participants. Records containing PII must be kept secure and confidential, and the address of any family violence project cannot be made public.

The SBC&C CoC CES privacy protections include:

- Privacy protections and protocols aligned with HMIS privacy and security policies as established by HUD and documented in HMIS user policies,
- Written agreements with participating organizations, CoC staff, and volunteers acknowledging awareness and commitment to adhere to the privacy and security policies,
- Training on the following topics annually or more frequently as needed to reflect policy changes or system implementation changes:
 - Privacy,
 - Security, and
 - Confidentiality,
- 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 class protected by Federal or State regulations, such as:
 - ✓ Fair Housing,
 - ✓ Equal Access,
 - ✓ Anti-discrimination,
 - ✓ VAWA, and
 - ✓ California Unruh Act.
- Educating about the Federal and State mandates to protect people and the location of victims of violence (annually),
- Written agreements, maintained by OHS, with organizations/persons with access to domestic violence participant housing and service locations,
- Informing each participant about how to lodge concerns and complaints regarding fair treatment in accessing housing and services,
- A clear, simple to follow, protocol for participants who want to submit a complaint as indicated in the HMIS Grievance Procedures posted on the SBCHP website, and
- Publicly posting at the intake sites and included in the intake packets the participants' rights for filing a complaint or requesting an appeal, including the protocol for their submission.

Reference: CPD Notice 17-01, Section II.B.12

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Coordinated Entry System Requirements, Continued

SBC&C CoC CES privacy policies

The SBC&C CoC CES privacy policies are found in the HMIS Privacy and Security Policy and Procedures Handbook which complies with HUD's guidelines set forth in the 2004 HMIS Data and Technical Standards. This handbook provides detailed guidance for each role in the process, such as:

- HMIS Lead,
- HMIS Security Administrator,
- HMIS Agency Administrator,
- Lead Security Officer,
- Partner Agency Security Officer, and
- Chief or Administrative Manager of OHS.

Privacy, security, and confidentiality training is provided twice a month, virtually by the OHS HMIS Team. The OHS HMIS Team updates the training material to incorporate any policy and system changes.

Equal access to services

Equal access to services prohibits discriminatory eligibility determinations based on actual or perceived sexual orientation, gender identity, marital status, or Limited English Proficiency (LEP).

The SBC&C CoC CES equal access to services includes:

- Posting the "California Law Prohibits Discrimination and Harassment in Shelters" at shelter sites/locations,
- Reasonable accommodations/modifications for persons with a disability,
- Annual Non-Discrimination and Equal Access training to all CES partner organizations,
- Prohibiting any CES participating staff from excluding or 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 class protected by Federal or State regulations, such as:
 - ✓ American with Disabilities Act (ADA),
 - ✓ Fair Housing Act,
 - ✓ Fair Employment and Housing Act (FEHA),
 - ✓ Equal Access,
 - ✓ Anti-discrimination,
 - ✓ VAWA, and
 - ✓ California Unruh Act.
- Advising participants/clients of their rights in writing regarding confidential information and privacy,
Note: The SBCHP CoC HMIS Client Consent & Information Release form concerning these rights is posted on the SBCHP website for CES partner organizations to use.

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Coordinated Entry System Requirements, Continued

Equal access to services, continued

- Obtaining consent from participants to enter PII into HMIS and require a release of information from the participant prior to sharing information with others, and
 - The SBC&C CoC CES developed the SBCHP CoC HMIS Client Consent & Information Release form using a single consent for disclosure to CES partners that engage in a confidential “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 (HHS) protections of human subjects (45 CFR part 46) when data is used for research.
- Adhering to the general elements of a data sharing agreement among organizations by including the elements listed below into Inter-Agency Data Sharing Agreements:

Element	Description
Purpose and intended use of data sharing	Language must be consistent with the consent forms signed by individuals, including the following: <ul style="list-style-type: none"> • Type of data to be shared, • Organizations involved, and • How the data are to be used.
Period of agreement	<ul style="list-style-type: none"> • Refers to the term for which the data sharing agreement is valid. • Individual parties to the data sharing agreement shall have the right to terminate their participation with adequate notice.
Description of data	<ul style="list-style-type: none"> • Refers to a more precise description of the data to be shared. • For consistency, the list of data shall match the description of data to be shared in the written consent agreement.
Timing and frequency of updates	If data is provided on an ongoing basis, the conditions for sharing new data shall be listed.
Custodial responsibility and data stewardship	Lists the responsibilities for maintenance of data security, including: <ul style="list-style-type: none"> • A secure process for transmitting the file and any 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	<ul style="list-style-type: none"> • Refers to the rules for use of the data by the receiving organization, including access rights and sharing of data with other organizations. • 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	<ul style="list-style-type: none"> • Protects the receiving organization, which commits to make reasonable efforts to promote data quality but does not guarantee a specific standard. • Data transfers include a notice of the requirement to delete any information not intended for the recipient and immediately notify the sender.

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Coordinated Entry System Requirements, Continued

Equal access to services, continued

Element	Description
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	<ul style="list-style-type: none"> 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. Such restrictions shall not allow arbitrary or unwarranted suppression of data but protect the privacy rights of individuals.
Termination and modification of this agreement	<ul style="list-style-type: none"> Identifies the conditions under which the agreement can be terminated. This clause also includes direction on how data shall be disposed of after termination.
Detail the actions when consent is rescinded	<ul style="list-style-type: none"> Details the actions to be taken when a client rescinds permission to share data. Any data shared while authorization was active is not subject to recapture.

The following housing programs have restricted eligibility for immigrants; however, if at least one member of the household is eligible, the entire household may live in the unit, though the rent would be prorated:

Department	Program
HUD	<ul style="list-style-type: none"> Public Housing, Housing Choice Vouchers, Project-based Rental Assistance, Section 236 Housing, Section 235 Homeownership housing, Section 23 Leased Housing Assistance, Section 202 Supportive Housing for the Elderly, and Section 811 Supportive Housing for Persons with Disabilities.
Federal Emergency Management Agency (FEMA)	FEMA Individuals and Households
Rural Development (RD)	<ul style="list-style-type: none"> Section 514 and 516 Farm Labor Housing, Section 502 Home Loan, and Section 504 Rehabilitation Loan and Grant.

References:

- CPD Notice 17-01, Section I.D
- 24 CFR 5.105(a)(2)
- National Neighborhood Indicators Partnership: Key Elements of Data Sharing Agreements

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Coordinated Entry System Requirements, Continued

Data security protections

Data security protections **must be applied** if a community uses a system other than HMIS to record information from a **CES** process. **VSPs that are prohibited by law from entering PII into the HMIS must be allowed to participate in the CES.**

The **SBC&C CoC CES data security protections include:**

- HMIS **compliance with** the provisions of **24 CFR 578.7(a)(8)** and subsequent notices, and
- 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.

Reference: CPD Notice 17-01, Section II.B.13

SBC&C CoC CES data security policies

The **SBC&C CoC CES data security policies comply with HUD's requirements for CoC's, HMIS, and VAWA.** VSPs comply with HUD's rules for participation in an alternate, comparable data system and initial response and emergency transfer of VSP impacted households to ensure their safety.

The **SBC&C CoC CES data security policies** regarding VAWA compliance include:

- 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.

Reference: Responsibilities of the Continuum of Care - **24 CFR 578.7**

Disciplinary actions for privacy and data violations

Unauthorized use of, or access to, client protected personal identifying information is prohibited. Any use of this information that is inconsistent with policy, violates law, or is obtained or used for personal gain is prohibited. 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.**

Reference: California Welfare and Institutions Code (WIC) Section 5328 and Health Insurance Portability and Accountability Act (HIPAA)

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Coordinated Entry System Requirements, Continued

Assessor training

Assessor training provides all staff administering assessments with access to materials that describe the methods by which assessments are to be conducted with fidelity to the CoC's CES.

The SBC&C CoC CES assessor training, includes:

- Training for staff who assess clients, referred to as Assessors,
- Distributing the following HUD information to the CoC and posting the information to the SBCHP website for ongoing access:
 - Binders,
 - PowerPoints,
 - Summary sheets, and
 - CPD notices,
- Training open to all interested parties and required for CES partner organizations regarding the following topics, with annual certification of training completion:
 - CES overview,
 - Regulations,
 - Processes,
 - Priorities, and
 - Methods for compliance with relevant regulations,
- Eliciting and documenting feedback from trainees using standardized feedback forms,
- Monitoring HUD and other funding source communications to ensure:
 - Compliance of updates to policies and protocols, and
 - ICH/CoC regulatory change recommendations are made to policy/protocol updates as needed, and
- Initial and ongoing training to partners and stakeholders in the community to enhance consistent understanding and operation of the CES components,
- Requiring:
 - HMIS users in CES partner organizations to complete a refresher training or an online protocols quiz annually, and
 - Intake specialists and/or case managers to pass the training quiz for access to CES.

Note: The training quiz shall have the ability to retake until the passing score is met.

Reference: CPD Notice 17-01, Section II.B.14

SBC&C CoC CES assessor training

The SBC&C CoC CES assessor training supports the SBC&C CoC CES that provides an initial triage for immediate needs and a multi-phased comprehensive assessment of the needs of individuals and families for housing and services. This training provides CES partner organizations with support/assistance in any area or topic they need help with regarding assessing clients.

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Coordinated Entry System Requirements, Continued

SBC&C CoC CES assessor training, continued

The Assessor Training is conducted by the CES Lead Agency, ISCUW 211+, and provided virtually or in-person as needed or requested by CES partner organizations, after completion of the HMIS New User and CE Agency trainings that are provided by the OHS HMIS Team. Assessor Training provides training on the following topics:

- Assessment instruments, such as the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT),
- Documentation, and
- Service delivery.

Examples of formal HUD materials for system and client-level assessments are available on the [HUD Exchange website](#). To ensure ongoing compliance with regulations, annual monitoring of HUD and other funding source communications shall be the responsibility of the Outreach and CES Committee and collaborate with the CES Lead Agency, ISCUW 211+.

Reference: San Bernardino County CES Training Manual

SBC&C CoC CES assessor training prerequisites

The SBC&C CoC CES has training prerequisites for Assessor Training. The following steps shall be followed by CES partner organizations prior to obtaining Assessor Training:

Step	Action
1	Complete the HMIS (Clarity) New User Training. Note: Contact OHS-HMISHelpDesk@hss.sbcounty.gov to register and attend.
2	Obtain access to HMIS (Clarity). Note: The OHS HMIS Team shall provide access after completion of the training and submission of required documents.
3	Complete the CE Agency Training. Note: Contact OHS-HMISHelpDesk@hss.sbcounty.gov to obtain the training videos.
4	Obtain access to CE Agency in HMIS (Clarity). Note: The OHS HMIS Team shall provide access after completion of the training videos.

Upon completion of these prerequisites, contact the CES Lead Agency, ISCUW 211+, to request Assessor Training.

SBC&C CoC CES additional training

The SBC&C CoC CES provides additional training to different audiences as needed or requested, including:

- *Public:* CES education and orientation for the public or others new to the CES concept.
 - Information is available on the SBCHP and ISCUW 211+ website and presented during training.
 - Training includes an introduction and explanation of what CES is and how to access it.
 - It is provided virtually or in-person, as needed, by OHS and the CES Lead Agency, ISCUW 211+.

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Coordinated Entry System Requirements, Continued

SBC&C CoC CES additional training, continued

- **Coordinated Entry (CE) Agency:** For HMIS users who use the CES, such as End-Users and/or Assessors.
 - Includes training on the following topics:
 - ✓ How to complete the Universal Assessment Form, and
 - ✓ Adding clients to the community, outreach, and housing queue.
 - Training consists of two videos that must be requested from the OHS HMIS Team at OHS-HMISHelpDesk@hss.sbcounty.gov.
 - It is provided virtually and in collaboration by the OHS HMIS Team and CES Lead Agency, ISCUW 211+.
 - For technical support on any of the topics, contact the OHS HMIS Team at OHS-HMISHelpDesk@hss.sbcounty.gov.
 - For additional training and program support on any of the topics, contact the CES Lead Agency, ISCUW 211+, at 211CES@iscuw.org.
- **HMIS (Clarity):** For new and current users of HMIS (Clarity).
 - New User Training is provided twice a month.
 - Refresher Training is provided every other month.
 - To attend and register for either training, email the OHS HMIS Team at OHS-HMISHelpDesk@hss.sbcounty.gov.

At the end of the CE Agency training video, a test shall be issued and displayed on the screen in which each trainee must obtain an 80% to pass and complete the training. Once this training is completed, the trainees get access to CE Agency, which is a master program enrollment in HMIS, to use the CES. The CE Agency training shall include a questionnaire and feedback form that is available to all trainees.

References:

- CES Provider Training Presentation
 - San Bernardino County CES Training Manual
-

Ongoing planning and stakeholder consultation

Ongoing planning and stakeholder consultation obtains feedback on the implementation of CES to:

- Address the quality and effectiveness of the CES experience for participating projects and households, and
- Make updates to the CES.

The SBC&C CoC CES ongoing planning and stakeholder consultation includes:

- Regular reports from the CES Lead Agency, ISCUW 211+, to the ICH, quarterly,
 - Activating the Outreach and CES Committee responsible for oversight of the CES operations and ongoing development of policies and procedures for evaluating regulatory compliance,
 - A comprehensive annual review process completed by the Outreach and CES Committee, including but not limited to:
 - Collection and analysis of data from CES partner organization surveys and focus groups,
 - A customer-consumer survey,
-

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Coordinated Entry System Requirements, Continued

Ongoing planning and stakeholder consultation, continued

- CES:
 - ✓ System performance, outcome, and user demographic data,
 - ✓ Management agency contract compliance data,
- Reports from OHS, and
- Feedback about CoC training and resources,
- Inviting representatives from the following groups to participate in the CES annual process:
 - Subregional,
 - Subpopulation,
 - Demographic diversity of the CoC, and
 - Community,
- The HUD CES review tool that guides the review to ensure each aspect of the requirements/processes is included in the evaluation,
- Reporting 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,
- Adding CES updates on the ICH/CoC agendas annually,
- Incorporating the identification of resources and funding as part of the consultation and coordination of the CES,
- Involving the following in the annual CES system review, revision, and transition:
 - CoC membership,
 - ICH,
 - Collaborative Applicant,
 - HMIS Lead,
 - ISCUW 211+, and
 - ESG entitlement areas,
- Identifying and committing resources beyond the CoC project award to support CES:
 - Operations,
 - Coordination,
 - Oversight, and
 - Management,
- Allowing various funding sources to use the CES, to the extent possible, and dedicating or identifying available resources 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,
- The Outreach and CES Committee's cooperation with ISCUW 211+ and community stakeholders to accomplish annual consultation and coordination planning,
- Inland SoCal United Way 211's collaboration with community stakeholders/funding sources who are required to use the CES and identification of funds or in-kind resources for CES operations,

Coordinated Entry System Requirements, Continued

Ongoing planning and stakeholder consultation, continued

- Written commitment of resources necessary for system implementation between the following groups who are required to utilize and receive funding for the CES:
 - CoC,
 - Formal partners, and
 - Stakeholders,
- Requiring the:
 - Entities receiving funds from programs that use the CES or with homelessness-dedicated funds to participate in funding the CES,
 - CoC and ICH to identify and allocate funding in addition to the CoC Renewal funds,
 - ICH to request the County Board of Supervisors (BOS) to advise county departments that receive state and federal funding for homelessness to identify and allocate funds or in-kind resources to support the CES, and
 - Recipients of CoC, ESG, and HHAP to identify and allocate funds for the CES, and
- Making updates and detailed procedures/workflows for each aspect of CES operations when policy changes occur.

Reference: CPD Notice 17-01, Section II.B.15

Outreach and CES Committee

The Outreach and CES Committee provides oversight of the CoC funded recipients and makes recommendations based upon documented outcomes. The Committee's responsibilities include:

- Reviewing and investigating complaints from the community on service delivery,
 - Monitoring the CoC's strategic, operational, fiscal, and grant performance of federal and state CoC funded programs,
 - Ensuring alignment between local, state and/or HUD strategic priority system performance measures and local performance measures as set or encouraged by the ICH,
 - Reviewing the:
 - Annual Performance Reports (APRs) of funded responsible organizations and/or programs and provide strategic recommendations regarding outcomes to the ICH, and
 - Data outcomes for CoC funded recipients,
 - Providing recommendations on current policies and procedures for:
 - Accessing the CoC homeless service delivery system, and
 - Complementing county contract compliance standards, and
 - Requiring CoC-funded partners and encourage participating organizations, that are not CoC-funded but have HMIS, to provide regular reports concerning the demand for service, service utilization, and housing outcomes.
-

Coordinated Entry System Processes

Introduction This section provides **guidelines for** the Coordinated Entry System (CES) processes.

CES overview The following overview **of the CES** provides a description of the path a household **shall** 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 **CES**.

CES entity - Outreach Outreach is a **CES** entity that ensures **unsheltered homeless** people are prioritized for help by providing **necessary** essential services.

Priority must 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 gives the highest priority to persons with this combination of factors.

In the CES, 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 assist in the entry of homeless persons in the Homeless Management Information System (HMIS).

Outreach shall be performed by following the steps below:

Step	Action
1	Engage the client to offer services at the client’s location.
2	Assess the client’s needs and conduct an initial screening (i.e., Universal Assessment Form on HMIS and/or internal program screening forms/questions).
3	Enroll the client into HMIS and/or connect the client to services.
4	Obtain required supporting documentation from the client.
5	Follow up with the client by connecting him/her to additional stable/permanent services.

References:

- United States (U.S.) Department of Housing and Urban Development (HUD) Community Planning and Development Notice 16-11
- Emergency Solutions Grant (ESG) program standards on 24 Code of Federal Regulations (CFR) 576.101

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Coordinated Entry System Processes, Continued

CES entity - Assessment

Assessment is a CES 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.

The Universal Assessment Form shall be conducted by all CES partner organizations. Staff completing the Universal Assessment Form shall advise persons of the rights to privacy and gain their informed consent to participate. Assessment staff and case managers who are assigned to individuals shall enter essential information for apparently homeless persons into HMIS.

An initial assessment shall include the following:

- Appropriateness for diversion or alternate services,
- Verification of homelessness, and
- **Reference: Homeless Verification Form**
- 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 vulnerability assessment tool. 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 shall be completed by individuals who have been trained and certified for assessment.

Prioritization is based on vulnerability across the following 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,
- Special needs, if applicable, and
- Hospitalizations and incarcerations.

Case conferencing shall help inform the prioritization process. Prioritization information is entered into HMIS which enables the creation of a By Name List (BNL) of those needing housing assistance.

Continued on next page

Coordinated Entry System Processes, Continued

CES entity – Enrollment into CES and housing case management

Enrollment into CES and housing case management is a **CES** entity in which each household that is assessed as needing more than diversion or emergency shelter (ES), **shall** be referred for enrollment in the CES prioritization **queue**. This enrollment **must be completed in HMIS by all regional access points, including the CES Lead Agency, Inland SoCal United Way (ISCUW) 211+**.

All persons assessed as needing housing services and enrolled in the CES **shall** be assigned to a CES coordinator or case manager. Once successfully referred to housing, each housing program **shall** provide **the following**:

- 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 entity – Housing navigation

Housing navigation is a **CES** entity **described as** housing search and placement services or activities necessary to assist program participants in locating, obtaining, and retaining suitable permanent housing.

The **SBC&C CoC** CES contracts with a **CES Lead Agency, ISCUW 211+**, designed to work in collaboration with participating CoC CES partner **organizations** to connect individuals and families experiencing homelessness throughout the county with safe decent and affordable housing. The **CES Lead Agency, ISCUW 211+**, plays a key role in facilitating identification and access to housing, including units beyond the CoC – ESG funded resources.

References:

- 24 CFR 576
- 24 CFR 576.105 (b)(1)

Types of assistance provided

The **CES Lead Agency, ISCUW 211+**, works in collaboration with participating partner agencies and service providers to provide participating households with the following types of assistance:

- Housing Identification and Placement,
- Recruiting landlords to provide housing opportunities for individuals and families experiencing homelessness,
- Addressing potential barriers to landlord participation such as concern about nature of rental assistance and tenant qualifications, and
- Helping 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

Coordinated Entry System Processes, Continued

Target population

The target population to be served by the CES process are people experiencing homelessness and at imminent risk of homelessness. Homelessness **shall** be defined in accordance with HUD's 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 **shall** 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 **shall** be assessed for prevention or diversion services as well as referred to emergency services. People who have a longer period of time before they will become homeless **shall** be referred to other prevention-oriented resources available in the community. People with higher apparent vulnerability such as an acute health issue **shall** be offered housing before non-vulnerable people.

The **SBC&C** CoC has adopted **HUD CPD Notice 16-11** for prioritization of Permanent Supportive Housing (PSH) units that are not dedicated or prioritized for chronic homelessness **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 is incorporated into the multi-phased assessment process and considered during CES case conferencing.

Reference: CPD Notice 16-11

Data collection

Data **shall** be collected on everyone who is assessed through the **CES** process. CES protocols, in addition to instructions embedded within the **vulnerability** assessment tool and process, detail when and how data about clients going through assessment **shall** be collected. All clients **shall** be:

- Advised of their rights with respect to Personally Identifiable Information (PII), and
- Given an opportunity to consent to have their information shared with others.

Continued on next page

Coordinated Entry System Processes, Continued

Data collection, continued

Once a client has been triaged and is deemed eligible for continued assessment, the assessment staff shall provide the client with additional information about their privacy rights. The assessor shall share the SBCHP CoC HMIS Client Consent & Information Release 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 shall 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 shall be given information explaining if this choice would prevent establishing eligibility for services, such as referral to public mainstream resources. At no time shall 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. In recognizing the need to stimulate community-wide planning and coordination of programs for individuals and families who are homeless, HUD requires 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.

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.

Continued on next page

Coordinated Entry System Processes, Continued

Staffing roles and expectations, continued

The table below identifies the **CES staff** responsibilities:

Staff	Responsibilities
<p>CES Lead Agency (ISCUW 211)</p>	<p>In the CES design, the CES Lead Agency (ISCUW 211+) is designated as the central coordinating entity. The CES design incorporates the services of the CES Lead Agency, ISCUW 211+, and partner organizations. The CES Lead Agency, ISCUW 211+, is responsible for the day-to-day administration of the CES, including but not limited to the following:</p> <ul style="list-style-type: none"> • Creating and widely disseminating materials regarding services available through the CES and how to access those services, • Designing and: <ul style="list-style-type: none"> – Delivering training at annually to all key stakeholder organizations, and – Executing ongoing quality control activities to ensure clarity, transparency, and consistency to remain accountable to the following throughout the coordinated access process: <ul style="list-style-type: none"> ✓ Clients, ✓ Referral sources, and ✓ Homeless service providers, • Ensuring: <ul style="list-style-type: none"> – Pertinent information is entered into HMIS for monitoring and tracking the process of referrals, including: <ul style="list-style-type: none"> ✓ Vacancy reporting, and ✓ Completion of assessments, – Implementation and processes are informed by feedback from a broad and representative group of stakeholders, and – CES daily operations comply with established policies and procedures, • Managing: <ul style="list-style-type: none"> – Case conferences to review and resolve denial of services decisions by the Housing Provider and refusals by clients to engage with Housing Provider guidelines, – An eligibility determination appeals process in compliance with the protocols as established by CoC policies, and – Processes as necessary to enable participation in the CES by providers not participating in HMIS, • Coordinating the subregional access and assessment partners to ensure effective and consistent implementation of CES in accordance with policies and contracts, • Periodically reviewing process and outcomes data to ensure the CES is functioning as intended, • Providing performance reports to the ICH at least quarterly, • Cooperating with the Outreach and CES Committee for ongoing review and evaluation of CES implementation, • Responding to inquiries from the following in a timely manner: <ul style="list-style-type: none"> – ICH, – HMIS Lead, and – Collaborative Applicant, • Making periodic adjustments to the CES as determined necessary, and • Updating CES policies and procedures to maintain compliance with HUD, CoC and State regulations.

Continued on next page

Coordinated Entry System Processes, Continued

Staffing roles and expectations, continued

Staff	Responsibilities
CES Program Manager	<p>The CES Lead Agency, ISCUW 211+, staffs the CES Program Manager position(s). The CES Program Manager is responsible for the management of the CES, including but not limited to the following:</p> <ul style="list-style-type: none"> • 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 Agency, ISCUW 211+, shall 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.

Continued on next page

Coordinated Entry System Processes, Continued

Evaluating and updating CES policies and procedures

The implementation of the CES necessitates significant, community-wide participation and coordination. To ensure the system is effective and manageable for the following groups, particularly during the early stages of implementation, the CoC works with the Outreach and CES Committee to update the policies and procedures for implementing the CES:

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

To inform of the adjustments, the CES shall be evaluated annually. The CES Lead Agency, ISCUW 211+, convenes and manages ongoing opportunities for stakeholder feedback, including but not limited to:

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

The CES Lead Agency, ISCUW 211+, is responsible for the following:

- Cooperating with the Outreach and CES Committee to ensure annual efforts that confirm 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 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 are informed by metrics established annually by the Outreach and CES Committee and collected by the CES Lead Agency, ISCUW 211+, in conjunction with the following:

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

These metrics shall include indicators of effectiveness for the functioning of the CES, 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 Housing Providers,
 - 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.

Continued on next page

Coordinated Entry System 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.

Reviewing and investigating community complaints/grievances

Below is the process that shall be followed when reviewing and investigating community complaints:

Stage	Who	Description						
1	Reporting Party	<p>Complete the Complaint/Grievance Form to include details of the complaint/grievance and send via email to the Office of Homeless Services (OHS) at OHSCommunityConcerns@hss.sbcounty.gov.</p> <p>Note: OHSCommunityConcerns@hss.sbcounty.gov is a general email inbox that shall only receive community complaints/grievances.</p>						
2	OHS	<ul style="list-style-type: none"> • Forward the Complaint/Grievance Form to the Outreach and CES Committee for an initial review. • An “automatic reply” shall be sent to the reporting party acknowledging the complaint/grievance. 						
3	OHS / Outreach and CES Committee	<p>Conduct an initial review to determine whether to assign the matter for a formal investigation.</p> <table border="1"> <thead> <tr> <th>If it's determined...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>To move forward with the investigation,</td> <td>An investigation team will be assigned to proceed with steps 4-10.</td> </tr> <tr> <td>Not to move forward with the investigation,</td> <td>The reporting party shall be notified in writing of the decision no later than 10 calendar days after the decision is made.</td> </tr> </tbody> </table>	If it's determined...	Then ...	To move forward with the investigation,	An investigation team will be assigned to proceed with steps 4-10.	Not to move forward with the investigation,	The reporting party shall be notified in writing of the decision no later than 10 calendar days after the decision is made.
If it's determined...	Then ...							
To move forward with the investigation,	An investigation team will be assigned to proceed with steps 4-10.							
Not to move forward with the investigation,	The reporting party shall be notified in writing of the decision no later than 10 calendar days after the decision is made.							
4	OHS / Outreach and CES Committee	<p>Complete the Notice of Complaint/Grievance and send to the provider within seven business days of receiving the complaint/grievance to notify the provider of the complaint/grievance and date to conduct an onsite programmatic review.</p>						

Continued on next page

Coordinated Entry System Processes, Continued

Reviewing and investigating community complaints/grievances, continued

Stage	Who	Description
5	Outreach and CES Committee designated representative(s)	<p>Conduct the investigation based on the factors listed on the Community Complaint/Grievance Investigation Checklist, such as:</p> <ul style="list-style-type: none"> • Interview(s) with the following: <ul style="list-style-type: none"> – Agency, – Client, and/or, – Witnesses, and • Number of complaints: <ul style="list-style-type: none"> – Filed by the client, if any, and – Received for the provider in the last 12 months, • Onsite programmatic review at the provider's location, and • Review of: <ul style="list-style-type: none"> – Funding streams, – HMIS files and/or case notes, – Years in service, and – Any active CoC contracts or Memorandums of Understanding (MOUs). <p>Notes:</p> <ul style="list-style-type: none"> • The Outreach and CES Committee designated representative(s) must be from outside of the region the complaint/grievance is coming from. • The investigation shall be completed within 30 business days from the date of acknowledgement, with the ability for extensions based on the complexity of the complaint/grievance.
6	Outreach and CES Committee designated representative(s)	Conduct an onsite programmatic review at the provider's location.
7	Outreach and CES Committee designated representative(s)	<p>Complete a report of the programmatic review that includes discrepancies or negative findings that were noted (if any) and corrective action(s) to remedy the issues within the recommended timeframe.</p> <p>If no discrepancies or negative findings are noted, provide an update to the reporting party within 10 business days.</p> <p>Notes:</p> <ul style="list-style-type: none"> • The report shall be shared with the Outreach and CES Committee and provider within seven business days after completing the onsite programmatic review. • The timeframe to correct the issue(s) will depend on the discrepancies or negative findings.

Continued on next page

Coordinated Entry System Processes, Continued

Reviewing and investigating community complaints/grievances, continued

Stage	Who	Description						
8	Outreach and CES Committee designated representative(s)	Schedule the follow up meeting with the provider within the timeframe recommended by the Outreach and CES Committee to ensure issues are resolved.						
		<table border="1"> <thead> <tr> <th>If the discrepancies or negative findings are...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>Not resolved or corrected,</td> <td> <ul style="list-style-type: none"> Additional recommendations shall be made to the Outreach and CES Committee. The Outreach and CES Committee shall review the recommendations and choose to provide additional guidance or recommendations to the Interagency Council on Homelessness (ICH), which may include formal sanctions. </td> </tr> <tr> <td>Resolved or corrected,</td> <td>Notify the provider within 10 business days.</td> </tr> </tbody> </table>	If the discrepancies or negative findings are...	Then ...	Not resolved or corrected,	<ul style="list-style-type: none"> Additional recommendations shall be made to the Outreach and CES Committee. The Outreach and CES Committee shall review the recommendations and choose to provide additional guidance or recommendations to the Interagency Council on Homelessness (ICH), which may include formal sanctions. 	Resolved or corrected,	Notify the provider within 10 business days.
		If the discrepancies or negative findings are...	Then ...					
Not resolved or corrected,	<ul style="list-style-type: none"> Additional recommendations shall be made to the Outreach and CES Committee. The Outreach and CES Committee shall review the recommendations and choose to provide additional guidance or recommendations to the Interagency Council on Homelessness (ICH), which may include formal sanctions. 							
Resolved or corrected,	Notify the provider within 10 business days.							
Resolved or corrected,	Notify the provider within 10 business days.							
9	OHS / Outreach and CES Committee	Notify and provide an update of the complaint to the reporting party within 90 business days of receiving the complaint/grievance.						
10	OHS / Outreach and CES Committee	Save and file all documents relating to the investigation for seven years.						

The provider can appeal the investigation process for a complaint/grievance, but not the decision(s) determined by the Outreach and CES Committee. To appeal the investigation process, the provider shall send an email to OHS at OHSCommunityConcerns@hss.sbcounty.gov so it can be forwarded to the Outreach and CES Committee for review and consideration.

Reference: Community Complaint/Grievance Resolution Process

Community complaint/grievance risk level

OHS, in collaboration with the Outreach and CES Committee (depending upon the complaint) will assign a risk level to the community complaint/grievance. When a community complaint/grievance is high risk or indicates a high level of concern, the Outreach and CES Committee may place a hold on further referrals during the investigation process with approval from OHS, ICH, and/or the designee. The table below provides examples of high, medium, and low risk community complaints/grievances.

High	Medium	Low
<ul style="list-style-type: none"> Health and Safety issues Discriminatory Conduct Unethical behavior 	<ul style="list-style-type: none"> Not responding to requests in a timely manner Overdue reports/ information Failure to provide appropriate service(s) 	Discrepancy in services received and the requirements of the contract

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Coordinated Entry System Processes, Continued

Notice of Complaint/ Grievance

San Bernardino County Homeless Partnership

Interagency Council on Homelessness
Administrative Office
560 E. Hospitality Lane, Suite 200, San Bernardino, CA 92408-0044
Office: (909) 383-0810



Date

Agency Name
Street Address
City, State, Zip Code

Re: Filed Community Complaint/Grievance

To Agency Director/Chief Executive Officer (CEO) Name:

This letter is to inform you of a community complaint/grievance filed against your agency on [Date] regarding [description of the complaint/grievance].

The Outreach and Coordinated Entry System (CES) Committee is responsible for investigating community complaints/grievances filed against agencies within the San Bernardino County Continuum of Care (CoC).

The Outreach and CES Committee plans to conduct an onsite programmatic review at your agency's site on [Date]. Please ensure that staff and anyone else needed to review the complaint/grievance and assist during the programmatic review is present during this time.

Sincerely,



Chair, of the Outreach and CES Committee
San Bernardino County CoC

Members of the Interagency Council on Homelessness

Members of the Board of Supervisors
City of Barstow
Housing Authority of the County of San Bernardino
San Bernardino Law and Justice Group
San Bernardino County Superintendent of Schools

City of Rancho Cucamonga
Town of Yucca Valley
Community Development and Housing Agency
Mountain Regional City Representative
Members of the Homeless Provider Network

City of San Bernardino
Department of Behavioral Health
San Bernardino County Human Services
Homeless Representative

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Coordinated Entry System Processes, Continued

Compliant/ Grievance Form

Complaint/Grievance Form

Instructions:

If you have a complaint/grievance that you would like to file regarding a violation from a community agency, please complete the following information. The complaint/grievance will be investigated and an update will be provided within 90 business days of receiving the complaint/grievance.

Name of Person Making Complaint:		Date of event(s):	
Statement of Complaint – Please provide details of the situation and complaint including any specific dates (If more space is needed, continue to the back of the form or attach another document.)			
May we contact you for further information? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you consent to release your information to the community agency you are filing the complaint against? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please provide contact information:			
a. Primary Phone Number (if available)			
b. Email Address (if available)			
c. Address (if available)			
d. Secondary Phone Number			
What is the best method to contact you? <input type="checkbox"/> Phone <input type="checkbox"/> Email			
Signature of Person Making Complaint:		Date:	
This form can be submitted via email to the Office of Homeless Services (OHS) at OHSCCommunityConcerns@hss.sbcounty.gov			

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 for the Universal Assessment Form questions.	
3	If ... The Universal Assessment Form determines the client qualifies for CES services,	Then ... Make a referral to the CES Lead Agency, ISCUW 211+ , by registering the client's information in HMIS.
	The Universal Assessment Form determines the client does not qualify for CES 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.

Continued on next page

Coordinated Entry System Processes, Continued

Universal Assessment Form

SAN BERNARDINO UNIVERSAL ASSESSMENT

Assessment Date	05/02/2024 
Assessment Location	<input type="button" value="ADD LOCATION"/>
Regional Access Point	Select 
Translation Assistance Needed	Select 
LIVING SITUATION	
In Permanent Housing	<input type="checkbox"/>
Prior Living Situation - Type of Residence (HoH and Adults ONLY)	Select 
Did you sleep on the streets, emergency shelter, or safe haven last night? (Head of Household and Adults)	Select 
Approximate Date Homelessness Started	__/__/__ 
Times Homeless in the Past Three Years	Select 
Total Months Homeless in the Past Three years	Select 
Specify Number of Months/Years Homeless	
DISABLING CONDITIONS AND BARRIERS	
Disabling Condition	Select 
HIV - AIDS	Select 
Survivor of Domestic Violence	Select 
MONTHLY INCOME AND SOURCES	
Income from Any Source	Select 
Total Cash Income Amount	0.00
Receiving Non-Cash Benefits	Select 
HEALTH INSURANCE	
Covered by Health Insurance	No 
OUTREACH	
Does this person have verification of homelessness in HMIS?	Select 
Outreach Location	<input type="button" value="ADD LOCATION"/>
Private	<input type="checkbox"/>

SAVE

CANCEL

Note: As this form is filled out, it may prompt additional questions to display based on the responses. If needed, contact the Office of Homeless Services (OHS) HMIS Team for access or support, OHS-HMISHelpDesk@hss.sbcounty.gov.

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Coordinated Entry System Processes, Continued

Housing assessment process – Enrollment in the CES

The CES Lead Agency (ISCUW 211+), street outreach teams that are part of the county's CORE approach, and regional access points will conduct the following steps for enrollment in the CES:

Step	Action
1	Gathering the Universal Data Elements.
2	Obtaining informed client consent regarding privacy.
3	Registering the individual in the HMIS.
4	Uploading client supporting documentation (i.e., social security number [SSN] card, Identification [ID] card, etc.) into HMIS, if applicable.
4	Beginning the phased reassessment process using the Universal Assessment Form.

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 assessment tool, is deemed appropriate.

The vulnerability assessment tool is only one component of assessment. This tool is described as follows:

- 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.

Continued on next page

Coordinated Entry System Processes, Continued

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 **CES Lead Agency, ISCUW 211+, designated staff** issue recommendations to make the appropriate match and referral. As part of the person’s full assessment, the **vulnerability assessment tool** or another numeric scoring tool selected by the CoC will be used to indicate the housing intervention to be considered, such as the following:

Score	Housing Intervention
0-3 for individuals or families	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> – Families may also qualify for the following: <ul style="list-style-type: none"> ✓ Cal-Works housing programs, ✓ No Child Left Unsheltered (NCLU), or ✓ Other mainstream resources. – Veterans may also qualify for the following: <ul style="list-style-type: none"> ✓ Supportive Services for Veterans Families (SSVF), ✓ Veterans Affairs (VA) benefits, and ✓ Other mainstream resources.
4-7 for individual or 4-8 for families	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> – Example: If clients score for RRH and meet the following criteria, they should also be referred to PSH programs (based on availability): <ul style="list-style-type: none"> ✓ 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	<ul style="list-style-type: none"> • PSH referrals will be provided, as available. • RRH referrals will be provided, if appropriate. • Additionally, a referral will be provided to an AH program and any population-specific housing resource that applies to them. <p>Note: Must have a diagnosable disability.</p>

Notes:

- The vulnerability assessment tool score is confidential and **cannot** be shared with the client to ensure all people have equal opportunity to services; however, the housing intervention range may be shared if the client insists.
- Housing interventions are limited based on availability and additional resources may be provided to eligible individuals and families.

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Coordinated Entry System Processes, Continued



Chronically Homeless:

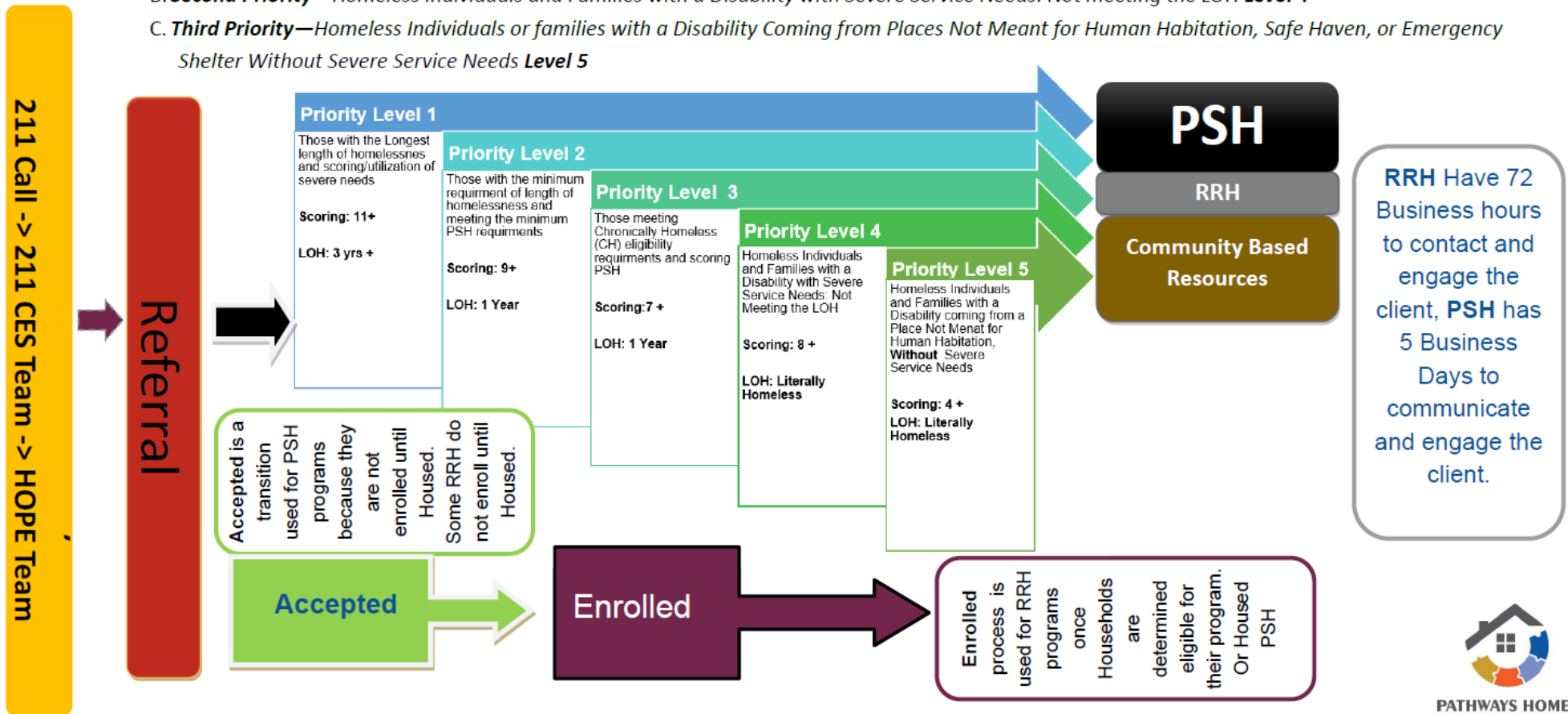
Requires an individual or head of household to have a disability and to have been living in a place not meant for human habitation, in an emergency shelter, or in a safe haven for at least 12 months either continuously or cumulatively over a period of at least 4 occasions in the last 3 years.

A. **First Priority**—Homeless Individuals or Families with a Disabling Condition with Long Periods of Episodic Homelessness and Severe Service Needs

Level 1, 2, 3 *** Length of Homelessness (LOH)

B. **Second Priority**—Homeless Individuals and Families with a Disability with Severe Service Needs: Not meeting the LOH **Level 4**

C. **Third Priority**—Homeless Individuals or families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs **Level 5**



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Coordinated Entry System Processes, Continued

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.
-

Prioritization Review Committee

A Prioritization Review Committee will be established to review client prioritization. This committee would be comprised of the following representatives:

- Coordinated Outreach Resources and Engagement Program (CORE),
- CES Lead Agency, ISCUW 211+,
- One primary and back-up from each region, and
- A non-conflicted provider.

To appeal a client's prioritization and request for it to be reviewed by the Prioritization Review Committee, the Prioritization Review Committee Recommendation Form will need to be completed and submitted to the committee.

Note: A non-conflicted provider refers to a provider who is not impacted by the decision or outcome.

Reference: Prioritization Review Committee Recommendation Form

Continued on next page

Coordinated Entry System Processes, Continued

**Prioritization
Review
Committee
Recommendation
Form**

Prioritization Review Committee

Recommendation Form

Today's Date: _____ Case Manager/Navigator: _____

Client Name: _____ HMIS #: _____

VI-SPDAT Score: _____ VI-SPDAT Completed On: _____

Client Currently Homeless In: _____

I am recommending this individual's housing need be prioritized.
Demonstration of need is based upon severe impairment related to:

- | | |
|---|--|
| <input type="checkbox"/> Medical Deterioration (see below) | <input type="checkbox"/> Disability Risk |
| <input type="checkbox"/> Significant Mental Health Symptoms (see below) | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Youth-at-Risk | <input type="checkbox"/> Chronic Homelessness Status |
| <input type="checkbox"/> Human Trafficking Risk | <input type="checkbox"/> Length of Homelessness |
| <input type="checkbox"/> Abuse/Trauma | <input type="checkbox"/> PSH (Grant Ending) |
| <input type="checkbox"/> Underage family members | <input type="checkbox"/> Other: _____ |

Medical or Mental Health – Related Need (if applicable):

Is the initial professional assessment available (circle one)? **Yes No**

Has the medical or mental health need been documented (circle one)? **Yes No**

Secondary verification available beyond case manager/navigator (circle one)? **Yes No**

Explanation/Justification:
CES Lead Entity Action:

Coordinated Entry System Workflow

Introduction

This section provides information regarding the Coordinated Entry System (CES) workflow.

CES workflow process overview

The CES workflow process is implemented to identify potential housing programs that match client needs. It is manually led by the CES Lead Agency, Inland SoCal United Way (ISCUW) 211+, designated staff who consider all factors to make appropriate referrals to a potential Housing Provider.

The CES Lead Agency, ISCUW 211+, designated staff continuously identify any basic needs, which include the following:

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

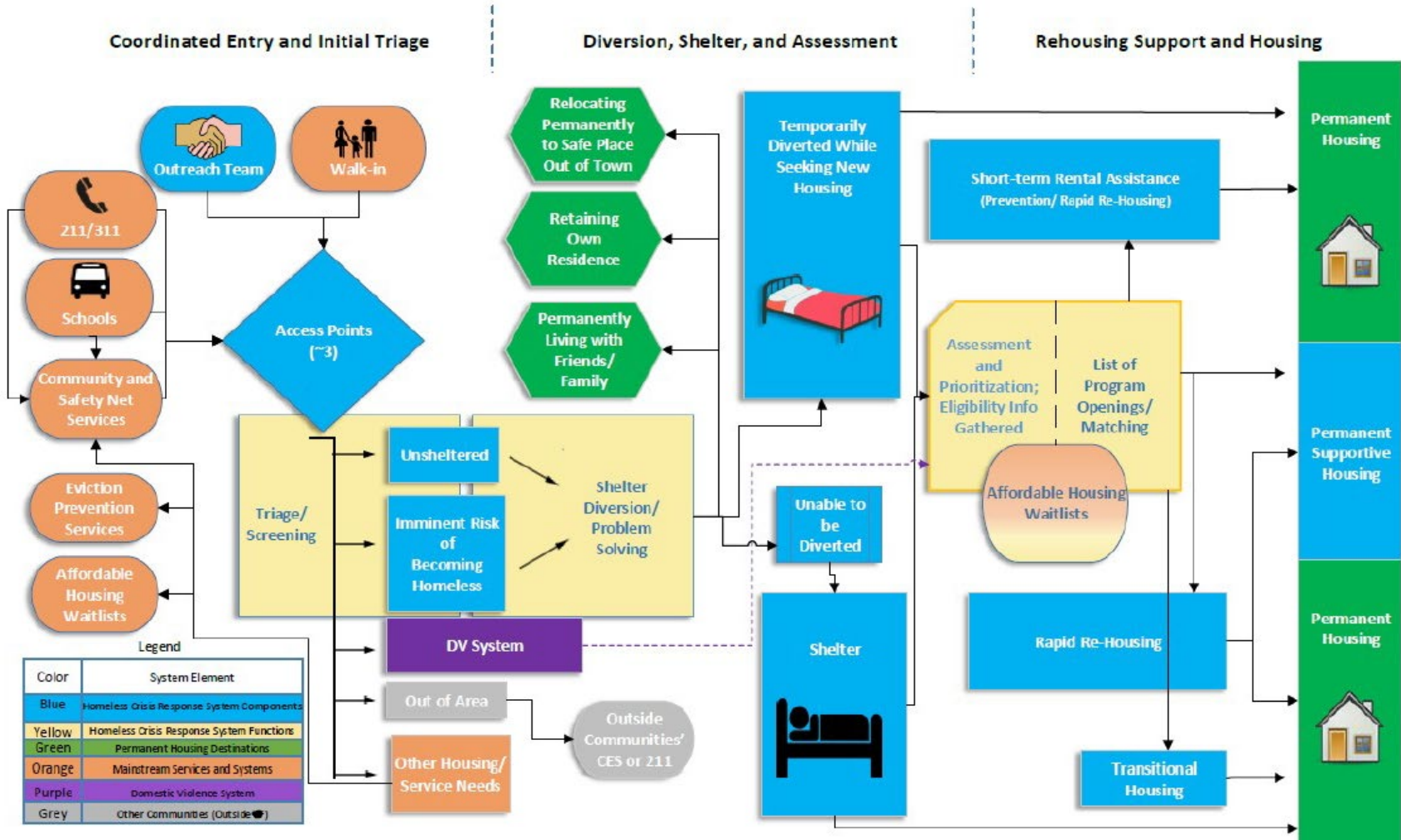
Once the client is contacted through outreach, community partners, or the CES Lead Agency (ISCUW 211+), a record will be created in the CES component of Homeless Management Information System (HMIS). The score reflected through the assessment phase provides a recommendation of what the client is eligible for.

Note: Identification of basic needs is based on the programs' availability.

Reference: System Map

Continued on next page

System Map



Coordinated Entry System Workflow, Continued

Assessment phase

The assessment phase of the CES includes the following steps that shall be performed when outreach staff are in the field or public assistance calls are received in the office:

Step	Action
1	Completing the Universal Assessment Form in HMIS and/or internal screening questions.
2	Gathering and uploading supporting documentation from the client, such as: <ul style="list-style-type: none"> • Identification (ID) Card, and/or • Social Security Number (SSN) card.
3	Connecting the client to appropriate outreach partners/providers, if unable to directly service the client.
4	Obtaining a signed release of information from the client, referred to as the San Bernardino County Homeless Partnership (SBCHP) CoC HMIS Client Consent & Information Release.
5	Completing the vulnerability assessment tool with the client.

Referral and matching phase

The referral phase of the CES is used to identify potential housing programs that will match client needs and includes the following stages:

Stage	Who	Description
1	CES Lead Agency, ISCUW 211+	Clients will be assessed and prequalified for available housing programs.
2	CES Lead Agency, ISCUW 211+	Refer the client to the Housing Provider and contact the Housing Provider via email and HMIS. Notes: <ul style="list-style-type: none"> • Only non-identifiable information will be shared. • Use the HMIS Client Identifier (ID) number.
3	Housing Provider	<ul style="list-style-type: none"> • Acknowledge receipt of referral by changing the status in HMIS from "pending" to "pending in process." • Attempt to make initial contact with the client within three business days, if the client is determined to be eligible for services. <ul style="list-style-type: none"> – Make three attempts within 14 business days to contact the client. If no contact is made, update the status in HMIS to "denied reason." – The three attempts to contact the client include the following: <ul style="list-style-type: none"> ✓ Contact with: <ul style="list-style-type: none"> ○ Outreach teams/coordinators, ○ Drop-in centers, and/or ○ Relevant service providers in the area where the client was last known to be or frequent, and ○ The CES partner agency in the relevant subregion, and ✓ Review of HMIS records seeking potential status of the person. <p>Note: All attempts made must be documented in HMIS.</p>
4	Housing Provider	Schedule an intake appointment within five business days as described in the Housing Provider Responsibilities – Initial Contact section in this policy.
5	CES Lead Agency, ISCUW 211+	Continue to follow-up with the client and referred program until HMIS reflects enrollment.

Continued on next page

Coordinated Entry System Workflow, Continued

Referral and matching phase, continued

Stage	Who	Description						
6	Housing Provider	Make a determination for enrollment or non-enrollment, as described in the Housing Provider Responsibilities – Enrollment Determination section in this policy.						
7	Housing Provider	Contact the CES Lead Agency, ISCUW 211+, to coordinate housing identification and placement.						
8	CES Lead Agency, ISCUW 211+	<ul style="list-style-type: none"> If no program is available when matching the client, the client will be placed on a By Name List (BNL). Pull the BNL data biweekly for review during case coordination. 						
9	CES Lead Agency, ISCUW 211+	<p>Once a housing program indicates a vacancy or upcoming availability,</p> <ul style="list-style-type: none"> Start the process of matching the client who is next on the BNL to the housing program requirements, such as: <ul style="list-style-type: none"> – TH, – Rapid Rehousing (RRH), and – Permanent Supportive Housing (PSH), and Refer the client to the Housing Provider and contact the Housing Provider via email and HMIS. 						
10	Housing Provider	Perform Step 3.						
11	Housing Provider	<ul style="list-style-type: none"> Make contact with the client. The client must decide immediately (within one business day) if they want to continue with the next steps. <p>Note: Ensure the client is still eligible for the program. Example: The client is no longer homeless and is couch surfing.</p>						
12	Housing Provider or CES Lead Agency, ISCUW 211+	<table border="1"> <thead> <tr> <th>If ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>The client accepts,</td> <td>The Housing Provider will enroll the client into the HMIS program and facilitate the 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 CES Lead Agency (ISCUW 211+) will re-determine the client's placement on the BNL, if applicable.</td> </tr> </tbody> </table>	If ...	Then ...	The client accepts,	The Housing Provider will enroll the client into the HMIS program and facilitate the intake appointment with the program.	The client declines,	Depending on the circumstances for not accepting the housing referral at that time, the CES Lead Agency (ISCUW 211+) will re-determine the client's placement on the BNL, if applicable.
		If ...	Then ...					
The client accepts,	The Housing Provider will enroll the client into the HMIS program and facilitate the intake appointment with the program.							
The client declines,	Depending on the circumstances for not accepting the housing referral at that time, the CES Lead Agency (ISCUW 211+) will re-determine the client's placement on the BNL, if applicable.							
<p>If the referral is declined, begin the process to identify the next eligible client on the BNL.</p>								
13	CES Lead Agency, ISCUW 211+	If the referral is declined, begin the process to identify the next eligible client on the BNL.						

BNL

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 United States (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 assessment tool or score on another numeric scoring tool selected by the CoC.

Continued on next page

Coordinated Entry System Workflow, Continued

Updating bed availability

The table below outlines the process to update bed availability for housing programs:

Stage	Who	Description
1	Housing Provider	Submit the following information to the CES Lead Agency, ISCUW 211+: <ul style="list-style-type: none"> • A census of available beds by completing the Housing Census distributed biweekly by the OHS HMIS Team, and • New bed openings any time they become available by sending an email to 211CES@iscuw.org.
2	OHS HMIS Team and CES Lead Entity (ISCUW 211+)	Update the bed availability in HMIS within 24 business hours of receiving updates from the Housing Provider.

Note: Only Matchmakers and System Administrators will have “Referrals Availability” access as part of their access role in HMIS.

Denied referrals

Clients whose referrals were denied but remain eligible for services within the Continuum of Care (CoC) shall be returned to the Community Queue in HMIS for a new referral if one becomes available prior to the next care coordination meeting.

If multiple clients are on the Community Queue, or if there is no availability, the clients on the Community Queue shall be prioritized for referral based on the internal process and reassessed for eligibility.

Procedure to deny referrals

When denying referrals, always use clear notes to provide context for the denial reason(s). The table below outlines the procedure of how to deny a referral in HMIS depending on the reason:

If a...	Then ...
Client is within CoC, but outside of local jurisdiction,	<ul style="list-style-type: none"> • Use the “Lack of Eligibility” option in HMIS as the denial reason, and • Send the client back to the Community Queue in HMIS. <p>Example: Client must live in Barstow to be eligible for programs, but lives in Victorville.</p>
Client has moved outside of the CoC altogether,	<ul style="list-style-type: none"> • Use the “Outside of Jurisdiction” option in HMIS as the denial reason, and • Do not send the client back to the Community Queue in HMIS.
Referral is denied and not returned to the Community Queue in HMIS,	<p>The client will be exited from the CES program.</p> <p>Note: Matchmakers will be notified of the denied referral and use the internal process to exit the person from the CES program.</p>

Auto-expired referrals

Per the internal process, clients whose referrals auto-expired because they were not moved to “Pending in Process” in HMIS shall be returned to the Community Queue in HMIS for a new referral if one becomes available prior to the next care coordination meeting.

Continued on next page

Coordinated Entry System Workflow, Continued

Auto-expired referrals, continued

If multiple people are on the Community Queue, or if there is no availability, the clients on the Community Queue shall be prioritized for referral based on the internal process.

Referral notifications

Matchmakers, agency contacts, and responsible staff will receive referral notifications through email. Staff shall perform the following steps to receive referral notifications through email:

Step	Action
1	Request access through their agency.
2	Submit a ticket to OHS-HMISHelpDesk@hss.sbcounty.gov to request additions to their agency's "Responsible Staff Members" list as their agency leadership determines appropriate.

Housing Provider responsibilities – Initial contact

The Housing Provider's responsibility during initial contact is to contact the client within three business days. If the client misses the appointment, the Housing Provider 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 CES Lead Agency, ICSUW 211, to determine next steps. The CES Lead Agency, ICSUW 211, will refer the next eligible client on the BNL to the program.

Housing Provider responsibilities – Response time and hours of operation

The Housing Provider has responsibilities for the response time and hours of operation when the CES Lead Agency (ICSUW 211) contacts the Housing Provider for a client referral request, including responding within 48 hours:

- On a business day, and
- After a non-business day (i.e., weekends, holidays, etc.).

Housing Provider responsibilities – Enrollment determination

The Housing Provider has the following responsibilities for enrollment determination:

- ES, TH, and RRH will 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 be enrolled into the program, include a reason (in writing) for denial by the client or program. Note: The referral must also be denied in HMIS.
3	Complete the form of Non-Enrollment Notification, which includes redirection to the CES Lead Agency, ICSUW 211, if applicable.

Continued on next page

Coordinated Entry System Workflow, Continued

Reasons for denial

Housing Providers may only deny individuals and families found eligible for and referred by the **designated CES staff** 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 **Housing Provider** has determined the individual or family cannot be safely accommodated,
 - Household contains more people than referred by the **designated CES staff** and **Housing Provider** 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 **Median 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 **Housing Provider** must do the following:
 1. Notify the **designated CES staff**,
 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 **Housing Provider** 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.
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 **in HMIS**.

Reference: 24 CFR 578

Continued on next page

Coordinated Entry System Workflow, Continued

Client's choice To ensure clients are aware of their choices, 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	<ul style="list-style-type: none"> • 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 designated CES staff to be assessed into the CES. The CES will perform the following: <ul style="list-style-type: none"> – 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 fleeing or attempting to flee the following: <ul style="list-style-type: none"> – 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.

Continued on next page

Coordinated Entry System Workflow, Continued

Referrals to and from other systems not using HMIS, continued

Population Type	Addressing the Needs						
Veterans	<ul style="list-style-type: none"> When an individual facing homelessness is identified as a veteran by the CES or participating parties (outreach), additional questions will be asked concerning the following: <ul style="list-style-type: none"> Service: <ul style="list-style-type: none"> ✓ 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: <ul style="list-style-type: none"> 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: <table border="1" data-bbox="446 808 1393 963"> <thead> <tr> <th>If ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>The veteran is not eligible for VA healthcare services,</td> <td>The veteran will be referred to a SSVF provider only</td> </tr> <tr> <td>The veteran is ineligible for all veteran programs,</td> <td>The veteran will continue in the CES for next steps.</td> </tr> </tbody> </table> 	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.
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 Lead Agency, ISCUW 211+, will work to leverage non-CoC funded resources, such as the following:

- Faith-based, and
- Room and board.

Note: The CES Lead Agency, ISCUW 211+, incorporates the existing efforts of the San Bernardino County Sheriff's Department Homeless Outreach & Proactive Enforcement (HOPE) Team and Homeless Provider Network (HPN).

CES Lead Agency (ISCUW 211) referrals

Once the client is enrolled and assigned to case management, he/she can be referred to the CES Lead Agency, ISCUW 211+. CES Lead Agency, ISCUW 211+, various responsibilities for services provided to eligible clients who are enrolled in CES Lead Agency, ISCUW 211+, programs as indicated in the CES Lead Agency, ISCUW 211+, Responsibilities section.

CES Lead Agency (ISCUW 211+) responsibilities

The CES Lead Agency, ISCUW 211+, will have responsibilities pertaining to the services provided including, but not limited to:

Service Type	Responsibilities
Landlord Recruitment and Retention Services	<ul style="list-style-type: none"> Identifying and building relationships with rental property owners and operators throughout the county to establish a variety of housing options for service-engaged households, and Establishing a centralized vehicle for receiving vacancy updates and responding to landlord-tenant concerns as they arise.

Continued on next page

Coordinated Entry System Workflow, Continued

ISCUW 211+ CES Lead Entity responsibilities, continued

Service Type	Responsibilities
Housing Search and Placement Services	<p>Leading 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:</p> <ul style="list-style-type: none"> • CoC, and • Emergency Solutions Grants (ESG).
Coordination with Participating Service Agencies	<p>Establishing collaborative partner agreements with participating agencies to deliver Memorandum of Understandings (MOUs) with agencies delineating the following for participation in the CES:</p> <ul style="list-style-type: none"> • Requirements, • Roles, and • Responsibilities.
Management and Prioritization	<p>Managing the process of determining and updating the prioritization for all CoC funded PSH and CoC and ESG funded RRH, as well as any other housing resources that voluntarily participate in the CES.</p>

Housing Provider responsibilities

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

Service Type	Responsibilities
Enrolling Participants in PSH	<ul style="list-style-type: none"> • Enrolling individuals and families assigned through the CES into their permanent housing program, • Assisting individuals and families with overcoming immediate barriers to obtaining stable housing, including bridge housing if needed, and • Connecting individuals and families with the Housing Identification Team. <p>Note: All outcomes are tracked in HMIS.</p>
Obtaining Participants Proper Homeless Verification Documents	<ul style="list-style-type: none"> • Disabled participants <ul style="list-style-type: none"> – Documenting acceptable evidence the participant has qualifying the disability, and – Obtaining documents, such as: <ul style="list-style-type: none"> ✓ 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. • Youth and families <ul style="list-style-type: none"> – Documenting there is evidence the client has a homeless status signed by local private non-profit organization, state, or local governmental entity responsible for administering assistance under that status.

Continued on next page

Coordinated Entry System Workflow, Continued

Housing Provider responsibilities, continued

Service Type	Responsibilities
Obtaining Participants Proper Homeless Verification Documents, cont.	<ul style="list-style-type: none"> - Providing 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: <ul style="list-style-type: none"> ✓ A lease, ✓ Ownership interest, or ✓ Occupancy agreement. - Obtaining any confirmation the program participant has persistent instability to continue for an extended period of time because of the following: <ul style="list-style-type: none"> ✓ Chronic disability, ✓ Chronic physical health, ✓ Mental health conditions, ✓ Substance abuse, ✓ History of domestic violence, and ✓ Etc. <p>Reference: Homeless Verification Form</p>
Housing Stabilization Case Management	<ul style="list-style-type: none"> • Working in collaboration with the CES Lead Agency, ISCUW 211+, and participant household to establish and implement a customized housing identification and stabilization plan, and • Assisting with the following needed by the household to achieve independent living and maintain long-term housing stability: <ul style="list-style-type: none"> - Direct services, and - Linkage to mainstream resources and community-based services.
Tenant-based Rental Assistance	<p>Ensuring 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:</p> <ul style="list-style-type: none"> • Move-in costs, • Deposits, • Utilities, and • Rental subsidy assistance.
Move-In	<ul style="list-style-type: none"> • If the homeless individual or family is accepted, the Housing Provider must document the acceptance in HMIS in a timely manner, and • If the client does not move-in as scheduled, the Housing Provider will notify the designated CES staff with updates in the housing placement progress.
Bed Availability	<p>Providing the following information to the CES Lead Agency, ISCUW 211+:</p> <ul style="list-style-type: none"> • A census of available beds by completing the Housing Census distributed biweekly by the OHS HMIS Team, and • New bed openings any time they become available by sending an email to 211CES@iscuw.org.

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 will include one representative from each region in San Bernardino County.
-
- HIP Team referrals** Once the client is enrolled and assigned to case management through the Coordinated Entry System (CES), he/she can be referred to the HIP Team.
-
- 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	<ul style="list-style-type: none"> 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	<p>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:</p> <ul style="list-style-type: none"> CoC, and Emergency Solutions Grants (ESG).
Coordination with Participating Service Agencies	<p>Establishing collaborative partner agreements with participating agencies to deliver Memorandums of Understanding (MOUs) with agencies delineating the following for participation in the CES:</p> <ul style="list-style-type: none"> Requirements, Roles, and Responsibilities.

Housing Providers Housing Providers will have responsibilities pertaining to the services provided. For Housing Provider responsibilities, refer to the “Housing Provider responsibilities” section of this policy.

Continued on next page

Housing Identification and Placement Team, Continued

HIP Team referral process

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

Stage	Who	Description
1	CES Lead Agency, Inland SoCal United Way 211	Assign the eligible household to the Housing Provider's program.
2	Housing Provider	Enroll the household, which includes the following: <ul style="list-style-type: none"> • Conduct the agency intake and enrollment process, • Identify "bridge housing" options if needed, as available, • Complete the: <ul style="list-style-type: none"> – Housing Assessment Template, – ESG Housing Stability Plan, and – Homeless Verification Form, and • Obtain income verification.
3	Housing Provider	<ul style="list-style-type: none"> • Submit the following documentation to the HIP Team: <ul style="list-style-type: none"> – Housing Assessment Template, – ESG Housing Stability Plan, – Homeless Verification Form, and – Income Verification. <p>Note: The preferred method is to upload this documentation to the participant's HMIS file. These documents can also be sent directly by secure/encrypted email if HMIS is not accessible to upload on the participant's file.</p> <ul style="list-style-type: none"> • Notify the HIP Team via email regarding a new prospective tenant referral.
4	HIP Team	Contact the Housing Provider point of contact for a new participant within one business day to agree on housing identification and placement strategy for the participant, including: <ul style="list-style-type: none"> • Identifying the participant's: <ul style="list-style-type: none"> – Housing needs, – Preferences, – Barriers, and – Financial resources, • Agreeing to the: <ul style="list-style-type: none"> – Communication/coordination protocols between the HIP Team and Housing Provider, and – Timeframe for search strategy and follow-up with identified targets.
5	HIP Team	Perform customized Housing Search for unit(s) in target communities meeting Housing Provider specifications, utilizing target units and/or locations: <ul style="list-style-type: none"> • In the countywide database, and • By the: <ul style="list-style-type: none"> – Countywide HIP Team, and – Participant.

Continued on next page

Housing Identification and Placement Team, Continued

HIP Team referral process, continued

Stage	Who	Description								
6	HIP Team	<ul style="list-style-type: none"> • Make contact with target landlords as follows: <table border="1" data-bbox="548 352 1399 1050"> <thead> <tr> <th data-bbox="548 352 737 384">If ...</th> <th data-bbox="737 352 1399 384">Then ...</th> </tr> </thead> <tbody> <tr> <td data-bbox="548 384 737 642">It's a new landlord,</td> <td data-bbox="737 384 1399 642"> <ul style="list-style-type: none"> • Make initial contact as follows: <ul style="list-style-type: none"> • Introduce general program concepts, • Provide the Landlord Packet, • Review: <ul style="list-style-type: none"> – The prospective tenant profile, – Housing Provider program, – Lease up process, and – Other required items. </td> </tr> <tr> <td data-bbox="548 642 737 800">The landlord is willing to become a partner,</td> <td data-bbox="737 642 1399 800"> <ul style="list-style-type: none"> • Enter the prospective landlord or property management organization into the appropriate database, and • Secure agreements and screenings, as appropriate. </td> </tr> <tr> <td data-bbox="548 800 737 1050">It's currently a participating landlord,</td> <td data-bbox="737 800 1399 1050"> <ul style="list-style-type: none"> • Make personal introduction for the Housing Provider or provide contact information to the Housing Provider who makes initial contact to pitch the prospective applicant depending on: <ul style="list-style-type: none"> • Landlord and Housing Provider circumstances, and/or • Whether the Housing Provider agrees to the Countywide Housing Navigation Team guidelines. </td> </tr> </tbody> </table> • Create arrangements for the participant to view the unit, as appropriate, with the following preliminary steps: <ul style="list-style-type: none"> – Having the participant tour the neighborhood, and – Ensuring the participant completes the rental application in advance of viewing, if appropriate. <p>Note: Possibly have the rental application submitted ahead of time or to be brought to the viewing.</p> <ul style="list-style-type: none"> – Participant views the unit with the Housing Provider 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. 	If ...	Then ...	It's a new landlord,	<ul style="list-style-type: none"> • Make initial contact as follows: <ul style="list-style-type: none"> • Introduce general program concepts, • Provide the Landlord Packet, • Review: <ul style="list-style-type: none"> – The prospective tenant profile, – Housing Provider program, – Lease up process, and – Other required items. 	The landlord is willing to become a partner,	<ul style="list-style-type: none"> • Enter the prospective landlord or property management organization into the appropriate database, and • Secure agreements and screenings, as appropriate. 	It's currently a participating landlord,	<ul style="list-style-type: none"> • Make personal introduction for the Housing Provider or provide contact information to the Housing Provider who makes initial contact to pitch the prospective applicant depending on: <ul style="list-style-type: none"> • Landlord and Housing Provider circumstances, and/or • Whether the Housing Provider agrees to the Countywide Housing Navigation Team guidelines.
If ...	Then ...									
It's a new landlord,	<ul style="list-style-type: none"> • Make initial contact as follows: <ul style="list-style-type: none"> • Introduce general program concepts, • Provide the Landlord Packet, • Review: <ul style="list-style-type: none"> – The prospective tenant profile, – Housing Provider program, – Lease up process, and – Other required items. 									
The landlord is willing to become a partner,	<ul style="list-style-type: none"> • Enter the prospective landlord or property management organization into the appropriate database, and • Secure agreements and screenings, as appropriate. 									
It's currently a participating landlord,	<ul style="list-style-type: none"> • Make personal introduction for the Housing Provider or provide contact information to the Housing Provider who makes initial contact to pitch the prospective applicant depending on: <ul style="list-style-type: none"> • Landlord and Housing Provider circumstances, and/or • Whether the Housing Provider agrees to the Countywide Housing Navigation Team guidelines. 									
7	HIP Team	<p>Conduct the following if the participant is accepted by the landlord for a unit:</p> <ul style="list-style-type: none"> • Do not have the participant sign the lease at this stage, • Identify next steps in the lease-up process for the landlord, such as completing required paperwork, • Conduct the following reviews: <ul style="list-style-type: none"> – Housing Quality Standards (HQS), for CoC, – Other appropriate inspections, such as Habitability Standards (for ESG), and – Rent reasonableness, and • Negotiate inspection and/or identify rent reasonable issues in collaboration with the Housing Provider. 								

Continued on next page

Housing Identification and Placement Team, Continued

HIP Team referral process, continued

Stage	Who	Description
8	Housing Provider	<p>Conduct the following if the rental agreement is approved for the participant to move-in:</p> <ul style="list-style-type: none"> • Complete the rent subsidy agreement with the landlord, • Have the participant sign the rental agreement, • Provide the following to the landlord immediately unless other payment arrangements agreed to are in writing: <ul style="list-style-type: none"> – Deposit payment, and – First month's rent. <p>Note: This must be done in accordance with HUD guidelines.</p> <p>Note: A Release of Information must be signed by all parties to share participant Personally Identifiable Information (PII).</p>
9	Housing Provider	<p>Conduct the following once the participant takes possession of unit:</p> <ul style="list-style-type: none"> • Assist the participant with move-in arrangements and utility start-up, and • Provide the participant with the keys to the unit on the initial lease start date.
10	Housing Provider and HIP Team	<p>Follow-up and respond to tenancy issues in accordance with the Countywide HIP Partnership Agreement, when available.</p>

Note: All CoC and ESG funded agencies must participate in the coordinated entry process.

Appendix A: Recordkeeping Recommendations for CoCs that have Adopted the Orders of Priority in CPD Notice 16-11

Introduction This appendix outlines the 24 Code of Federal Regulations (CFR) 578.103(a)(4) which provides the recordkeeping recommendations for Continuum of Cares (CoCs) that have adopted the orders of priority in the United States (U.S.) Housing and Urban Development’s (HUD’s) Community Planning and Development (CPD) Notice 16-11.

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, HUD expects CoCs to adopt the orders of priority in Section III of the CPD Notice 16-11 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	<ul style="list-style-type: none"> • The recipient is able to determine the severity of needs as defined in Section I.D.3. of CPD Notice 16-11 using data-driven methods, such as: <ul style="list-style-type: none"> – 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	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> – 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.

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Appendix A: Recordkeeping Recommendations for CoCs that have Adopted the Orders of Priority in CPD Notice 16-11,

Continued

Background, continued

Evidence Type	Description
<p>Evidence there are no households meeting higher order of priority within the CoC's geographic area</p>	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> – CoC's geographic area, or – The smaller defined geographic area within the CoC's geographic area. <p>Note: For CoCs that implement a sub-CoC planning and housing and service delivery approach.</p> • This documentation should: <ul style="list-style-type: none"> – Include evidence of the outreach efforts that had been undertaken to locate: <ul style="list-style-type: none"> ✓ 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: <ul style="list-style-type: none"> ✓ Number of persons who are chronically homeless that meet this condition, and ✓ The attempts that have been made to engage the individual or family. <p>Note: Where a CoC is using a single prioritized list, the recipient of PSH may refer to this list as evidence.</p> • 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: <ul style="list-style-type: none"> – CoC's geographic area, or – The smaller defined geographic area within the CoC's geographic area. <p>Note: For CoCs that implement a sub-CoC planning and housing and service delivery approach.</p> • 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 B: Community Complaint/Grievance Resolution Process

Introduction

The Outreach and CES Committee fields the procedure for resolving complaints/grievances filed against agencies within the San Bernardino County Continuum of Care (CoC). Specific procedures may be developed in line with and in addition to those provided in this procedure. Additionally, the Outreach and CES Committee will ensure community complaints/grievances received about a contractor/provider are addressed properly and the resolutions are documented.

This section provides procedures for addressing community complaints/grievances.

Complaint/grievance definition

A complaint or grievance is a concern indicating the following:

- A service request was not rendered as outlined in the contract or Memorandum of Understanding (MOU),
- Inappropriate actions occurred during services,
- Services were not performed timely, and/or
- Alleging other concerns related to the quality of services.

The complaint/grievance may be submitted by a client, agency, and/or department.

Timeliness

The community complaint/grievance process must be completed timely, according to guidelines, to ensure issues are resolved quickly. An update will be provided within 90 business days of receiving the complaint/grievance.

Note: A final resolution may not be available within the 90 business days.

Instructions

If you believe you have been discriminated against, there has been a violation of any laws or regulations, or you have a problem regarding services received, you have the right to file a complaint/grievance. The following procedures are to be followed when filing a complaint/grievance:

Step	Action
1	<p>Write down your complaint/grievance and talk to the service provider. Keep a copy for yourself and write down the date you talked to the service provider within one week of the discrimination/violation/problem.</p> <ul style="list-style-type: none"> • If answered or resolved at this step, nothing further is required. • If not answered or resolved within 10 calendar days, proceed with step two.
2	<p>Send a copy of your written complaint/grievance with the service provider and the completed Complaint/Grievance Form along with any supporting documents within one week of step one to the Office of Homeless Services (OHS) at OHSCCommunityConcerns@hss.sbcounty.gov.</p> <ul style="list-style-type: none"> • You will be contacted within 10 calendar days of filing the complaint/grievance. • An investigation will be completed and an update will be provided within 90 business days of receiving the complaint/grievance. • If answered or resolved at this step, nothing further is required. <p>If there is no resolution, additional guidance or recommendations will be made to the Interagency Council on Homelessness (ICH) within 120 business days.</p>

Appendix B: Community Complaint/Grievance Resolution Process, Continued

Additional resources

The following are additional resources available for filing complaints pertaining to discrimination:

- U.S. Department of Housing and Urban Development, and
 - California Civil Right Department
-

Appendix C: Community Complaint/Grievance Investigation Checklist

Name of Agency/Provider whom the complaint was filed for:
Name of Reporting Party:
Date of Complaint:
Contact Person of the Agency/Provider:
Agency Address:
Agency Phone:
Agency Email:
Agency Website:

Outreach and CES Committee designated representative(s):
Date complaint received by OHS and Outreach and CES Committee:
Complaint #:

	I. Steps when the complaint is received	Timeframe	Result
<input type="checkbox"/>	First ensure the reporting party and any other alleged victims are safe and free from further issues/harassment during course of investigation (until permanent resolution is decided).	Within 24 hours	
<input type="checkbox"/>	Notify the reporting party that the complaint/grievance is received.	Within 48 hours	
<input type="checkbox"/>	Determine who should be involved in investigation (names of the reporting party, alleged offender(s), witnesses, etc.). Limit discussion of incident to these individuals.	Within 72 hours	
<input type="checkbox"/>	Prepare the notice of complaint and send to the agency/provider.	Within 7 business days	
<input type="checkbox"/>	If there is no validity to the complaint/grievance, send out notice to the reporting party.	Within 10 calendar days	
	II. Consider the order in which the investigation will be conducted:	Timeframe (all days are based on the date of complaint)	Result
<input type="checkbox"/>	Review past reporting parties (if applicable).	Within 10 business days	
<input type="checkbox"/>	Review agency/provider profile.	Within 10 business days	
<input type="checkbox"/>	Schedule interview of the reporting party to discuss any factual questions concerning the investigation.	Within 15 business days	
<input type="checkbox"/>	Schedule interview with the agency/provider to discuss any factual questions regarding the investigation	Within 20 business days	
<input type="checkbox"/>	Schedule interview of witnesses (if applicable).	Within 30 business days	

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Appendix C: Community Complaint/Grievance Investigation Checklist, Continued

	II. Consider the order in which the investigation will be conducted:	Timeframe (all days are based on the date of complaint)	Result
<input type="checkbox"/>	Review past reporting parties (if applicable).	Within 10 business days	
<input type="checkbox"/>	Review agency/provider profile.	Within 10 business days	
<input type="checkbox"/>	Schedule interview of the reporting party to discuss any factual questions concerning the investigation.	Within 15 business days	
<input type="checkbox"/>	Schedule interview with the agency/provider to discuss any factual questions regarding the investigation	Within 20 business days	
<input type="checkbox"/>	Schedule interview of witnesses (if applicable).	Within 30 business days	
	III. After the interviews are completed, the Outreach and CES Committee should:	Timeframe	Result
<input type="checkbox"/>	Review any relevant documentary evidence (records, video tapes, notices, etc.)	Within 5 business days of the interviews	
<input type="checkbox"/>	Discuss investigation results and proposed action with the Outreach and CES Committee designated representative(s).	Within 10 business days of the interviews	
	IV. Communication of Findings and Finalization of Investigation	Timeframe	Result
<input type="checkbox"/>	Prepare a draft letter of findings to review with the Outreach and CES Committee.	Within 60 days of the initial complaint/grievance	
<input type="checkbox"/>	If a violation is found, schedule follow-up meeting with the agency/provider to discuss findings and resolution.	Within 80 days of the initial complaint	
<input type="checkbox"/>	Finalize and document investigation and issue a notice to all parties involved. Communicating findings, determination and actions taken, reminding to report any issues of retaliation.	Within 90 days of the initial complaint/grievance	
<input type="checkbox"/>	If the discrepancies or negative findings are not resolved or corrected by the agency/provider, the Outreach and CES Committee shall review the recommendations and choose to provide additional guidance or recommendations to the Interagency Council on Homelessness (ICH), which may include formal sanctions.	Within 120 days of the initial complaint/grievance	

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Appendix C: Community Complaint/Grievance Investigation Checklist, Continued

Interviewer:	
Date:	Time:
Interview Questions:	
Basic Questions	
Name	
Title (if any)	
What is the person's involvement in the complaint/grievance?	
Agency Interview questions	
When did the incident occur (date and time)?	
Where did the incident take place?	
Who was present during the incident?	
Can you please provide a detailed description of what took place?	
What, if any, was the result of the encounter?	
What is the standard practice for this type of situation/action?	
Were there any witnesses involved? If so, can you please provide their contact information?	
Do you have any documentation to provide concerning the complaint/grievance? If so, can you please provide copies?	
Are there any further details that you would like to address or discuss?	

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Appendix C: Community Complaint/Grievance Investigation Checklist, Continued

Interviewer:	
Date:	Time:
Interview Questions:	
Basic Questions	
Name	
Title (if any)	
What is the person's involvement in the complaint/grievance?	
Complainant interview questions	
When did the incident occur (date and time)?	
Where did the incident take place?	
Who was present during the incident?	
Can you please provide a detailed description of what took place?	
What, if any, was the result of the encounter?	
What was the expected/desired outcome for this type of situation/action?	
Were there any witnesses involved? If so, can you please provide their contact information?	
Do you have any documentation to provide concerning the complaint/grievance? If so, can you please provide copies?	
Are there any further details that you would like to address or discuss?	