



## Agenda: Special Meeting of the Interagency Council on Homelessness (ICH)

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**Meeting date, time, and place**      **THIS MEETING WILL BE CONDUCTED PURSUANT TO THE PROVISIONS OF THE GOVERNOR’S EXECUTIVE ORDER N-29-20 DATED MARCH 17, 2020, WHICH SUSPENDS CERTAIN REQUIREMENTS OF THE RALPH M. BROWN ACT.**

Date: **July 22, 2020**  
 Time: **9:00 am – 11:00 am**  
 Place: **WebEx Meeting – Council Members will be forwarded instructions**  
**Members of the Public may call:**

- **Access #: (877) 820-7831**
- **Participant Passcode: 470718#**

**Note: Please remember to silence your cell phones.**

		Time
<b>Call to Order</b>	Chair or Designee will call the meeting to order	9:00 – 9:05 am
<b>Introductions</b>	Chair or Designee will lead the Introductions of the ICH Members	9:05 – 9:10 am

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

Public Comment		
	Open to the public for comments via email only at <a href="mailto:homelessrfp@hss.sbcounty.gov">homelessrfp@hss.sbcounty.gov</a> In the subject line provide your full name and public comment next to it or item #. Your comments will be read for the record.	
	<b>Consent</b>	
1	Approve minutes of the June 24, 2020, ICH meeting. <span style="float: right;"><i>Pg 3-11</i></span>	9:30 – 9:35 am
	<b>Updates</b>	
2	COVID-19 Taskforce Update – CaSonya Thomas, Assistant Executive Officer	9:35 – 10:00 am
3	Coordinated Entry System (CES) Evaluation Report Update – Dena Fuentes, Deputy Executive Office <span style="float: right;"><i>Pg 12-37</i></span>	10:00 – 10:15 am
	<b>Discussion</b>	
4	Review and Revise the Homeless Emergency Assistance Program (HEAP) Scoring Criteria as a Guideline to be used for the Homeless Housing and Assistance Program Request for <span style="float: right;"><i>Pg 38-44</i></span>	10:15 – 10:45 am

THE INTERAGENCY COUNCIL ON HOMELESSNESS MEETING FACILITY IS ACCESSIBLE TO PERSONS WITH DISABILITIES. IF ASSISTIVE LISTENING DEVICES OR OTHER AUXILIARY AIDS OR SERVICES ARE NEEDED IN ORDER TO PARTICIPATE IN THE PUBLIC MEETING, REQUESTS SHOULD BE MADE THROUGH THE OFFICE OF HOMELESS SERVICES AT LEAST THREE (3) BUSINESS DAYS PRIOR TO THE PARTNERSHIP MEETING. THE OFFICE OF HOMELESS SERVICES TELEPHONE NUMBER IS (909) 386-8297 AND THE OFFICE IS LOCATED AT 215 N. D STREET, SAN BERNARDINO, CA 92415. <http://www.sbcounty.gov/dbh/sbchp/>



**Office of Homeless Services**  
 215 N. D Street • San Bernardino, CA 92415  
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	Applications Regional Scoring Instrument – Tom Hernandez, Chief of Homeless Services
<b>Closing</b> <span style="float: right;">10:45 – 11:00 am</span>	

**Council Roundtable**      Open to comments by the Council

**Next ICH Meeting**      The next regularly scheduled Interagency Council on Homelessness meeting is scheduled for:

**August 26, 2020 (subject to change)**  
**9:00 am – 11:00 am**  
**Meeting venue to be determined**

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



## Minutes for San Bernardino County Homeless Partnership Interagency Council on Homelessness (ICH) Meeting

June 24, 2020  
9:00 a.m. – 11:00 a.m.  
Via WebEx – Teleconference

Minutes Recorded and Transcribed by Amy Edwards, Secretary II, Office of Homeless Services

TOPIC	PRESENTER	ACTION/OUTCOME
Call to Order	Supervisor Josie Gonzales, Chair	<ul style="list-style-type: none"> <li>The meeting was called to order at 9:04 a.m.</li> </ul>
Introductions	Tom Hernandez	<ul style="list-style-type: none"> <li>Tom Hernandez took ICH Member roll call. Members of the public were not introduced but we had over 80 members of the public join us via telephone.</li> </ul>
ICH Members Present		<ul style="list-style-type: none"> <li>The following ICH members were present for the meeting:</li> <li>Josie Gonzales, Kent Paxton, Susan Drake, Erika Lewis-Huntley, Bessine Richard, Debra Breidenbach-Sterling, Keith Metzler, Scott Frymire, Brenda Dowdy, Shaniqua Freeman, CaSonya Thomas, Veronica Kelley, Maria Razo, Sharon Green, Don Smith, Anna Ulibarri, Wendell Wilson, Wayne Hamilton, Adolisca Murphy, Richard Arnold</li> <li>Anna Ulibarri (for Jessica Alexander) and Susan Drake (for Supervisor Lovingood) did not respond during roll call, however they joined the meeting shortly after.</li> </ul>
PUBLIC COMMENTS		
		<ul style="list-style-type: none"> <li>Alice Varela – Public Comment Item #2</li> </ul>
CONSENT	PRESENTER	ACTION/OUTCOME
Approve minutes of the May 27, 2020, ICH meeting	Supervisor Josie Gonzales, Chair	<ul style="list-style-type: none"> <li>Bessine Richard made a motion to accept the consent calendar as written. Veronica Kelley made the second. All members were in favor no one opposed or abstained. The motion was approved.</li> </ul>
		<ul style="list-style-type: none"> <li>Don Smith requested the questions regarding Project Roomkey submitted to the Chair's office on May 27, 2020 on behalf of the Homeless Provider Network Representatives be submitted into the record. Below are the questions submitted:</li> <li>On March 26<sup>th</sup>, the ICH Board authorized the expenditure of the following resources for the CoC COVID-19 Homeless Emergency Response. <u>What activities have these funds been used for and/or allocated to?</u> <ul style="list-style-type: none"> <li>The "special HHAP coronavirus funds in the amount of \$508,056.61 to obtain immediate shelter resources for the countywide homeless population as a result of the COVID-19 epidemic."</li> <li>The "unspent CESH funds up to the amount of \$1.6 million to obtain immediate shelter resources for the countywide homeless population as a result of the COVID-19 epidemic."</li> <li>In addition, the County received "special HHAP coronavirus funds" in the amount of \$467,425.66 to "provide safe beds for people experiencing homelessness". What have these funds been used for and/or allocated to?</li> </ul> </li> <li>The Project Roomkey Update as of 5/19/20 presents a "list of services being provided by homeless service providers,</li> </ul>

		<p>cities and the County for the homeless COVID-19 shelter in place order.”</p> <ul style="list-style-type: none"> <li>○ What is the source of the numbers identified in the “Total Rooms Occupied” column?</li> <li>○ Does the “Total Rooms – 178” represent the number of rooms or number of people occupying rooms?</li> <li>○ Does the “Total Rooms – 178” represent the <i>current</i> number of rooms or people occupying rooms as of 5/19/20 or does it represent the number served over a certain period of time?</li> <li>○ How many of the “Project Roomkey occupants” identified are currently in motel rooms arranged through the County’s Project Roomkey operation?</li> <li>○ How many of the “Project Roomkey occupants” identified on this list meet the “high-risk persons” criteria identified in the report and publicly promoted as the target population in the COVID-19 Homeless Emergency Response Plan and Process information?</li> <li>○ At this point in time, are we now including people who do not meet the published “high-risk persons” criteria in our CoC Project Roomkey operation?</li> <li>○ Has the County communicated with all of the “CoC Organizations Using HEAP Funds” identified on this list in regards to their role and responsibilities in the Project Roomkey effort, including the changes that were made in HMIS to accommodate this function?</li> <li>○ Are the agencies and organizations identified as participating in Project Roomkey able to access some of the funding authorized by the ICH for this purpose, as needed to help meet CoC objectives?</li> <li>○ How many of the “Project Roomkey occupants” identified on this list are potentially eligible for the 75% FEMA reimbursement?</li> <li>○ Are the agencies and organizations identified on this list as providing services under Project Roomkey potentially eligible to receive the 75% FEMA reimbursement?</li> </ul> <ul style="list-style-type: none"> <li>● During the ICH Meeting, it was identified that “488” sheltered persons were reported to the state in response to a 15% goal established by the state. <ul style="list-style-type: none"> <li>○ What is the source of the 488 persons reported and the point in time covered?</li> <li>○ Does this number include people being sheltered in facilities other than motel-based accommodations? <ul style="list-style-type: none"> <li>▪ If yes, what facilities/accommodations are included in this number?</li> </ul> </li> </ul> </li> </ul>
<b>UPDATES</b>	<b>PRESENTER</b>	
COVID-19 Taskforce Update	CaSonya Thomas, Assistant Executive Officer	<ul style="list-style-type: none"> <li>● This Project RoomKey update is for the time period of June 13-20, 2020. It will include data trends countywide.</li> <li>● During that time frame we conducted 19,479 test and identified 1797 cases.</li> <li>● Tests were collected by the San Bernardino County Department of Public Health and other authorized agencies.</li> <li>● Over the prior seven days from this time period, we did see a reduction of deaths however during the week of June 13-20 we did experience five deaths.</li> <li>● The County is required to follow a matrix laid out by the State which includes an average of deaths per day. During this timeframe we were below the average at one death per day.</li> <li>● We had 5382 individuals recover during this week.</li> <li>● Contact tracing is done once a positive result is detected. This is where a trained individual works with the individual that tested positive to try and identify who they had contact with so they can intervene with further spreading. We currently have a 93% contact tracing rate which is high. That is due to people not wanting to be contacted.</li> <li>● Our positivity rate during this week was between 7.5% and 9%. The state wants the average to be under 8%. We</li> </ul>

		<p>have ticked over that *% rate and the county is evaluating and determining next steps to lower it.</p> <ul style="list-style-type: none"> <li>• Another matrix we are measured by is our hospital systems length of stay. We had an up tick in this area as well causing us to be on a state watch list. We are required to report to the state our efforts on working to reduce those are we have exceeded the states matrix rates.</li> <li>• The numbers provided include the County's "Hot Spots" which include the Chino Institute for men/women, Patton State Hospital, and other skilled nursing facilities.</li> <li>• We did have an outbreak in skilled nursing facilities that impacted 36 individuals during the given time period, as well as another 100 individuals from the other hot spot zones.</li> <li>• This trend is most likely contributed by the most recent gatherings. We had Mother's Day, Memorial Day, and individuals returning to work. We also had an increase in protests that began May 26<sup>th</sup>. <ul style="list-style-type: none"> <li>○ Tribal Casinos opened June 5<sup>th</sup></li> <li>○ Bars, museums, wineries, and hair salons opened June 12<sup>th</sup></li> <li>○ Nail salons, tattoo shops and massage parlors opened June 19<sup>th</sup>.</li> </ul> </li> <li>• We need to continue to be diligent with marketing and education and continue to practice social distancing, hand washing, and wearing face coverings in public as mandated by the state.</li> <li>• Due to these trends it is important that we continue implementing isolation assistance programs.</li> <li>• The county is still operating the state funded trailers. We are operating with a census of 9-10 individuals daily who have tested positive. They are provided food, physical and mental health services, case management, laundry services and other day to day needs.</li> <li>• Data collection is very important. Tom Hernandez sent out a memo a couple weeks ago encouraging those of you providing assistance, to put the data into the Homeless Management Information System (HMIS) so this information is captured and reported to the California Department of Social Services.</li> <li>• The information is then filtered out to identify which of those motel/hotel stays occurred post the Stay at Home period and identifies those that are 65+ or has underlying conditions that meet the criteria for the 75% FEMA reimbursement.</li> <li>• As of right now the end date for FEMA reimbursement is June 30, 2020 unless we receive an additional extension. At this time CA Operations of Emergency Services continues to advocate for an extension, which is review and determined on a month to month basis and as of right now there is no decision to extend.</li> <li>• In order to obtain the 75% FEMA reimbursement, the County has to work with the County of San Bernardino Auditor Controller. Human Services is working with the Auditor Controller to identify the proper framework for the information that is necessary for the recovery of these funds. A request has not been submitted yet.</li> <li>• It is important to note only State or Non-Federal funds are eligible for FEMA reimbursement.</li> <li>• Great Plates program began April 24, 2020. It is a food delivery service program for adults 65+, 60-64 that are high risk, and for individuals that tested positive to COVID-19.</li> <li>• Through this program eligible individuals receive three prepared meals a day delivered directly to them.</li> <li>• This program is scheduled to end July 10, 2020 unless there is another extension.</li> <li>• This is a very robust and expensive program averaging about \$66 per day per individual, however it is a great program that serves our most vulnerable populations throughout our vast geographical regions.</li> <li>• Our next step is to work on a phase down as this program comes to an end as many of these people will find it</li> </ul>
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	<p>Don Smith</p> <p>Sharon Green</p> <p>Tom Hernandez</p>	<p>difficult going to having 3 meals delivered to them daily to potentially going to only having one meal a day or none. We want to find ways to continue to collaborate and serve these individuals.</p> <ul style="list-style-type: none"> <li>• Next Steps to active a rehousing plan as we move past Project RoomKey. We are looking for support for Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH) through the flexibility of these funding streams.</li> <li>• When the stay at home order is lifted we need to look for ways to transition. We want to design new and supplement our existing creative problem solving and diversion programs in order to provide on going homeless assistance and intervention programs.</li> <li>• We have talked about different strategies that include flexible spending pool opportunities and family reunification programs.</li> <li>• Our goal is to work with all individuals currently being served through Project RoomKey. We would like to have an administrator work with the regional Homeless Services Coordinators and the Human Services Department to develop and align the resources together as well as bring in additional services in order to develop exit plans for each individual housed through Project RoomKey.</li> </ul> <ul style="list-style-type: none"> <li>• Don Smith shared the following documents with the ICH Members as resources for moving forward: <ul style="list-style-type: none"> <li>○ <a href="https://www.hudexchange.info/resource/6046/covid19-homeless-system-response-rehousing-activation-planning-and-implementation-tips/">https://www.hudexchange.info/resource/6046/covid19-homeless-system-response-rehousing-activation-planning-and-implementation-tips/</a></li> <li>○ Guiding Principles: Preventing Return to Homelessness Among Residents of Project Roomkey, Post-COVID-19</li> </ul> </li> <li>• Sharon Green requested a list of agencies that are assisting with Project RoomKey be provided at the next meeting long with details on what the plans are for future expenditures.</li> <li>• Tom gave an update on the Covid-19 expenditures that have hit the special HHAP funds thus far: <ul style="list-style-type: none"> <li>○ \$5662.97 – Special Department expenses include: supplies, clothing, hygiene items, PPE gear, thermometers, disposable tarps, etc.</li> <li>○ \$3070.67 – Electronic costs to equip 20 trailers with television.</li> <li>○ \$28,199.41 – Electrical repairs to fix damage in trailers.</li> <li>○ \$17,380.50 – Sanitation Services – environmental (hospital grade) disinfectant.</li> <li>○ \$9180.00 – Mobile Laundry Trailers</li> <li>○ \$9450.00 – Specialized Housekeeping Services</li> <li>○ Up to \$600,000.00 – Leasing up to 3 Months at the Orange Show Inn located in San Bernardino.</li> </ul> </li> </ul>
HEAP Update	Tom Hernandez	<ul style="list-style-type: none"> <li>• In the agenda packets there was a report provided on page 25-26. This report was up dated on June 11, 2020.</li> <li>• The report shows the expenditures and performances of the 22 agencies and 25 projects that receive HEAP funds.</li> <li>• Some agencies have not submitted their full expenditure reports as well as their performance reports, therefore we were only able to report on what we have received.</li> <li>• We have had one official adjustment to the contract, that has gone to the County Board of Supervisors and that was for the City of Montclair to increase their contract ward by \$109,279. The Office of Homeless Services (OHS) is working on a purchasing order contract in order to fund their Project RoomKey additions.</li> <li>• Agencies have until June 30, 2020 to turn in their May reports and any other past due reports.</li> <li>• Most if not all agencies have had an opportunity to talk to Ms. Thomas regarding their contract award and to</li> </ul>

		<p>determine a course of action to either expend amounts that weren't spent or to potentially recapture some of those amounts.</p> <ul style="list-style-type: none"> <li>○ It is not the intent to reduce anybody's future awards. Meaning come July 1, 2020 everyone will be funded the amount they are supposed to be funded for that year.</li> <li>○ Recapturing is intended for any unspent funds in the first year if the agency was not able to roll them over into the following year. Those funds would be recaptured and redistributed to high performing providers that are able to expend those funds.</li> </ul> <ul style="list-style-type: none"> <li>● HEAP Contracts terminate by June 30, 2021; therefore, we will be doing another assessment review come December so we do not leave any funds on the table for the State to recapture.</li> <li>● The Transitional Assistance Department (TAD) willfully returned money to the County because they received enough HSP money to support LightHouse Social Services for the Family Stabilization Rapid ReHousing expansion. \$149,387.20 was recaptured and redistributed.</li> </ul>
Emergency Solutions Grants COVID-19	Shanikqua Freeman	<ul style="list-style-type: none"> <li>● The County of San Bernardino received two allocations of Coronavirus Aid, Relief, and Economic Security (CARES) Act CDBG and ESG funding totaling approximately \$16.7 Million. <ul style="list-style-type: none"> <li>○ Note that on the written report provided in the agenda packet there is a typo in the first paragraph. It states the total is approximately \$12.9M when in fact it is \$16.7M.</li> </ul> </li> <li>● On April 2, 2020, HUD announced the first allocation of CARES Act funding to be used in response to the COVID-19 pandemic.</li> <li>● The infusion of CARES funding within the County of San Bernardino, by way of Community Development Block Grant (CDBG) and Emergency Solutions Grant (ESG) Funding, totals \$12,361,448 and \$4,384,500, respectively.</li> <li>● The eligible uses for the CDBG-CV and ESG-CV various and includes but is not limited to: <ul style="list-style-type: none"> <li>○ Construction of medical facilities for testing and treatment.</li> <li>○ Acquisition and rehabilitation of motels/hotels to expand capacity of hospitals to accommodate isolation and provide non-congregate shelter for those that fall within identified high-risk categories, the creation, expansion and operation of emergency shelters.</li> <li>○ Provision of motel/hotel vouchers and essential services to those experiencing homelessness.</li> <li>○ Homelessness prevention and rapid rehousing efforts.</li> <li>○ Public services such as food delivery.</li> <li>○ Small business loans.</li> </ul> </li> <li>● On May 19, 2020, the County of San Bernardino's Board of Supervisors approved the Substantial Amendment to the HUD Consolidated Plan to identify the proposed uses for the County's CDBG and ESG CARES Act funding.</li> <li>● The use of the first round CARES Act Funding has been approved to be utilized to focus efforts on providing rental assistance, upon the expiration of the eviction moratorium, to households at risk of homelessness as a result of the pandemic.</li> <li>● The ESG-CV award has been allocated to provide homelessness prevention services, emergency shelter, and HMIS funding for providers.</li> <li>● The CDBG-CV funding was distributed to Participating cities in the County's CDBG Consortium and was approved to be used to provide meal delivery services to COVID-impacted households, homeless outreach, rental/mortgage and utility assistance and small business resiliency loans/grants.</li> </ul>

		<ul style="list-style-type: none"> <li>• On June 9, 2020, HUD announced the second allocation of CARES Act funding to also be used in response to the COVID-19 pandemic.</li> <li>• The infusion of CARES funding within the County of San Bernardino, by way of Emergency Solutions Grant (ESG) totaling \$13,132,794, HUD allocated the funding as follows: <ul style="list-style-type: none"> <li>○ San Bernardino County - \$6,401,870</li> <li>○ Fontana - \$1,723,436</li> <li>○ Ontario - \$3,422,960</li> <li>○ City of San Bernardino - \$13,132,794</li> </ul> </li> <li>• The eligible uses of the CARES Act Round Two funding are similar to those of the first round.</li> <li>• Funding usage still needs to be determined and will be done in a collaborative manner seeking input from surrounding cities who received their own allocation in the efforts to create alignment, and with input from local service providers.</li> <li>• The primary uses for the funding is premised to be used to continue the housing stabilization efforts during the recovery phase of the pandemic with the focus on exploring creative uses for long-term permanent housing options, particularly for Project Room Key clients transitioning out of non-congregant shelter.</li> <li>• Round Two of the CARES Funding did not include a CDBG funding component. The preference for this funding would be for next steps, long term Rapid Rehousing solutions for our Project RoomKey clients. We do want input from each of the regions so our vision and the regions visions are aligned.</li> <li>• We are looking to release the Round one ESG application the week of June 29, 2020. At this time there is no timeline for the second allocation, therefore we will utilize this time to collaboratively come up with a plan.</li> <li>• The break down of funds will go as: <ul style="list-style-type: none"> <li>○ \$1.6 million allocated to eviction and homeless prevention.</li> <li>○ \$200,000 allocated towards case management for Project RoomKey clients</li> <li>○ \$200,000 allocated for HMIS data collection</li> <li>○ \$219,000 allocated for admin</li> </ul> </li> </ul>
DISCUSSION	PRESENTER	ACTION/OUTCOME
Discuss pending workshop regarding homeless recommendations from the Cost Analysis Study and Point-In-Time Count increases	Kent Paxton and Tom Hernandez	<ul style="list-style-type: none"> <li>• The Cost Study Analysis presented last month discussed projections that focused on increasing capacity for Rapid ReHousing (RRH) and Permanent Supportive Housing (PSH) units and keeping up with the need.</li> <li>• Tom and Kent are proposing, with the region's permission, to take up a few minutes at each of the five Regional Steering Committee Meetings to take a look at the housing inventory by region and discuss the need for PSH and RRH units in the region.</li> <li>• We would need about 20-30 minutes on your July calendars. We will discuss the need specifically for your region and then will bring that information back to ICH and then ultimately have the Chair bring the information to the Board of Supervisors so they can take action.</li> <li>• All five regions agreed to add the discussion to their next agenda.</li> </ul>
Approve the transfer of the Administrative Entity (AE) designation, by the San	Tom Hernandez	<ul style="list-style-type: none"> <li>• Tom Hernandez asked ICH to Approve the transfer of the Administrative Entity (AE) designation, by the San Bernardino County Continuum of Care, from the County of San Bernardino Community Development and Housing Agency (CDHA) to the Office of Homeless Services for the administration for any and all matters for which the</li> </ul>



		October or January. Our Chair has brought so many attributes, goods and services to the board but the fact of the matter is this needs to be addressed and on the record.
<b>Adjournment</b>	Supervisor Josie Gonzales, Chair	<ul style="list-style-type: none"> <li>Relative to the issue being raised, homelessness is something I made sure was included in the resolution that was adopted yesterday by the Board of Supervisors and I will continue to address it at every point possible. These are issues that will be decided by the Equity Group. There are many moving facets in which homelessness touches a great deal of them. Homelessness is a result of everything in the system failing. Homelessness is always on my mind and I work hard to engender interest, long term interest, in what we are doing in my colleagues.</li> <li>As far as Ms. Green's concerns regarding the ICH Chairmanship, this is an issue that weighs heavy on my heart. Unless there is an internal strategy to keep you all together and to keep what is today the Interagency Council on Homelessness, it will disappear. There is no cohesive objective for everyone to get along, for everyone to understand the respective rolls they play. We fight more about the money then we do about the services that need to be provided. I know the propensity for all of this to fall apart is tremendous. I am very worried about it. The fact that I had certain things planned to ensure long term viability of this agency, and now those platforms are no longer available leaves us in a quandary. I will give you more information on this relative to the fact I've only got 4 months left in office and I've been looking to see what kind of unity and strength this body has for me to say you guys will be ok. I have yet to see that. You guys end up fighting and discussing mediocre, small things and we leave the big picture alone.</li> <li>Being no further business, the meeting was adjourned at 11:31 a.m.</li> </ul>
<b>Next Meeting</b>		ICH Special Meeting Wednesday, July 22, 2020 at 9:00 a.m. – 11:00 a.m. Via Webex

Office of Homeless Services  
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Attendees at June 24, 2020 • Special Interagency Council on Homelessness - Teleconference				
AKINS	SOPHIE	County Counsel		<a href="mailto:Sophie.Akins@cc.sbcounty.gov">Sophie.Akins@cc.sbcounty.gov</a>
ARNOLD	RICHARD	Mountain Representative		<a href="mailto:moccasinman333@gmail.com">moccasinman333@gmail.com</a>
BREIDENBACH-STERLING	DEBRA	Town of Yucca Valley		<a href="mailto:dbreidenbach@yucca-Valley.org">dbreidenbach@yucca-Valley.org</a>
DOWDY	BRENDA	Superintendent of County Schools	909-386-2634	<a href="mailto:brenda_dowdy@sbcss.k12.ca.us">brenda_dowdy@sbcss.k12.ca.us</a>
DRAKE	SUSAN	1 <sup>st</sup> District – Constituent Services Director	760- 995-8100	<a href="mailto:Susan.Drake@bos.sbcounty.gov">Susan.Drake@bos.sbcounty.gov</a>
EDWARDS	AMY	OHS	909-386-8297	<a href="mailto:AEdwards@dbh.sbcounty.gov">AEdwards@dbh.sbcounty.gov</a>

FREEMAN	SHANIKQUA	Community Development and Housing Agency	909-387-4327	<a href="mailto:Shanikqua.Freeman@cdh.sbcounty.gov">Shanikqua.Freeman@cdh.sbcounty.gov</a>
FRYMIRE	SCOTT	San Bernardino County Probation		<a href="mailto:Scott.Frymire@prob.sbcounty.gov">Scott.Frymire@prob.sbcounty.gov</a>
GONZALES	JOSIE	Supervisor - Fifth District	909-387-4565	<a href="mailto:jgonzales@bos.sbcounty.gov">jgonzales@bos.sbcounty.gov</a>
GREEN	SHARON	HPN Chair – Desert Region		<a href="mailto:sgreen@vofrc.com">sgreen@vofrc.com</a>
HAMILTON	WAYNE	Morongo Unified School District	760-401-0375	<a href="mailto:Wayne_Hamilton@morongo.k12.ca.us">Wayne_Hamilton@morongo.k12.ca.us</a>
HERNANDEZ	TOM	OHS	909-386-8208	<a href="mailto:thernandez@dbh.sbcounty.gov">thernandez@dbh.sbcounty.gov</a>
KELLEY	VERONICA	Director DBH	909-388-0820	<a href="mailto:vkelly@dbh.sbcounty.gov">vkelly@dbh.sbcounty.gov</a>
LEWIS-HUNTLEY	ERIKA	City of Rancho Cucamonga		<a href="mailto:erika.lewis-huntley@cityofrc.us">erika.lewis-huntley@cityofrc.us</a>
METZLER	KEITH	City of Victorville		<a href="mailto:kmetzler@victorvilleca.gov">kmetzler@victorvilleca.gov</a>
MURPHY	ADOLISCA	Family Assistance Program		<a href="mailto:adolisca@familyassist.org">adolisca@familyassist.org</a>
PAXTON	KENT	5 <sup>th</sup> District – Homeless Policy Advisor		<a href="mailto:Kent.Paxton@bos.sbcounty.gov">Kent.Paxton@bos.sbcounty.gov</a>
RAZO	MARIA	Director of Housing Authority of San Bernardino		<a href="mailto:mgrazo@hacsb.com">mgrazo@hacsb.com</a>
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\*Please note we did not take attendance of members of the public that joined via tele-conference



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**Coordinated Entry System Evaluation Update**

Date July 22, 2020

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Presenter Dean Fuentes, Deputy Executive Officer

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Announcements The table below lists the announcements for today’s meeting.

<b>Announcements</b>
<ul style="list-style-type: none"><li>The State of California - Housing and Community Development (HCD) Department sponsored technical assistance through the Technical Assistance Collaborative (TAC) consultancy firm to evaluate the County of San Bernardino’s homeless delivery system (System), placing special emphasis on the Coordinated Entry System (CES). TAC gathered first source data (i.e. surveys, interviews, focus groups, etc.) and second source data (i.e. CES reports, HMIS reports, PITC, etc.) to perform analytics and conduct its evaluation. The attached report is TAC’s final report summarizing findings and recommendations for System-wide and CES improvements. The report is being made readily available for review and will be agendized for presentation and discussion by TAC during the August 2020 ICH meeting.</li></ul>

SAN BERNARDINO CoC

# COORDINATED ENTRY EVALUATION

TECHNICAL ASSISTANCE COLLABORATIVE  
31 SAINT JAMES AVE  
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BOSTON, MA 02116

FEBRUARY 2020



# TAC

TECHNICAL ASSISTANCE  
COLLABORATIVE

## Table of Contents

<b>Introduction &amp; Background .....</b>	<b>2</b>
<b>CE Evaluation Methodology .....</b>	<b>2</b>
<b>San Bernardino County Continuum of Care &amp; Coordinated Entry System .....</b>	<b>3</b>
Overview of San Bernardino County CoC.....	3
Coordinated Entry System.....	6
<b>Key Themes and Observations.....</b>	<b>10</b>
Access.....	10
Assessment Process .....	11
Prioritization & Referral .....	12
System Infrastructure.....	14
<b>Recommendations .....</b>	<b>15</b>
<b>Conclusion &amp; Next Steps .....</b>	<b>22</b>
<b>Appendix A: Agencies Represented at Focus Groups .....</b>	<b>23</b>
<b>Appendix B: Stakeholder Interview List .....</b>	<b>24</b>

## Introduction & Background

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The U.S Department of Housing and Urban Development (HUD) requires that each Continuum of Care (CoC) conduct an annual evaluation of its coordinated entry (CE) system, focusing on the quality and effectiveness of the entire coordinated entry experience—including intake, assessment, and referral processes—for both programs and participants.<sup>1</sup>

In March 2019, the San Bernardino Community Development and Housing Agency, on behalf of the local Continuum of Care (CoC), leveraged technical assistance from California’s Department of Housing & Community Development (HCD) to engage the Technical Assistance Collaborative (TAC) to perform an evaluation of San Bernardino’s Coordinated Entry (CE) system.

The main purpose of the TAC’s engagement was to evaluate the CoC’s coordinated entry system (CE) to determine its overall effectiveness and identify areas of system improvement. Another key function of the evaluation was reviewing the CE’s system compliance with HUD’s standards for coordinated entry.

## CE Evaluation Methodology

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TAC collected and analyzed qualitative and quantitative data from the following sources for this evaluation:

### Document Review

TAC conducted a review of key documents related to CE including the CE policies and procedures, the San Bernardino County CoC governance charter, CE training materials, and local strategic plans to end homelessness.

### Online Survey

TAC distributed an anonymous, online survey targeted to a range of stakeholders within the CoC.

- The survey was distributed by TAC to a stakeholder email list of approximately 80 persons.
- It contained questions about views on the coordinated entry system including its functionality, access points, assessment tool, referral processes and training. The survey opened on September 23, 2019 and closed on November 7, 2019.
- There were 33 total survey responses.

### Focus Groups

TAC facilitated six in-person focus groups representing the following stakeholder groups:

- Permanent Supportive Housing (PSH)

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<sup>1</sup> <https://files.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>

- Rapid Re-rehousing (RRH)
- Outreach
- Emergency Shelter (ES)
- Consumers
- Veterans

See Appendix A for a list of organizations that participated in each focus group. Between all of the groups, there were 37 unique participants.

### Interviews

TAC conducted 13 phone interviews with various providers and CoC representatives. See Appendix B for a list of interviews held.

### Homeless Management Information System (HMIS) Data

TAC reviewed and analyzed data available through the CE workflow and program enrollments.

- Information was provided by the Office of Homeless Services (the HMIS Lead).
- The participant pool for HMIS data consists of persons assessed since the beginning of CE implementation (Nov 2016) through September 2019.

### United Way 211 Data

TAC reviewed data available through the United Way's 211 System.

- Information was provided by United Way (CE Coordinating Entity)
- The participant pool for the data consists of persons who accessed 211 from October 1, 2018-September 30, 2019.

### Data Reports

TAC reviewed key annual reports such as the 2018 system performance measures report, the 2019 Point-in-Time, and the annual Housing Inventory Count (HIC).

The information collected through the various data sources and methods above was the basis for the key findings and specific recommendations outlined in this report.

## **San Bernardino County Continuum of Care & Coordinated Entry System**

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### Overview of San Bernardino County CoC

The San Bernardino County Continuum of Care (CoC) is one of 43 CoCs in the state of California. The county is geographically the largest county in the state and the nation covering over 20,000 square miles. According to the 2019 Point in Time (PIT) Count Report, there are 2,607 persons experiencing homelessness in the county, representing a 23% increase from the previous 2018 PIT count. Of those experiencing homelessness in the county, 70% are unsheltered adult individuals. There were 150 households with children and 2,102 households without children, shown below:<sup>2</sup>

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<sup>2</sup> Data from: [https://files.hudexchange.info/reports/published/CoC\\_PopSub\\_CoC\\_CA-609-2019\\_CA\\_2019.pdf](https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_CA-609-2019_CA_2019.pdf)

Table 1: Number of Homeless Households by Household Type and Homeless Status

Homeless Status	Households with children	Households without children	Households with only children	Total
Emergency Shelter	73	166	5	244
Transitional Housing	43	108	0	151
Unsheltered	34	1,828	5	1,867
<b>Total</b>	<b>150</b>	<b>2,102</b>	<b>10</b>	<b>2,262</b>

The 2019 Annual Homeless Assessment Report (AHAR) to Congress<sup>3</sup> highlighted the San Bernardino CoC multiple times within its report for the CoC's high numbers of homeless compared to other largely suburban CoCs. The following was noted in the report:

- One of five largely suburban CoCs with the Highest Percentages of Homeless Individuals who were Unsheltered
- One of five largely suburban CoCs with more than two-thirds of veterans experiencing homelessness did so in unsheltered locations: San Luis Obispo, CA (97%), Santa Cruz, CA (85%), San Bernardino, CA (85%), Santa Barbara, CA (79%), and West Palm Beach, FL (69%)
- One of five largely suburban CoCs with the Largest Numbers of Chronically Homeless Individuals
- One of five largely suburban CoCs with the Highest Percentages of Chronically Homeless Individuals who were Unsheltered

There are several providers across the CoC serving the homeless population. According to the 2019 Housing Inventory Count (HIC) Report, the San Bernardino City and County comprised of the following resources:<sup>4</sup>

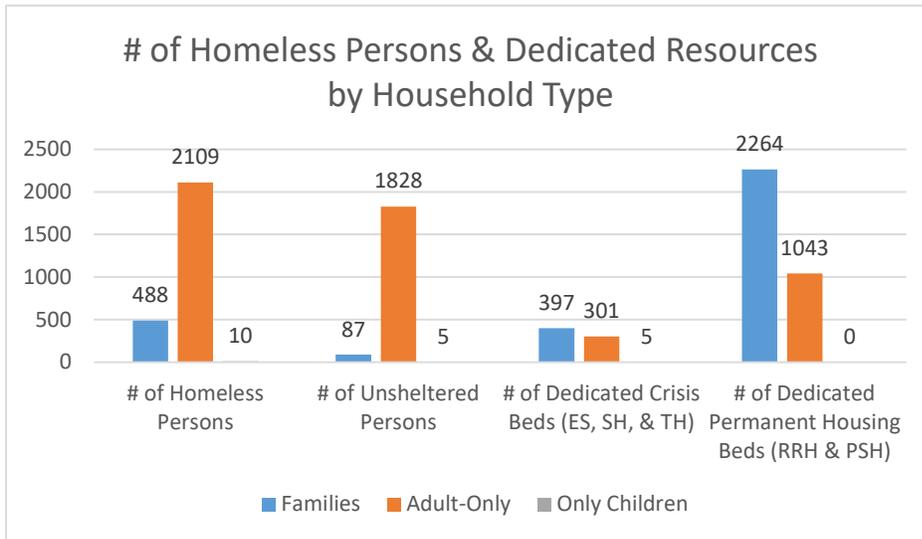
Table 2: Number of Beds/Units by Program Type

Program Type	Family Beds (Units)	Adult-Only Beds	Child Only Beds	Total Number of Beds
Emergency Shelter	252 (80)	176	5	433
Safe Haven	0	24	0	24
Transitional Housing	145 (42)	101	0	246
Rapid Rehousing	1,569 (516)	210	0	1,779
Permanent Supportive Housing	695 (210)	833	0	1,528
<b>Total</b>	<b>2,661</b>	<b>1,344</b>	<b>5</b>	<b>4,010</b>

<sup>3</sup> <https://files.hudexchange.info/resources/documents/2019-AHAR-Part-1.pdf>

<sup>4</sup> Data from: [https://files.hudexchange.info/reports/published/CoC\\_HIC\\_CoC\\_CA-609-2019\\_CA\\_2019.pdf](https://files.hudexchange.info/reports/published/CoC_HIC_CoC_CA-609-2019_CA_2019.pdf)

Chart 1: # of Homeless Persons & Dedicated Resources

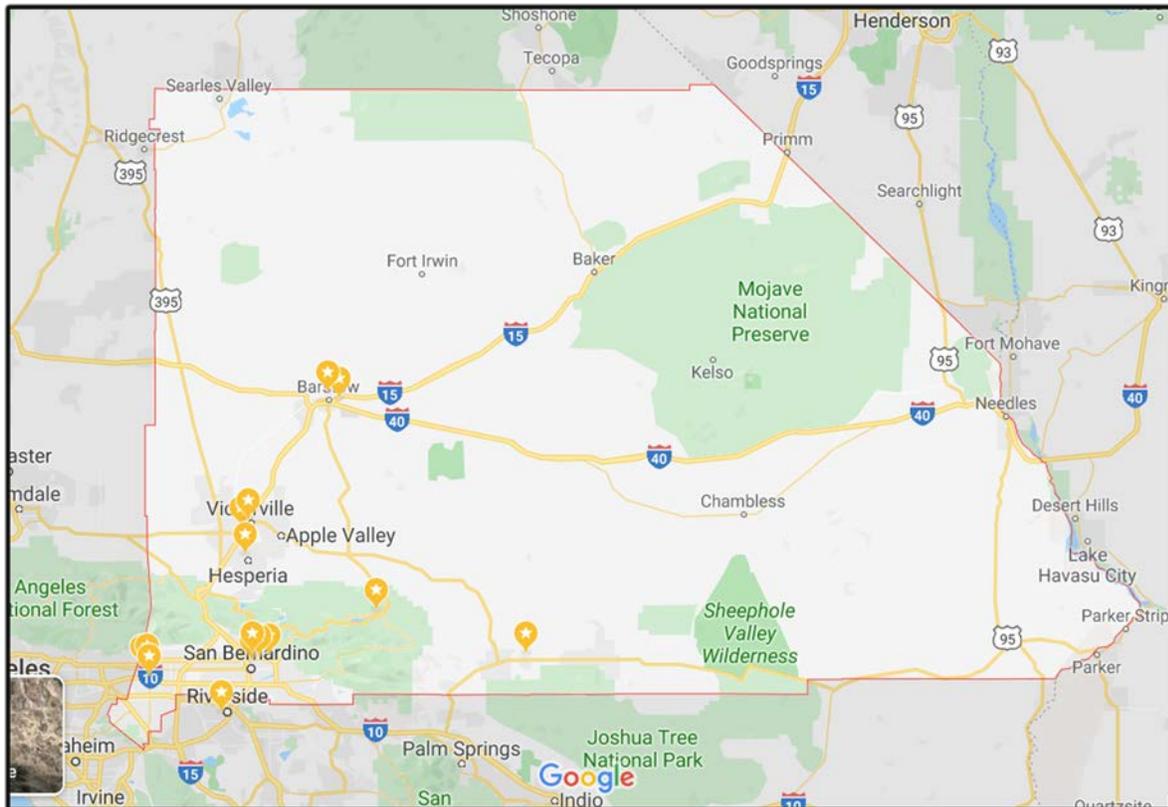


There were a total of 4,010 beds in the CoC of which 3,307 or 82% are considered permanent housing (rapid rehousing (RRH) and permanent supportive housing (PSH)).

The current resources available and dedicated to those experiencing homelessness are not

enough to fully address the need across the county. This is particularly evident for adult individuals as shown in Chart 1.

With such a large geographic area, access to existing crisis response services is limited in some areas. The picture below shows the distribution of most emergency shelter providers across the county.



In addition to the array of providers across the CoC, there is a variety of funding, both federal and state. Federal funding includes HUD funded CoC and Emergency Solutions Grant (ESG) and Veteran Affairs (VA) funded programs. State funding includes California Emergency Solutions and Housing (CESH), Homeless Emergency Aid Program (HEAP), and CalWorks Housing Support Program (HSP), among other programs.

The CoC operates with three governing entities: The CoC Board known as the Interagency Council on Homelessness (ICH), the Housing Providers Network (HPN), and the Office of Homeless Services (OHS). ICH is a collaborative decision-making group for the CoC. HPN is made up of four regional networks: Central, East, West, and Desert-Mountain. The network acts as an advising body to the CoC representing service providers in the area. OHS is the Collaborative Applicant for the CoC and the HMIS Lead. Another essential entity to the operation of the CoC is United Way 211, who is tasked with managing the Coordinated Entry System (CES).

### Coordinated Entry System

United Way 211 is the Coordinating Entity for CES and is responsible for the day-to-day administration of the CES. This includes serving as the primary access point, conducting assessments, managing case conferencing, matching and referring households to available resources, marketing of the CES, delivering training, and monitoring CE performance. United Way 211 staffs one full-time CES Project Manager that is intended to oversee CE operations and serve as the main point of contact. Additional CE staff include 3 CE Housing Coordinators whose primary role is to conduct outreach and complete assessments. Beyond the dedicated CE Staff, United Way 211 also leverages support through its existing call center staff who complete pre-screening prior to referring a consumer onto the CE dedicated staff for assessment. Based on 211 Call center data, there were 67,339 call answered from 10/1/18-9/30/19. Of these calls, 9978 consumers were seeking housing or shelter and 211 Call Center staff referred 6,435 of these consumers to CES staff (approximately 17 referrals a day). This number does not include referrals from partner agencies.

The dedicated budget provided to United Way as the Coordinated Entity comes from a variety of funding sources and varies from year-to-year based on budget expenditures. The table below outlines the dollar amount expended from each participating program in the CES during 2018. A portion (\$100,000) of the total CE funds from the CoC Program were subcontracted by United Way to Inland Housing Solutions to perform housing identification and placement services for those households referred to receiving housing programs.

United Way 211 CES staff work closely with approximately 30 partner organizations who also conduct pre-screening of consumers and make appropriate referrals to CE staff for assessment completion. A number of the partner organizations also have been approved to conduct and enter completed assessments into HMIS<sup>5</sup>. United Way 211 has performed the majority of assessments since initial CE implementation in November of 2016.

Table 3: 2018 CE Funding by Program

Participating Program	CE Funding Amount
CoC Program	\$403,136
ESG Program	\$133,750
HDAP	\$30,000
HEAP	\$0
HSP	\$0
SSVF	\$0
VASH	\$0
<b>Total</b>	<b>\$566,886</b>

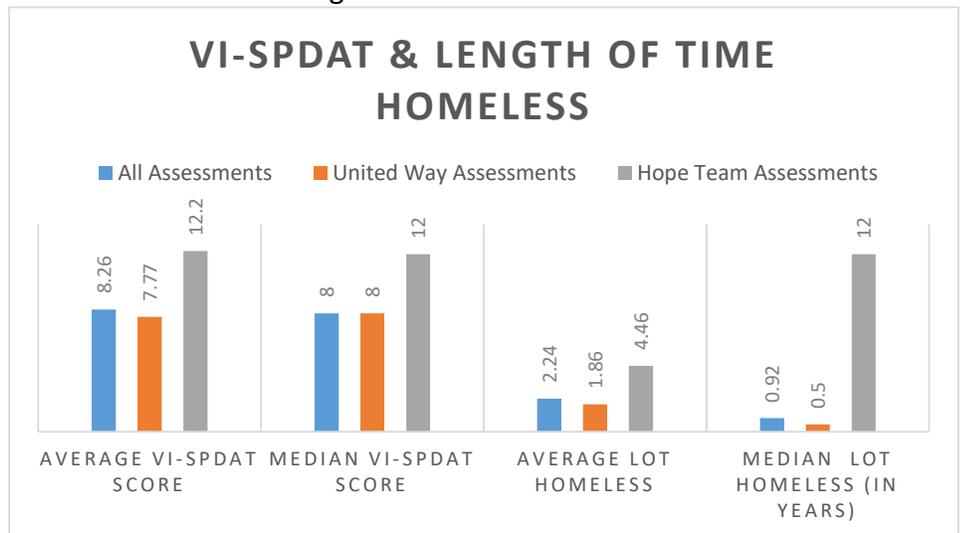
As of September 30, 2019, a total of 4,743 assessments have been completed (2,061 of these were completed between 10/1/18-9/30/19)<sup>6</sup>. United Way is responsible for 58% of assessments since implementation having completed 2,745 as of September 2019.

Of particular note is the Sheriff’s HOPE Team who conduct outreach and in-person assessments throughout the county and work directly with other city police departments. Their primary target population is highly vulnerable unsheltered populations. The HOPE team has completed 515 assessments as of 9/30/19 which is 11% of all assessments and the second highest number of assessments completed by any one agency (United Way being the highest). A review of VI-SPDAT scores by assessing agency showed that the Hope Team had a higher average VI-SPDAT score generated than the other agencies with an average score of 12.2. The average score for United Way was 7.77.

Chart 2: VI-SPDAT & Length of Time Homeless

Chart 2 shows a comparison of VI-SPDAT scores and length of time homeless for all those assessed and those assessed by United Way and the Hope Team.

As shown here, of the households assessed by United Way, which makes up the majority of those assessed to date, the average length of time



<sup>5</sup> The specific details on agencies or persons approved to complete and enter assessments into HMIS was requested and not provided.

<sup>6</sup> Data on total assessments is approximate as duplication and other data inconsistencies were noted.

homeless is 1.86 years and the median time homeless is 6 months (1/2 a year). This means that a sizable portion of those being assessed with the VI-SPDAT are not considered prioritized for PSH resources based on length of time homeless.

Once assessed and homeless status is verified, individuals and families are placed on a working list to be prioritized and matched to available resources managed through CES. These resources include all CoC and ESG funded housing resources, and some state funded programs such as HEAP and HSP. As providers request referrals from CES, United Way CE staff determines which household is of highest priority and meets the eligibility criteria of the program and sends a referral to the receiving housing program.<sup>7</sup> In addition to this standard referral process, there is also a policy referred to as “reverse referral” or “reciprocal referral” in place for certain RRH providers. In these situations, a consumer makes initial contact with a partner agency who determines them eligible and prioritized for assistance and then sends a reverse referral to CES staff for approval to be served and enrolled.

Matching of households to available housing resources is primarily based on their VI-SPDAT score. The CE Policies and Procedures note the following:

“How a person scores on the VI-SPDAT will guide housing resource recommendations. If an individuals’ assessment indicates:

- Scores 0-3 Individual or 0-3 Families, an Affordable Housing (AH) referrals will be provided. Additionally, a referral to any population-specific housing resource that apply to them (i.e. senior housing, veteran housing, etc.).
- Scores 4-7 Individual or 4-8 Families, a Rapid Re-Housing (RRH) referrals will be provided. Additionally, a referral to AH program and any population-specific housing resource that apply to them. **IF** they meet Chronically Homeless criteria they may be eligible for PSH.
- Scores 8+ Individuals or 9+ Families, a Permanent Supportive Housing (PSH) referral will be provided. Additionally, a referral to AH program and any population-specific housing resource that apply to them. (Must have a diagnosable disability)”

The CoC has adopted HUD’s Notice CPD-016-11 for prioritizing persons with chronic homeless<sup>8</sup> and training materials denote the following 5 priority levels:

- Priority 1: Scoring 11+ and LOH 3+
- Priority 2: Scoring 9+ and LOH 1 year
- Priority 3: Scoring 7+ and LOH 1 year
- Priority 4: Scoring 8+ and Literally homeless
- Priority 5: Score 4+ and Literally homeless

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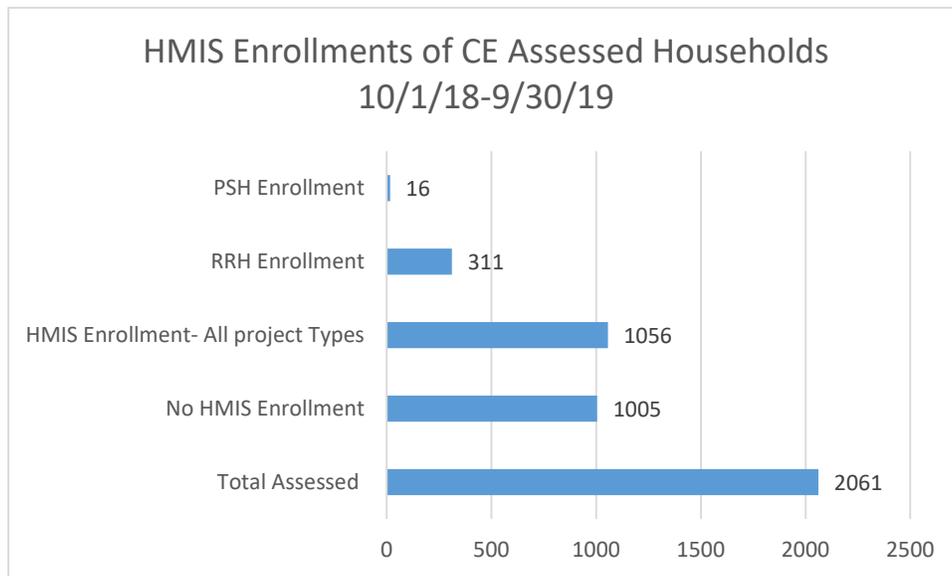
<sup>7</sup> Information from: <http://wp.sbcounty.gov/dbh/sbchp/wp-content/uploads/sites/2/2018/08/SBC-CES-1st-Draft-Policies-Procedures.pdf>

<sup>8</sup> [Notice CPD-016-11, Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing](#)

The policies and procedures also note that case conferencing is also a key part of the prioritization and scores alone are not the only determining factor. Currently case conferencing is only done for PSH and Veterans resources.

Based on a review of data made available, it appears as though 1005 unique households who were assessed were enrolled into some type of HMIS project type during the 10/1/18-9/30/19 time period. Of those assessed, 311 unique households were placed in RRH from 10/1/18-9/30/19. There were 16 unique households placed in PSH during this same time period. This means that of the 2061 households assessed during this time period, about half (49%) were enrolled into some type of HMIS project and only 16% (327) were enrolled in a permanent housing project. The remaining 1056 household assessed (51%) during the year time frame were not enrolled in anything through HMIS. While it is expected that some households may have self-resolved and/or received assistance through some other means, data is not available to confirm those outcomes. Of particular note is the small amount of enrollments in PSH with only 16 in the last year due to limited availability.

Chart 3: HMIS Enrollments of CE Assessed Households



The data provided through HMIS was either not available or not reliable enough to determine other CE outcomes such as the average VI-SPDAT for those placed in PSH or RRH, the time period between assessment to referral, the number of referrals denied for a vacancy, and the time period between referral to enrollment.

## Key Themes and Observations

The following section outlines key themes and observations gathered from stakeholder input and data analysis of the CE system. It is structured in relation to the core components of the CE system to include access, assessment, prioritization, and referral.

### Access

One of the main strengths of the 211 system for CE access is that its well-known and has been marketed well across the region. Providers and consumers know that 211 is the managing entity for CE and that this is the primary access point for those experiencing or at risk of homelessness. However, a large portion of stakeholders did not feel the current structure to access coordinated entry was working effectively due to a number of challenges.

### 211 Waiting Times & Connecting with CE Staff

Although there is sufficient knowledge of how to access the 211 system, the actual act of getting through the 211 system to have an assessment completed through CES is difficult due to long hold times on the phone and staff capacity to conduct the assessment. Once a household is pre-screened and determined appropriate, an assessment with a CE housing coordinator must occur. The hold times to connect with a housing coordinator are lengthy and multiple stakeholders remarked that this was a barrier for the consumers as well as providers assisting the consumers through the calls. Providers reported hold times of up to 2 hours and noted that many consumers end up hanging up.

Data made available from 211 United Way, shows that 21% of inbound calls to the main CE line are abandoned and that the average hold time for this line is 2 hours.

Table 4: 211 United Way Data

Phone line	Queued	Inbound Handled	Abandons	Abandon Rate	Avg Speed Of Answer
CES	1301	908	269	20.6%	2:28:25

With a limited number of 211 CE staff responsible for handling inbound calls as well as making outbound calls, the sheer volume of activity is not able to be managed in a timely or efficient manner. In addition to responding to calls and completing assessments over the phone, some CE staff conduct assessments in the field which can require driving long distances to reach consumers. Providers noted that in person assessments are generally scheduled no earlier than 2 weeks from the initial contact and in some cases occur closer to a month later. Additionally, it can be difficult for some consumers to get an assessment scheduled if they miss the return call from CE staff or their number changes which is not uncommon for those in a housing crisis.

## **Outreach Efforts & CE**

In addition to CE staff that conduct some field assessments, there are other outreach teams that conduct dedicated outreach to unsheltered and vulnerable populations and complete assessments. The HOPE team is the main group that does this but there are other programs that have outreach staff that complete assessments such as the Homeless Outreach Support Team (HOST). There were mixed responses from stakeholders about whether existing outreach efforts met the needs of the community. Some felt there was enough and expressed satisfaction working with outreach teams such as HOPE to have an assessment completed or to locate a client when a resource was available. Other providers observed that given the vast geography, they did not feel that all populations were getting the necessary access through outreach efforts. This was particularly true for those in the mountain regions. The county's Department of Behavioral Health recently received 17 million to implement Innovative Remote Onsite Assistance Delivery (InnROADs) program which will target persons who are homeless with a serious mental illness living in rural and remote areas. It was not clear if InnROADs are planned to conduct assessments.

There was no indication that outreach efforts across the system were coordinated amongst different groups. In addition, it seemed that contact information for all those conducting outreach was not readily available to providers.

## **Access for Special Populations & Rural Areas**

One other issue related to access is the ability for those in specific target populations, primarily DV and Youth and those in more rural geographic areas to access the system. While there is a process to refer those experiencing domestic violence to DV providers, it's not clear if consumers have easy access to non-DV specific resources within the system. It seems that both DV and Youth providers tend to operate outside of CE resources. This is also true for those providers in more mountainous and rural regions. It was noted that the resources in 211 are not truly accessible to those in more rural areas because all of the providers and services are "down mountain."

## **Assessment Process**

### **Need for Additional Providers to Conduct Assessments**

A large number of those in the focus groups and in interviews commented that more providers should have the ability to perform and upload assessments in HMIS. Given the large coverage area and capacity issues that currently exist, it was expressed that expanding assessment delivery across more providers would ease some of the bottlenecks that currently exist. While additional providers have been approved to complete the assessment since CE implementation, the number of assessments completed by these agencies is still relatively small compared to that of United Way staff. In addition, these agencies are not clearly identified as access points within the system. It has also been noted that the process to receive approval to conduct the assessments was somewhat laborious. While training opportunities regarding HMIS and assessment delivery have been made available to providers, some felt that the trainings lacked the specificity needed to obtain a deep understanding of the process.

### **Verification of Homeless Status by CE Staff**

Current CE policies require that homelessness be verified prior to a household being entered onto the working list. While this approach may ensure that non-eligible households are not entered into the system, it also has created a bottleneck in the process where homeless status is not verifiable through HMIS. Providers noted that CE staff sometimes will need to ‘visually verify’ homeless status and this has occurred even in situations where documentation already exists. Many view the policy as an additional barrier to households accessing coordinated entry and ultimately being served. The determination of eligibility for both the CoC Program and ESG Program is required at the project-level and it is not a requirement or responsibility of the CoC’s coordinated entry system to collect the documentation that establishes household eligibility.

### **Completion and Updating of VI-SPDAT**

One area of concern for some providers was that the VI-SPDAT was not delivered uniformly across the agencies with the ability to conduct assessments. It was noted that in some cases the questions may be asked differently or more than once to get a certain response. In addition, it was highlighted that the amount of details and notes entered varies widely depending on who is completing the tool and this can cause difficulties locating a household (e.g. vague information on location and phone number out of service with no secondary contact info).

The inability to make key updates to an assessment was also a noted concern. Providers reported that notes can be added to update the VI-SPDAT, but you cannot change the drop-down answers to the questions in the tool and therefore household scores remain the same.

### **Use of VI-SPDAT for All Households**

While most providers felt that using a standardized process and tool(s) was valuable and understood it was required component of CE, some indicated that completing the VI-SDPAT for all households and program types was impractical and an inefficient use of staff time given the limited resources available. Providers highlighted that a common complaint from consumers was that they went through completing the VI-SPDAT and “nothing ever came of it”. Some suggested that a ‘lighter touch’ assessment be implemented to steer households with shorter lengths of time homeless and no disability to other resources without the same priority levels as PSH or some RRH.

## **Prioritization & Referral**

### **Need for Clear & Detailed Standards for Prioritization**

It was evident from discussion within the focus groups and interviews that there is an uneven understanding of how households are prioritized for different resources. Some indicated that certain standards were being applied to their grants incorrectly that were never adopted through the CoC. Others believed that the VI-SPDAT score was weighed higher than length of time homeless.

While existing policies and procedures and the training presentations outline a basic framework for prioritization, they are not detailed enough to demonstrate clearly how households are

prioritized for assistance. For example, the P&P note that the CoC has adopted HUD Notice CPD-16-011 which encourages that PSH prioritization be based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual's or family's service needs. One section of the P&P states that those on the working list "are prioritized based on target population and VI-SPDAT score." In a PPT training presentation, it states that PSH will be based on 5 priorities with priority 1 being a score of 11 or more and length of time 3 years or more. This information is not in the P&P and within the PPT it's not clear if time homeless is weighed anymore amongst those within this 1<sup>st</sup> priority pool (e.g. those who are 10 years homeless would receive priority over those who are 3 years homeless).

Prioritization standards for RRH are also not fully described with the score seeming to be the main standard for referral. However, based on information provided during interviews and focus groups, it seemed that different forms of RRH had different prioritization standards. This was most clear in the use of the 'reverse referral' which was allowable for some types of RRH but not others. This process also was not described in the P&P and some providers seemed unsure of how it worked.

### **Matching and Referrals**

A key issue identified by providers was the timing and type of referrals received from CE staff for available resources. Providers noted that referrals from CE for both PSH and RRH can take a few weeks and this further prolongs a household's homelessness. Some providers also mentioned that it impacts the spend down rate of their grant funds when they are waiting on multiple referrals to fill openings for grants that have defined expenditure deadlines.

The reverse referral process was implemented for RRH to help ease this wait time but providers feel that it also has inefficiencies since the referral back approving the households can take just as long. RRH providers also felt that completion of the VI-SPDAT was unnecessary for these households since they already qualified for their program.

In addition to timing issues, providers indicated that sometimes referrals are sent for households that are not an appropriate match. This was most often stated from RRH providers regarding households who had high services needs but the RRH program was not designed with the resources needed to provide that level of service.

Lastly, there also was concern from providers that households that score lower on the VI-SPDAT scale were stuck waiting in the system without an opportunity to receive any services including those outside CE. In many cases the consumers just end up going back to the partner agency frustrated that they did not receive any assistance. Some providers referenced relying on resources like the Pathways to Housing Network to try to assist households in these situations.

### **Case Conferencing**

Currently, case conferencing occurs for PSH resources and Veterans resources through separate meeting for each. Overall, both provider groups felt that case conferencing is an important

opportunity to discuss available resources and status of households on working lists. However, providers noted that the PSH case conferencing didn't always occur as scheduled and would like to have more consistency in the structure of the meetings. The Homeless Vets Community Planning Group (HVCPG) Meetings take place regularly but it was noted that a CE representative was not always in attendance. A number of providers that do not currently attend those meetings expressed a desire to do so. There is no case conferencing established for RRH outside of Veterans resources and many RRH providers felt this should be implemented.

## System Infrastructure

### **Inadequate Structure/Staffing Levels for Area**

Stakeholders in each of the focus groups and interviews believed in the concept of coordinated entry and felt that there was more collaboration and knowledge amongst providers than before its implementation. However, most felt the system as its currently structured lacks the capacity and resources to perform its primary functions in an effective way. A number of providers reflected that the existing level of staff within the CE infrastructure could not reasonably handle the volume of need across the large geographic coverage area.

### **Ongoing CE Evaluation, Stakeholder Engagement, & Decision-Making**

HUD requires that the CoC consults with each participating project and project participants at least annually to evaluate the intake, assessment, and referral processes associated with coordinated entry. The current CE P&P describe that the Coordinating Entity is responsible for periodically evaluating efforts to ensure that the CES is functioning as intended and that evaluation and adjustment processes are informed by a broad and representative group of stakeholders.

While stakeholders have opportunities to voice concerns through their Housing Provider Networks, there doesn't seem to be any formal process in place to collect ongoing feedback or to adjust policy. In addition, a process for collecting participant feedback does not seem to be consistently implemented. The P&P also states that the ICH will be responsible for oversight and monitoring of the Coordinated Entry System but no details on how this occurs were provided. Based on interviews conducted, it does not seem that there is consistent oversight of the CE system within the current governance structure. The CE Workflow is built into HMIS but currently there are no ongoing reports pulled from it that look at key performance metrics to inform policy decision-making.

The current structure does not allow for a clear oversight role or separation of duties within the overall CE structure. It should be noted that HUD advises that there be a policy oversight entity and evaluation entity that is separate from the managing entity (in this case United Way)<sup>9</sup>.

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<sup>9</sup> <https://files.hudexchange.info/resources/documents/coordinated-entry-management-and-data-guide.pdf>

## Recommendations

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### **1. Improve Coordination of Outreach Efforts to CE**

Outreach services – proactively engaging people who are on the streets or living in places not meant for human habitation (cars, tents, abandoned buildings, etc.) and connecting them to services – are a key part of ending homelessness in any community. This is especially true in San Bernardino, given the diverse geography of the CoC and the high number of unsheltered homeless adults throughout the county (accounting for 63% of overall homeless population). As described earlier, San Bernardino does have specific outreach teams but they are not fully coordinated and information about who serves specific populations or geographic areas is not widely available to providers.

Outreach within the county should be mapped to ensure no gaps in coverage. TAC recommends an actual mapping process where all outreach and coordinated entry staff work together to identify on paper (a map) where outreach coverages exist and where gaps remain. A focused effort should be made to convene all outreach partners on a periodic basis to engage in coverage discussions as well as participation in case conferencing to strategize around difficult to engage households who may need to be prioritized for service linkages. Outreach workers should have a clear communication protocol back to the coordinated entry system and amongst provider staff and other outreach teams so that all parts of the crisis response system are working in concert, without gaps or duplication in efforts. This should also be tied back to efforts to locate households once they are referred to a resource.

It is recommended that all outreach teams have capacity to perform assessments and have access to mobile technology to complete those easily. In addition, outreach staff should be trained in best practices within outreach including effective engagement and diversion strategies. With ensuring existing outreach staff is incorporated into the overall CE system, resources dedicated to CE staff to conduct outreach and field assessments could be reduced or eliminated.

### **2. Increase Access Points/Assessment Capacity**

TAC recommends continuing to increase the ability among the provider network to conduct assessments. Having additional capacity across the provider network to perform assessments should lessen the burden on the 211 CE system and reduce inefficiencies in the system. Currently a large number of agencies are conducting a pre-screen on clients prior to referring over to 211 and this step could be eliminated if they were able to perform the assessments themselves. One part of this assessment capacity building could be to have certain providers or outreach staff host assessment hours in more rural areas of the county to ensure equal access.

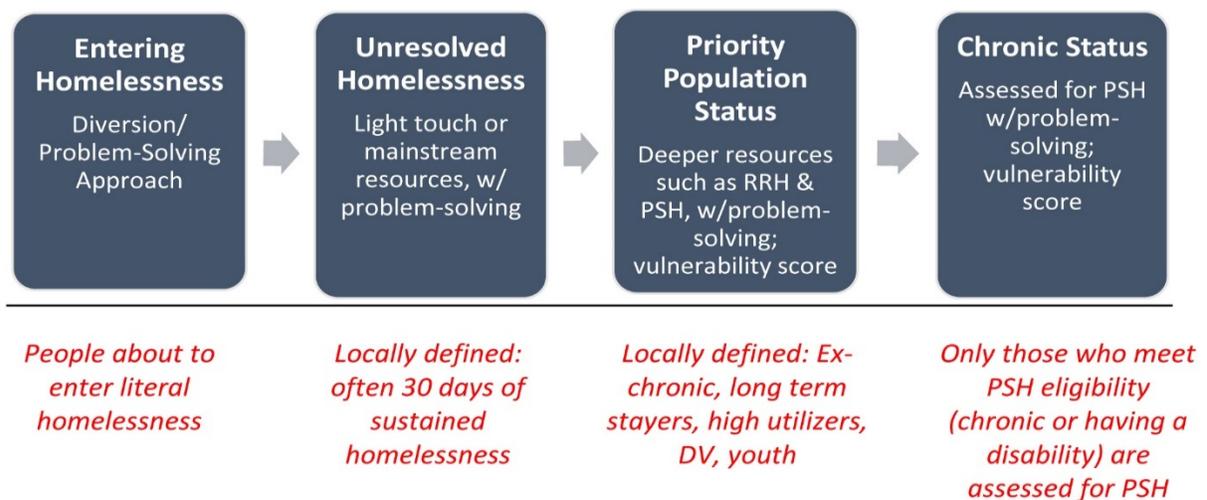
A key piece of adding additional assessment capacity is to ensure that access points and assessors are trained properly and employ a standard process across the system. Additionally, information on those providers who can complete assessments should be available to the larger network.

### 3. Implement a Phased Assessment Approach

[HUD's Coordinated Entry Notice](#) encourages CoCs to adopt a phased assessment approach and states that assessments conducted in different phases should build on each other and limit the frequency with which a participant must repeat a personal story so as to reduce trauma and improve system efficiency. Some key themes in how communities have operationalized a phased assessment approach include:

- Custom, shortened tools that correspond to the different phases of a homelessness crisis to gather only the critical information needed to move someone to the next stage of resolution.
- A progressive engagement paradigm where participants are consistently engaged in problem-solving approaches to leverage natural strengths and supports before being assessed for deeper, more permanent resources.
- Target lists or by name lists are used to prioritize people in priority populations for more in depth assessment.

Figure 1: Sample Phased Assessment Approach



To maximize both consumer and staff time given to the assessment process, as well as resource utilization:

- Survey alternative diversion, triage, and barrier assessment tools from other communities to consider how you may design a phased assessment approach.
- Compile the San Bernardino County resources that can be used as light-touch funding, housing case management, and/or mainstream housing opportunities to incorporate into a phased assessment approach
- Determine approaches to target who gets assessed for the deepest housing resources (RRH/PSH) and redistribute available staff time to assist your target

populations to strengthen a diversion approach, assist target populations to access the assessment process and to navigate housing referrals.

- Consider at what point in a participant’s homeless crisis it becomes critical to generate a vulnerability score and use the V.I.-SPDAT in those stages of assessment.

#### **4. Implement a Regional CE Approach**

While HUD requires that CoCs have only one CE process across CoC’s geographic area, it allows a regional approach in which “hubs” are created within smaller geographic areas.<sup>10</sup> Hubs within a regional approach may establish locally-specific referral zones to facilitate participant referrals to available resources. If a regional approach is chosen, the CoC must outline in its policies and procedures how the approach is implemented including how CE requirements to ensure access, standardized assessment and uniform referrals processes are implemented.

Regional CE approaches are more common in Balance of State CoCs and those with large geographic coverage areas such as San Bernardino.<sup>11</sup> Given that there is already an existing regional structure within the governance of the CoC, this could be mimicked in a regional approach.

Some key designs from CoCs that have adopted a regional approach include:

- Assigning a CE Managing Entity or Administrator who oversees all of the regional areas and is responsible for ensuring local process/procedures meet the requirement of the larger CE system within the geographic area.
- Created lead agencies within each region who are responsible for the day-to-day activities of the local CE process. These agencies often serve as an access point and may be responsible for overseeing resource matching, referrals, and case conferencing within a geographic area.
- Ensuring that regions collaborate and that those experiencing homelessness have access to and choice in resources within the region they reside as well as the overall geographic area.

#### **5. Employ Dynamic Prioritization & Establish Case Conferencing across the CE System**

Some of the common challenges in San Bernardino’s system and that other communities experience within their CE System can be attributed to a static prioritization process where actual resource availability is not considered and scoring relies heavily on a single pathway out of homelessness. This often results in long waitlists, large groups of people receiving nothing, information becoming out-of-date and difficulty in locating highly vulnerable populations once

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<sup>10</sup> [Notice Establishing Additional Requirements for a CoC Centralized or Coordinated Assessment System](#)

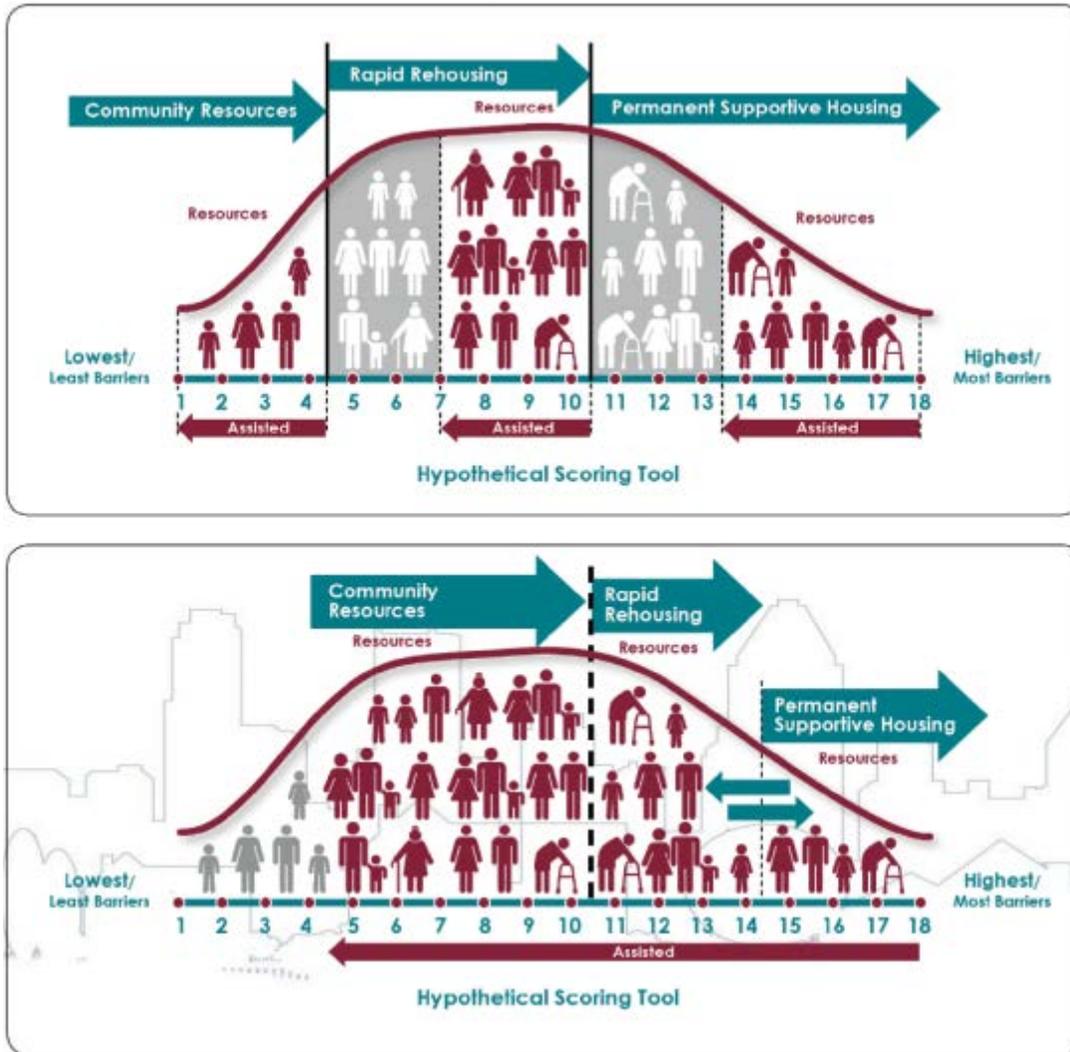
<sup>11</sup> Examples of CoCs using regional CE approaches include the [Colorado Balance of State](#), [the IOWA Balance of State](#), and the [Eastern PA CoC](#).

a resource is available. Dynamic Prioritization is an approach to prioritization that considers information in real time and seeks to do each of the following:

- Ensures the most vulnerable persons are prioritized for all available dedicated resources
- Seeks to achieve housing placements quickly, preferably on average of 30 days or less
- Allows for flexible housing placement decisions that considers a variety of factors
- Continues to utilize problem-solving conversations to move those households not currently prioritized into housing<sup>12</sup>

Moving away from a static prioritization to a dynamic prioritization allows greater flexibility across resources and improves overall system function.

Figure 2: Static Prioritization versus Dynamic Prioritization



<sup>12</sup> <https://nhsdc.org/wp-content/uploads/2019/05/3.1.6-Using-CE-Entry-Data-to-Serve-the-Most-Vulnerable-Households.pdf> and [https://www.va.gov/HOMELESS/ssvf/docs/A4\\_Dynamic\\_System\\_Management\\_PPT.pdf](https://www.va.gov/HOMELESS/ssvf/docs/A4_Dynamic_System_Management_PPT.pdf)

There are some elements of dynamic prioritization in San Bernardino's CE system through the use of case conferencing but the existing case conferencing is not fully implemented and prioritization is not clearly established as discussed previously. While case conferencing currently is practiced for the PSH working list and for Veterans populations, it does not occur for those non-veteran households who score within the RRH range. It is recommended that existing case conferencing practices are reviewed to ensure the right staff representation is included (e.g. Outreach workers, housing navigators, CE staff etc.) and that all prioritized households be included in case conferencing activities.

## 6. Update and Develop Detailed Procedures and Workflows

Many communities worked diligently to pass a set of CE policies to maintain compliance with HUD requirements, but are now finding that it's procedures need to be further detailed, well-developed, and a living, breathing reference for staff operating or interacting with CE to do so with fidelity. Clear procedures, simple workflow tools, and training also contribute to a higher degree of collective trust for the CE process.

The current version of the CE policies and procedures, as well as the training materials used to orient providers, contain some detailed policies, procedures, requirements, and workflows to orient staff to the CE process. However, as providers have become more familiar with CE and new policies or resources have been added (e.g. reverse referral, HEAP), there is a need to update the policies. Additionally, stakeholders expressed a desire for clearer workflows that explicitly outline the assessment data entry process in HMIS.

Key workflows or training materials identified needing additional information included:

- **Access** — clarity around who are considered access points outside of United Way 211 to include outreach staff and providers with the ability to complete assessments.
- **Assessment** — Stakeholders expressed a need for materials on the philosophy or approach to administering a V.I.-SPDAT in an effective, trauma-informed way and training to ensure it was administered consistently across providers. In particular, specific instruction on entering data and notes into HMIS.
- **Prioritization** — there was consistent confusion on how prioritization was determined for each resource (i.e. VI-SPDAT score alone or other factors). In addition, it seemed that policies around prioritization were developed without approval or input from an oversight entity such as ICH.
- **Housing Referrals** — there was lack of detailed information on how referrals are tracked within the system. It was unclear if providers were consistently entering information into HMIS regarding referrals.
- **Housing Denials**- While providers are required to complete a non-enrollment form, it was unclear how this information is tracked in HMIS or another method.

## 7. Strengthen CE Governance by Establishing CE Committee & Improved Data Management

The responsibility for establishing and operating the coordinated entry system lies fully with the CoC as outlined in the CoC Program interim rule at 24 CFR 585.7.<sup>13</sup> The CoC must establish policies and procedures governing the operation of coordinated entry. It is expected that the CoC designate some entity or working group to support the planning and oversight of the coordinated entry process itself and to ensure alignment of coordinated entry policies and procedures with ESG Program and CoC Program written standards.

Although the San Bernardino CoC has developed CE Policies and Procedures and identified United Way as a CE managing entity, there does not seem to be a clear operational structure in place to oversee the overall system and ensure its effective functioning. As noted earlier, HUD advises that there be a policy oversight entity and evaluation entity that is separate from the managing entity.<sup>14</sup> An example of different CE entities and their responsibilities is outlined in HUD's Coordinated Entry and Management Data Guide and shown below:

### Coordinated Entry Implementation Entities and Responsibilities



TAC recommends that the CoC establish a coordinated entry committee that serves as the policy oversight and evaluation entity and falls under the authority of ICH. The committee

<sup>13</sup> [https://files.hudexchange.info/resources/documents/CoCProgramInterimRule\\_FormattedVersion.pdf](https://files.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf)

<sup>14</sup> <https://files.hudexchange.info/resources/documents/coordinated-entry-management-and-data-guide.pdf>

would take on the responsibilities of reviewing ongoing reports on CE, overseeing a process to consult stakeholders (including consumers) on CE design and improvement and make recommendations to ICH for policy and process improvements.

The committee should review key metrics of the CE as well as identify challenges and successes of CE operation, to poise to the community to support CE's development. Below are key areas or metrics that could be incorporated into this process:

- Geographic coverage metrics
- Utilization of CE (how many assessed, how many placed, how many waiting)
- Process measures (time from assessment to referral; time from referral to program enrollment)
- Progress on prioritizing the most vulnerable (scores and length of time homeless of program enrollments)
- Sub-population focus of the above measures, particularly of the chronic population
- Challenges and successes of Housing First implementation (qualitative)
- Use of CE data to identify gaps in resources for the system

A key part of the CE committee's ability to perform its functions will be having consistent access to reliable data of the CE system. For this reason, it is highly recommended that a representative from OHS in its role as the HMIS Lead be a member of the CE committee and work closely with the CE Managing Entity to ensure data entry standards are followed.

It is also recommended that ICH and OHS consider what types of improvements need to be implemented within the existing data management structure to increase the CoC's ability to produce CE data metrics and reports. Based on a review of the data provided as part of this evaluation, the CoC is not able to readily produce reliable data on CE outputs and outcomes. Resources may need to be invested in HMIS system software upgrades to increase usability and provide built-in customized reports.<sup>15</sup> In addition, consideration should be given to whether additional staffing capacity is needed to designate time to data analysis. Staff in this role would have duties separate from system administration functions and concentrate on reviewing and analyzing HMIS data to understand overall CE and system-wide performance including System Performance Measures (SPMs), Longitudinal Systems Analysis (LSA), and Stella Performance Module.

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<sup>15</sup> Some communities have developed public data dashboards showcasing CE data points. Examples include: <https://cceh.org/data/interactive/can/>, <https://mecklenburghousingdata.org/welcome/housing-data-snapshot/>, <https://www.lahsa.org/data>

## Conclusion & Next Steps

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Coordinated Entry is an integral part of a community's overall crisis response system. While CE does not increase the amount of resources within a community, an effective CE system can ensure that the limited resources available in the homeless system are used as effectively as possible. With the implementation of CE, San Bernardino CoC has made improvements in overall system collaboration and engagement across the large geographic area. However, as highlighted in this report, challenges exist within the current structure and process improvements are needed to ensure effective delivery of housing and services to those that need it most.

If and how the recommendations in this report are implemented will largely depend on whether the leadership structures in place within ICH, HPN, and OHS adopt them. Implementing some recommendations will require decisions around funding availability for CE<sup>16</sup>, while others will require involvement and participation from providers and other stakeholders. We strongly recommend a convening of the relevant entities to discuss these recommendations in detail and determine the best path forward for San Bernardino County CoC.

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<sup>16</sup> The existing funding made available to the CE system is primarily authorized through the CoC or directly through the County. For example, CoC funding for an SSO-CE project goes through the Grant Review Committee and submitted to ICH Board for approval. ESG, HDAP, and CESH funding are administered at the County level through CDH.

## Appendix A: Agencies Represented at Focus Groups

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Name of Focus Group	Date	Agency
PSH	10/22/2019	Department of Behavioral Health
		HASCB
		Step Up on Second
RRH	10/22/2019	Catholic Charities
		Community Action Partnership of San Bernardino County
		Creating Community Solutions
		Family Service Association of Redlands
		Inland Housing Solutions
		Inland Valley Hope Partners
		KEYS Non-Profit
		Mental Health Partners
Outreach	10/22/2019	Water of Life Community Church
		City of Monclair
		Clay Counseling Solutions
		Department of Behavioral Health
		Inland Empire United Way
		Redlands Police Department
		San Bernardino County HOPE
		SBC Sheriff's Department
Emergency Shelter	10/23/2019	Step Up on Second
		Department of Behavioral Health
		High Desert Homeless Services
		Inland Valley Hope Partners
		Operation Grace
		Salvation Army
Veterans	10/23/2019	Victor Valley Family Resource Center
		KEYS Non-Profit
		Life Community Development
		Lighthouse Social Services Centers
		Veteran Affairs

## Appendix B: Stakeholder Interview List<sup>17</sup>

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Agency Name	Contact Name	Interview Date
Office of Homeless Services	Michael Bell	11/15/2019
United Way 211	Marisela Manzo & Gary Madden	11/18/2019
Doves of Big Bear	Quinton Page	11/18/2019
Sheriff's HOPE Team	Dep. Mike Jones	11/19/2019
Family Assistance Program	Devin Baze	11/20/2019
Lutheran Social Services of SC	Jessica Esquivel	12/3/2019
Inland Housing Solutions	Jeff Little	12/5/2019
KEYS – KEYS for Life/SSVF	Julie Burnette	12/5/2019
HPN Chair- West Valley Region	Don Smith	12/5/2019
HPN Chair- Central Valley Region	Jessica Alexander	12/9/2019
Family Service Association (FSA)	Tina Smith	12/11/2019
Social Work Action Group	David Reyes	12/11/2019
HPN Chair- Mountain Region	Wendell Wilson	12/12/2019

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<sup>17</sup> The following agencies were contacted for an interview but declined or did not respond to the request: Time for Change Foundation, High Desert Homeless Services, Lighthouse Social Service Centers, HPN Chair of Morongo Basin Haven, and Transition Aged Youth (TAY).

# San Bernardino County Homeless Partnership

## Interagency Council on Homelessness

Administrative Office  
303 E. Vanderbilt Way, San Bernardino, CA 92415-0026  
Office: (909) 386-8297



FROM: Tom Hernandez, Chief of Homeless Services

SUBJECT: Homeless Emergency Assistance Program (HEAP) Scoring Criteria Regional Modifications to be used as the Scoring Instrument for the Homeless Housing and Assistance Program (HHAP)

DATE: July 22, 2020

### RECOMMENDATION

Review and Revise the HEAP Scoring Criteria as a Regional Guideline to be used for the HHAP Request for Applications Regional Scoring Instrument.

### BACKGROUND INFORMATION

The Office of Homeless Services is preparing the Request for Applications (RFA) final release for early August. OHS is incorporating the recommendations from each Regional Steering Committee for their prioritization of funding for their region.

OHS has yet to develop a scoring instrument and would like to provide the HEAP scoring guidelines from 2018 to each region for their review and to revise so that it can be used for the 2020 HHAP scoring criteria.

Once each Regional Steering Committee has provided an updated or modified scoring instrument, the OHS will release each regions guideline along with the RFA. Each region will have flexibility in determining point distribution and threshold requirements.

## San Bernardino County Continuum of Care 2018-HEAP Project Scoring Guideline

The Homeless Emergency Aid Program (HEAP) received projects will be reviewed by the San Bernardino County Interagency Council on Homelessness (ICH) Grant Review Committee. All projects will be reviewed and scored by the ICH Grant Review Committee for recommendation to the full Council based on the following:

- The extent to which the proposed project meets the CoC's HEAP Project Eligibility threshold.
- The extent to which the proposed project addresses the eligible population: persons who are literally homeless or imminent risk of homelessness.
- The extent to which the proposed project furthers the countywide efforts to address homelessness.
- The applicant's ability to immediately resolve an individual or family's housing crisis.
- The applicant's readiness to immediately perform and administer the proposed homeless efforts through this funding source.
- The extent to which the proposed project supplements and does not supplant current programs.
- The extent to which the proposed project is oriented with State of California, Business, Consumer Services and Housing Agency data reporting requirements.
- Requirements as noted in the HEAP Request for Applications (RFA) and HEAP Application Form <http://wp.sbcounty.gov/dbh/sbchp/coc-heap/>.

### A. Housing First Emphasis (25 points)

- The extent to which applicant conforms to California and the CoC's Housing First policy.
- Housing Emphasis-The extent to which applicant is a Housing First organization. Housing First practices include rapid placement and stabilization for housing permanency and does not have service participation requirements or preconditions.

### B. Project Focus (25 points)

- The extent to which the project is for eligible services.
- The extent to which the project improves the current homeless services system.
- The applicant's ability to focus on long-term sustainable results, if wanting to maintain the project past the funding period.
- The extent to which the project addresses the fundamental underlying issues of homelessness rather than only addressing its symptoms.
- The extent to which measurable outcomes will be tracked and reported.

### C. Experience and Capacity (25 points)

- The applicant's experience and capacity in providing similar services, the length and type of experience it has working with the homeless, the quality of programs/services it provides, and the experience level of key staff.
- The applicant's ability to adequately describe the target population and address the requirements set out in the CoC HEAP RFA.

### D. Budget Detail (10 points)

- The applicant's proposed budget costs are adequate and realistic to complete the project.
- Fifty percent of project funds will be obligated by 12/31/19.
- One hundred percent of project funds will be expended by 5/30/21.

### E. Collaboration (15 points)

- The applicant's ability to collaborate with other agencies and/or municipalities.

### F. Bonus Points (5 points)

- The applicant demonstrates multijurisdictional collaboration.

## San Bernardino County Continuum of Care 2018-HEAP Project Scoring Rubric

Name of Agency Project:

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Reviewer Number:

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Applications received for the Homeless Emergency Aid Program (HEAP) will be reviewed by the San Bernardino County Interagency Council on Homelessness (ICH) Grant Review Committee. All proposed projects will be reviewed and scored by the ICH Grant Review Committee for recommendation to the full Council based on the following:

- ✓ The extent to which the proposed project meets the CoC's HEAP Project Eligibility threshold.
- ✓ The extent to which the proposed project addresses the eligible population: persons who are literally homeless or imminent risk of homelessness.
- ✓ The extent to which the proposed project furthers the countywide efforts to address homelessness.
- ✓ The applicant's ability to immediately resolve an individual or family's housing crisis.
- ✓ The applicant's readiness to immediately perform and administer the proposed homeless efforts through this funding source.
- ✓ The extent to which the proposed project supplements and does not supplant current programs.
- ✓ The extent to which the proposed project is oriented with State of California, Business, Consumer Services and Housing Agency data reporting requirements.
- ✓ Requirements as noted in the HEAP Request for Applications (RFA) and HEAP Application Form
- ✓ <http://wp.sbcounty.gov/dbh/sbchp/coc-heap/>.

**San Bernardino County Continuum of Care 2018-HEAP Project Scoring Rubric**

**A. Housing First Emphasis (25 points)**

**(15 pts [15 Excellent] [10-14 Good] [5-9 Fair] [1-4 Poor] [0 Unacceptable])**

- Excellent: Housing First emphasis is thoroughly described, leaving no doubt as to the Housing First model. Description is clearly based on the tenets of the Housing First model.
- Good: Similar to above, but description could provide more detail about the Housing First emphasis.
- Fair: Housing First emphasis is stated, but description limited, leaving some questions regarding how the agency will ensure Housing First services.
- Poor: Housing First emphasis is vague and poorly described. Housing First emphasis appears to have been an afterthought.
- Unacceptable: Housing First emphasis is not stated. The description does not have any evidence of applying the tenets of the Housing First model.

California’s Housing First Legislation: In 2016, the California Legislature passed Senate Bill 1380 (Mitchell). It required all housing programs to adopt the Housing First model<sup>1</sup>. The Legislation defined Housing First as:

- Tenant screening and selection practices promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services.
- Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of "housing readiness."
- Housing providers accept referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response systems frequented by vulnerable people experiencing homelessness.
- Supportive services emphasize engagement and problem solving over therapeutic goals and service plans that are highly tenant-driven without predetermined goals.
- Participation in services or program compliance is not a condition of housing tenancy.
- Tenants have a lease and all the rights and responsibilities of tenancy.
- The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction.
- Funding promotes tenant selection plans for supportive housing that prioritize eligible tenants based on criteria other than "first-come-first-serve," including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services.
- Case managers and service coordinators are trained in and actively employ evidence-based practices for engagement, including motivational interviewing and client-centered counseling.
- Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses.
- The project and specific apartment may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants.

<sup>1</sup>Codified as California Welfare & Institutions Code § 8255.

		<b>Points</b>
<input type="checkbox"/>	The extent to which applicant conforms to California and the CoC’s Housing First policy.	<b>15 points</b>

**San Bernardino County Continuum of Care 2018-HEAP Project Scoring Rubric**

**(10 pts [10 Excellent] [7-9 Good] [4-7 Fair] [1-3 Poor] [0 Unacceptable])**

- Excellent:** Housing First practices are thoroughly described, leaving no doubt as housing preconditions. Description is clearly based on the tenets of the Housing First model.
- Good:** Similar to above, but description could provide more detail about the Housing First practices.
- Fair:** Housing First practices are stated, but description limited, leaving some questions regarding how the agency will ensure Housing First practices.
- Poor:** Housing First practices are vague and poorly described. The practice of Housing First appears to have been an afterthought.
- Unacceptable:** Housing First practices are not stated. The description does not have any evidence of applying the tenets of the Housing First model.

		<b>Points</b>
<input type="checkbox"/>	Housing First practices include rapid placement and stabilization for housing permanency and does not have service participation requirements or preconditions.	<b>10 points</b>
<b>Comments:</b>		<b>Total</b>

**B. Project Focus (25 points)**

**(5 pts [5 Excellent] [3-4 Good] [2 Fair] [1 Poor] [0 Unacceptable])**

- Excellent:** Project focus is thoroughly described, leaving no doubt as to the purpose of the program. Description indicates a well-planned project focus.
- Good:** Similar to above, but description could provide more detail about the project focus.
- Fair:** Project focus is stated, but description limited, leaving some questions regarding how the agency will be providing services through this funding.
- Poor:** Project focus is vague and poorly described. Description of the project appears to have been an afterthought.
- Unacceptable:** Project focus is not stated. The description does not have any evidence of clear project intent.

		<b>Points</b>
<input type="checkbox"/>	The extent to which the project is for eligible services.	<b>5 points</b>
<input type="checkbox"/>	The extent to which the project improves the current homeless services system.	<b>5 points</b>
<input type="checkbox"/>	The applicant's ability to focus on long-term sustainable results.	<b>5 points</b>
<input type="checkbox"/>	The extent to which the project addresses the fundamental underlying issues of homelessness rather than only addressing its symptoms.	<b>5 points</b>
<input type="checkbox"/>	The extent to which measurable outcomes will be tracked and reported.	<b>5 points</b>
<b>Comments:</b>		<b>Total</b>

**San Bernardino County Continuum of Care 2018-HEAP Project Scoring Rubric**

**C. Experience and Capacity (25 points)**

**(5 pts [5 Excellent] [3-4 Good] [2 Fair] [1 Poor] [0 Unacceptable])**

- Excellent: Project experience/capacity/innovation is thoroughly described, leaving no doubt as to the organization’s ability to administer the program.
- Good: Similar to above, but could provide more detail about the organization’s experience/capacity/innovation.
- Fair: Project experience/capacity/innovation is stated, but description limited, leaving some questions regarding the organization’s ability to administer the program.
- Poor: Project experience/capacity/innovation is vague and poorly described.
- Unacceptable: Project experience/capacity/innovation is not stated. The description does not have any evidence of clear experience/capacity/innovation in administering the program.

		<b>Points</b>
<input type="checkbox"/>	The jurisdiction’s and/or agency’s experience in providing services to the public.	<b>5 points</b>
<input type="checkbox"/>	The jurisdiction’s and/or agency’s capacity in providing services to the public.	<b>5 points</b>
<input type="checkbox"/>	The jurisdiction’s and/or agency’s innovation in providing services to the public.	<b>5 points</b>
<input type="checkbox"/>	The applicant’s experience level of key staff.	<b>5 points</b>
<input type="checkbox"/>	The applicant's ability to adequately describe the target population and address the requirements set out in the CoC HEAP RFA.	<b>5 points</b>

<b>Comments:</b>	<b>Total</b>

**D. Budget Detail (10 points)**

**(5 pts [5 Excellent] [3-4 Good] [2 Fair] [1 Poor] [0 Unacceptable])**

- Excellent: Project budget is thoroughly described, leaving no doubt as to extent of expenditures. Description indicates a well-planned budget.
- Good: Similar to above, but description could provide more detail about the budget costs.
- Fair: Project budget is stated, but description limited, leaving some questions regarding how the agency will expend the funding.
- Poor: Project budget is vague and poorly described. Budget appears to have been an afterthought.
- Unacceptable: Project budget is not stated. The description of the budget costs unrealistic.

		<b>Points</b>
<input type="checkbox"/>	The applicant’s proposed budget costs are adequate and realistic to complete the project.	<b>5 points</b>

**(2.5 pts [2.5 Excellent] [2 Good] [1.5 Fair] [1 Poor] [0 unacceptable])**

- Excellent: Project funding obligation is thoroughly described, leaving no doubt as to the date of expenditures.
- Good: Similar to above, but could provide more detail about the funding obligation.
- Fair: Project funding obligation is stated, but description limited, leaving some questions regarding how the agency will obligate the funds.
- Poor: Project funding obligation is vague and poorly described.
- Unacceptable: Project funding obligation is not stated.

		<b>Points</b>
<input type="checkbox"/>	Fifty percent of project funds will be obligated by 12/31/19.	<b>2.5 points</b>
<input type="checkbox"/>	One hundred percent of project funds will be expended by 5/30/21.	<b>2.5 points</b>

<b>Comments:</b>	<b>Total</b>

**San Bernardino County Continuum of Care 2018-HEAP Project Scoring Rubric**

**E. Collaboration (15 points)**

**(15 pts [15 Excellent] [10-14 Good] [5-9 Fair] [1-4 Poor] [0 Unacceptable])**

- Excellent: Project collaboration is thoroughly described, leaving no doubt as to extent of collaborative partners. Description indicates a well-planned collaborative project.
- Good: Similar to above, but description could provide more detail about the project collaboration and partners.
- Fair: Project collaboration is stated, but description limited, leaving some questions regarding how the agency will collaborate with its partners.
- Poor: Project collaboration is vague and poorly described. Collaboration appears to have been an afterthought.
- Unacceptable: Project collaboration is not stated. The description does not have any evidence of clear collaboration with other agencies or municipalities.

		<b>Points</b>
<input type="checkbox"/>	Applicant's evidence of its ability to collaborate with other agencies and/or municipalities.	<b>15 points</b>
<b>Comments:</b>		<b>Total</b>

<b>F. Bonus (5 points)</b>		<b>Points</b>
<input type="checkbox"/>	• Only to applicants that demonstrate multijurisdictional collaboration.	<b>5 points</b>

**Total Points Awarded** \_\_\_\_\_