



## **Agenda: Interagency Council on Homelessness**

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**Meeting date, time, and place**    Date: **February 27, 2014**  
Time: **9:00 am – 11:00 am**  
Place: **Department of Behavioral Health, Training Institute**  
**1950 S. Sunwest Lane, Suite 200, Rooms Suoi and Agasga**  
**San Bernardino, California, 92408**

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

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**Convene Meeting of the ICH**

Chair or Designee will call the meeting to order

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**Invocation and Pledge of Allegiance**

Chair or Designee will lead the Invocation and Pledge of Allegiance

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**Introductions**

Chair or Designee will lead the Introductions of the Council members and staff

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**Receive Reports**

1. Homeless Provider Network – Sharon Green, Chair; or Designee
  2. Office of Homeless Services – Tom Hernandez, Homeless Services Manager
  3. ICH Subcommittee Reports – Chairs
  4. Legislative Report – Otis Greer, Legislative Affairs
  5. Board Agenda Review Report – Laura Orozco, Fifth District Field Representative
  6. Reentry Collaborative Report – Jose Marin, Public Health Special Project Coordinator
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**Consent Items** The following consent items are expected to be routine and non-controversial and will be acted upon by the Council at one time unless any Council member directs that an item be removed from the Consent Agenda for discussion.

Item No.	CONSENT ITEMS
1	Approve minutes of the November 7, 2013 ICH meeting
2	Ratify Chair Approval of the minutes of December 6, 2013 ICH meeting
3	Ratification of ICH Letter of Support for DBH application to the SB82 CHFFA grant
Item No.	SPECIAL RECOGNITION
4	Presentation of Plaque for Kent Paxton
Item No.	DISCUSSION ITEMS
5	Accept the nomination for election of the Vice Chair for the remainder of the current term
6	Approval of SSVF Grant Review Team Recommendation
7	Approval of the CoC Governance Charter
8	Move on Recommendation to Support a Youth Count in San Bernardino County in April

**Public Comment**

Persons wishing to address the Council will be given up to three minutes and pursuant to Government Code section 54954.2(a)(2) no action or discussion will be undertaken by the Council on any item NOT on the agenda.

**Council Roundtable**

Open to comments by the Council

The next Interagency Council on Homelessness meeting is scheduled for:

**Next ICH Meeting**

**March 26, 2014**  
**9:00 am – 11:00 am**  
**DBH – Training Institute**  
**1950 S. Sunwest Lane, Suite 200**  
**San Bernardino, CA 92408**

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) 252-4001 AND THE OFFICE IS LOCATED AT 1950 S. SUNWEST LN., STE 200, SAN BERNARDINO, CA 92408. <http://www.sbcounty.gov/SBCHP/>



**County of San Bernardino  
Office of Homeless Services**

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**Office of Homeless Services Report  
Prepared for the Interagency Council on Homelessness**

Report purpose The purpose of this document is to present the Office of Homeless Services report and to record action items from prior Interagency Council on Homelessness (ICH) meetings.

Date February 27, 2014

Presenter Tom Hernandez, Homeless Services Manager

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

<b>Announcements</b>	
<b>Supportive Services of Veterans and Families (SSVF) Priority I Funding</b>	
<ul style="list-style-type: none"> <li>• The SSVF grant was released last month and according to the notice of funding availability any agency applying for the SSVF grant, Under Priority 1, must include an endorsement by the local CoC to be considered for funding. A CoC may only endorse a maximum of two applications. San Bernardino County’s CoC is part of only 78 communities chosen to receive this additional “surge” funding.</li> <li>• SSVF applications are due by March 14<sup>th</sup>. There is \$3 million available in SSVF for our County (CoC). The Office of Homeless Services (OHS) has notified all agencies that if they are applying for SSVF, Priority I funding for a program serving clients within our CoC, they were required to complete and submit the SSVF CoC Review document on or before, 2 p.m. on February 7, 2014.</li> <li>• The SSVF Ad Hoc Grant Review Committee met last week to review the applications and score based on SSVF CoC criteria that was provided to the CoC’s via the U.S. Veterans Administration. Emphasis is placed on those agencies providing the maximum amount of permanent housing through rapid re-housing services. The resulting recommendation will be provided to you later for discussion today.</li> <li>• There is also Priority II and Priority III funding available for renewals and new applicants for renewable funding outside of Priority I, which is a non-renewable, one-time infusion of \$3 million over 3 years.</li> </ul>	



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### **Continuum of Care Update**

- The Office of Homeless Services has submitted the Continuum of Care (CoC) application on January 31, 2014, with a HUD due date of February 3<sup>rd</sup>.
- In addition to the Consolidated Application, 25 Project Applications were submitted for a total request of \$7.2 million in homeless services funding. The application was approved for submittal by the ICH on December 6, 2013.
- The OHS is also receiving a planning grant in the amount of \$107,517 to conduct planning for the development of a centralized intake and coordinated assessment system. As a proposed planning project, the project efforts will be dedicated to assessment, evaluation and strategic planning for the development and implementation of a regional coordinated centralized intake system using the current United Way 2-1-1 system.

### **SSI/SSDI Outreach, Access, and Recovery (SOAR) Training**

- The Office of Homeless Services along with the Program Development Division will be providing SOAR training on March 24<sup>th</sup> and 25<sup>th</sup> at the County of San Bernardino Health Services Auditorium at 850 E. Foothill Blvd., Rialto, CA 92376 from 8:30 am to 4:30 pm on both days.

The workshop will cover techniques that can be applied by service provider to assist individuals in applying for SSI and SSDI benefits. Registration is free but class size is limited. Additional SOAR Training workshops will be available in 2014 through our office.

### **100,000 Homes Campaign**

- The 100,000 Homes Campaign was profiled on 60 Minutes on Sunday, March 9, 2014. Anderson Cooper and the 60 Minutes team focused on the endeavors of the Campaign and reviewed the powerful transformations that can take place when people move from homelessness to housing.
- The 60 minutes spot is available for viewing at: <http://100khomes.org/press/100000-homes-housing-the-homeless-saves-money>
- Global Property Management, who has multifamily apartment complexes in Adelanto and Victorville contacted our 1,000 Homes Campaign based on the segment that he saw on 60 minutes to make a connection to see if they might be able to include their properties in any future permanent supportive housing efforts for veterans in those communities.



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### **Homeless Management Information System (HMIS) Update**

- We are going to be fully transitioning to Client Track with an anticipated start date of April 1, 2014. OHS and Human Services Information and Technology Support Division will be providing training for 100 users in March.
- We successfully participated in AHAR this past year and the Veterans data submitted was also useable by HUD.

### **Homeless and Policy Related News**

- On Tuesday, February 18, 2014, U.S. Housing and Urban Development Secretary Shaun Donovan announced the appointment of Laura Green Zeilinger to the post of Executive Director of the U.S. Interagency Council on Homelessness (USICH). Secretary Donovan currently serves as the Chair of USICH. Ms. Zeilinger will assume the post of Executive Director of USICH on March 7, 2014. Current USICH Executive Director Barbara Poppe announced her departure from the Council earlier this month.
- The Department of Housing and Urban Development (HUD) has announced a set-aside funding notice for the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program of \$7 million to create about 1,000 new HUD-VASH vouchers to be used in specific housing developments. The project-based vouchers will allow chronically homeless veterans to access affordable housing with supportive services (see attached Report 2A).
- This year the National Alliance to End Homeless Annual Conference will be held on July 29 - 31, 2014, in Washington, D.C. at the Renaissance Washington, D.C. Hotel. Registration will be opening soon for more information please see the website at: <http://www.endhomelessness.org/news/calendar/2014-national-conference-on-ending-homelessness>
- USICH has released a new resource to help communities end family homelessness (see Report 2B). More info is available on their website: <http://usich.gov/population/families/family-connection>

### **Homeless Outreach and Proactive Enforcement (H.O.P.E.)**

- Sheriff McMahon hosted an introduction to the H.O.P.E. program on Wednesday, February 26, 2014 from 9:00am to 11:00am. H.O.P.E. will assist in linking homeless individuals with resources to get back into society and into housing throughout the County.
- If you are interested in a presentation or more information, contact Deputy Michael Jones at (909) 387-3545 or send an email to: [hope@sbcasd.org](mailto:hope@sbcasd.org)



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**Loma Linda University Graduate Student Report**

- The Students from Loma Linda University who presented last year the results of their assessment of the health of the homeless in San Bernardino have provided our office with their written report.
- The report details their findings of homeless individuals interviewed in the City of San Bernardino and it provides recommendations to improve health service delivery to the homeless community (see attached Report 2C).

**Children’s Network Policy Council Youth Survey**

- At the last Children’s Network Policy Council, the Homeless Youth Taskforce proposed conducting a Homeless Youth-Centered Survey in the County of San Bernardino
- The Policy Council voted to move the recommendation forward to ICH to determine if this goal is in line with the 10 Year strategy and ICH policy and goals. Darryl Evey will be providing an overview today to the Council during the discussion segment of today’s Agenda.

**Numbers Served by CoC Funded Recipients**

- Attached in Report 2D you will find the number of recipients served for the months of November, December and January as reported in HMIS.

Attachments

HUD-Veterans Affairs Supportive Housing Letter – Report 2A-Attached

Family Connection Fact Sheet – Report 2B-Attached

LLU Homeless Health Assessment Report – Report 2C-Attached

Numbers Served by CoC Funding Recipients – Report 2D-Attached



## U.S. Department of Housing and Urban Development

### Public and Indian Housing

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Special Attention of:  
Directors of HUD Regional and Field  
Offices of Public Housing;  
Agencies that Administer the  
Housing Choice Voucher Program

**Notice PIH 2014-03 (HA)**

CORRECTION

Issued: February 4, 2014

Expires: Effective until amended, revoked  
or superseded

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Cross References: Notice PIH 2010-40;  
*Implementation of the HUD-Veterans  
Affairs Supportive Housing (HUD-VASH)  
Program* published in the *Federal Register*  
on March 23, 2012.

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### **Subject: Set-Aside Funding Availability for Project-Basing HUD-VASH Vouchers**

- 1. Purpose.** The purpose of this notice is to announce the availability of a set-aside of approximately \$7 million in HUD-VASH funding that will support approximately 1,000 units of project-based voucher (PBV) assistance. These PBVs will enable homeless veterans to access affordable housing with an array of supportive services. The vouchers are being made available from a set-aside from the Consolidated and Further Continuing Appropriations Act, 2013 (the Act) (Public Law 113-6), enacted March 26, 2013, that provided approximately \$75 million dollars of funding for HUD-VASH vouchers as authorized under section 8(o)(19) of the United States Housing Act of 1937.
- 2. Maximum and Minimum Awards.** Any PHA that administers a Housing Choice Voucher program may submit only **one** application for **one** project<sup>1</sup> to be placed under one PBV housing assistance payments (HAP) contract and may request no more than 75 PBVs in its application, with the following exception. A PHA that has received more than one allocation of HUD-VASH vouchers that are targeted to different VA facilities may submit one application (for one project) for up to 75 PBVs in connection with each VA facility. For example, if the PHA received an allocation for one Veterans Affairs Medical Center (VAMC) and another allocation for a Community Based Outpatient Clinic (CBOC) under the same VAMC, the PHA could submit two applications, one for a single project in connection with each site. Each application could be for up to 75 PBVs. However, the maximum number of vouchers requested must be within the 20 percent maximum budget authority that may be allocated to PBV assistance in accordance with 24 CFR § 983.5(a).

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<sup>1</sup> A “project” is defined as a single building, multiple contiguous buildings, or multiple buildings on contiguous parcels of land.

- 3. Application Due Date.** Applications (form HUD-52515,) are due **90** days from the date of this notice to the Department at the address below:

U. S. Department of Housing and Urban Development  
Office of Housing Voucher Programs, Attn: Phyllis Smelkinson, Room 4216  
451 7<sup>th</sup> Street, S.W., Washington, DC 20410  
All applications must be received at the above address no later than close of business (5:00 p.m. EST) on the due date.

It is recommended that applications be sent using overnight mail (USPS, UPS, FedEx, DHL, etc.) that requires signature upon delivery. Hand-delivered or standard delivery mail will be accepted; however, it is important to note that non-expedited mail has no guaranteed delivery time and is subject to the Department's security screening which can delay delivery. Applications will only be accepted at the above location; delivery to other locations will not be accepted. Applications not received on time will not be processed. Faxes and electronic submissions will not be accepted.

- 4. Application Requirements.** In order to address the required factors in the application, PHAs must select PBV proposals in accordance with program requirements at 24 CFR § 983.51 **prior** to submitting an application under this notice. This means that the PHA must have selection policies in its Administrative Plan and select proposals in accordance with such policies. PHAs must select proposals using either of the following two methods: (1) issue a request for PBV proposals. The PHA may not limit proposals to a single site or impose restrictions that explicitly or practically preclude owner submission of proposals for PBV housing on different sites, or (2) select a proposal based on a previous competition under a federal, state, or local government housing assistance, community development, or supportive services program. The competition must have occurred within three years of the PBV proposal selection date by the PHA and the earlier competitive selection proposal must not have involved any consideration that the project would receive PBV assistance.

The selection of the PBV proposal must be conditional and subject to the successful award of funding pursuant to this notice, unless a PHA has sufficient available voucher funding in its regular voucher program and/or HUD-VASH program to fulfill the PBV commitment outside of this set-aside.

The PHA must submit form HUD-52515, *Funding Application, Section 8 Tenant-Based Assistance, Rental Certificate Program, Rental Voucher Program*. This form may be downloaded from the following website:

<http://www.hud.gov/offices/adm/hudclips/forms/hud5.cfm>. When completing this form, include the five-digit PHA code (e.g. AL001) along with the name and mailing address of the PHA. Only complete the box for total dwelling units under vouchers in section B. Do not complete sections A or C. In section D of the form you do not have to address *Need for Housing Assistance*. Rather, the PHA applicant must provide the following information, for which you may attach extra paper:

- a. The number of PBVs requested, which cannot exceed 75.
- b. A description of the proposed project including: (1) the location by census tract; (2) the total number of buildings; (3) total number of units by bedroom size in each building; (4) the number and bedroom sizes of HUD-VASH units in each building; and (5) the target population, if any, of any non HUD-VASH units.
- c. Information regarding the threshold and scored factors (which must all be addressed) on which the application will be assessed and scored. Applications will be scored and assessed by Headquarters, the Field Office and the VA.

**The form HUD-52515 must be signed by the Executive Director of the PHA.**

**5. Threshold Factors:** Threshold factors must be met in order for the application to be given further consideration. If the HUD-52515 or any of the threshold items listed below are incomplete or missing, they will be treated as a curable deficiency and HUD may contact an applicant to clarify or request the missing information. Applicants must provide the requested information, in accordance with HUD instructions, within 10 business days from the date of the request or the application will no longer be considered for funding under this notice.

- (a) The application must include a signed letter of support from the Director of the VAMC or Veterans Integrated Service Network (VISN). The letter from the VA must confirm the need for the number of vouchers requested in the application.
- (b) The application must include a statement that it will comply with *Housing First*. The signature on the application will serve as a certification of the statement.

*Housing First* is an approach where homeless persons, usually chronically homeless or especially vulnerable homeless individuals and families, are provided immediate access to housing and then offered the supportive services that may be needed to foster long-term stability and prevent a return to homelessness. This approach removes unnecessary barriers and assumes that supportive services are more effective in addressing needs when the individual or family is housed and the daily stress of being homeless is taken out of the equation. Key components of this model include a simple application process, a

harm reduction approach, and no conditions of tenancy beyond those included in the lease. *Housing First* specifically does not require sobriety or testing for substance abuse to obtain or sustain tenancy and thus must not be required in the lease. More information on *Housing First* is available at:

[http://usich.gov/usich\\_resources/fact\\_sheets/the\\_housing\\_first\\_checklist\\_a\\_practical\\_tool\\_for\\_assessing\\_housing\\_first\\_in..](http://usich.gov/usich_resources/fact_sheets/the_housing_first_checklist_a_practical_tool_for_assessing_housing_first_in..)

(c) A statement that the Administrative Plan contains all required PBV policies and the application for HUD-VASH is consistent with the PHA Plan (see Section 2.a. and 2.b. of Notice PIH 2011-54 *Guidance on the Project-Based Voucher Program*) for program requirements. The signature on the application will serve as a certification of this statement.

(d) The PHA applicant must not have any major unresolved program management findings from an Inspector General audit, HUD management review, or Independent Public Accountant (IPA) audit for the PHA's HCV program or other significant program compliance programs that were not resolved or in the process of being resolved (as determined by the local field office) prior to this Notice's application deadline. Major program management findings or significant program compliance problems are those that would cast doubt on the capacity of the applicant to effectively administer a HUD-VASH PBV project. In addition, the PHA must not be involved in litigation that HUD determines may seriously impede the ability of the applicant to administer the HUD-VASH PBV project.

(e) The application must include an explanation of how the project is consistent with the goal of deconcentrating poverty and expanding housing and economic opportunities in accordance with the PHA Plan and the PHA's administrative plan policies, which must be established in accordance with 24 CFR § 983.57(b).

(f) The application must include a statement indicating the project's accessibility to transit, the VA Medical Center or VA Community-Based Outpatient Clinic (CBOC), employment opportunities, and to key neighborhood assets (which must be identified), such as quality grocery stores, banks, libraries, and parks and recreational facilities. This statement must include transit options for the immediate area, such as rail, bus, ride/bike share, etc., and may include scoring indices for neighborhoods, such as a Walk Score (<http://www.walkscore.com>). The signature on the application will serve as a certification of this statement.

**6. Scored Factors:** A maximum of 85 points may be awarded.

- a. Project Readiness:** The PHA must provide a project timeline indicating major milestones including when project units will be ready for occupancy:

**30 points:** Existing housing that will be ready for occupancy within 60 days of selection date for PBVs under this notice, which is anticipated to be 90 calendar days from application due date.

**15 points:** Newly constructed or rehabilitated units that will execute an agreement to enter into housing assistance payments (AHAP) and start construction within 6 months of selection date for PBVs under this notice, which is anticipated to be 90 calendar days from application due date.

**5 points:** Newly constructed or rehabilitated units that will execute an AHAP and start construction within 12 months of selection date for PBVs under this notice, which is anticipated to be 90 calendar days from application due date .

If selected, the PHA will be required to submit a PBV HAP contract (form HUD-52530B) to Headquarters at the address above to verify occupancy for existing units within 60 days of selection. If a PHA is selected for a new construction or rehabilitation project, the AHAP (form HUD-53531 A and B) must be submitted in accordance with the deadlines above. If the PBV HAP contract or AHAP is not executed by the deadlines noted above, the funding and associated PBVs will be forfeited by the PHA and must be returned to the Department.

Please note that both the AHAP and PBV HAP contract may only be executed after specific regulatory requirements are met. For new construction and rehabilitation, an environmental review and subsidy layering review are required prior to the execution of the AHAP as required by 24 CFR 983.153. An environmental review is required prior to the execution of a PBV HAP contract for existing units. In selecting projects, the PHA must consider these requirements in concert with the timelines noted above.

- b. Participation in the Enhanced Use Lease (EUL) Program.** The PHA must describe its collaborative efforts with the VA in developing the PBV proposal for the EUL program. Please note that a PHA's selection of an EUL site meets the alternative competitive selection requirements under 24 CFR § 983.51(b)(2). However, the means of selection must still be consistent with the PHA's administrative plan.

**25 points:** The project is being developed in coordination with the EUL program.  
**0 points:** The project is not associated the EUL program.

- c. **Relative Need:** This factor will be rated by HUD and the VA based on an analysis of homeless veteran data, provided by local Continuums of Care and VA Medical Centers in the geographic area of the PBV project. Level of need will be determined by the number of homeless veterans, with an emphasis on chronically homeless veterans, in the project's geographic area and the number of permanent supportive housing resources in the area available to address the need. HUD and the VA will then divide the applications into three levels of need based on the available data.

**30 points:** Very high need is determined.

**15 points:** High need is determined.

**5 points:** Medium need is determined.

- 7. PBV Requirements.** All projects must be selected (see Section 4 of this notice), developed, and operated in accordance with the PHA's application, PBV program requirements found at 24 CFR part 983, Implementation of the HUD-VASH Program (Operating Requirements) published in the *Federal Register* on March 23, 2012, the requirements of Notice PIH 2010-23 (*Project-basing of HUD-VASH Vouchers*) and Notice PIH 2011-54 (*Guidance on the PBV Program*). **If a PHA applicant requires a waiver of any of the requirements noted above, it must submit the waiver request with its application.**

- 8. Vacant Units.** In regard to vacant units, if any contract units have been vacant for a period of 120 days or more since owner notice of vacancy (and notwithstanding the reasonable good faith efforts of the PHA to fill such vacancies), the PHA may give notice to the owner amending the HAP contract to reduce the number of contract units that have been vacant for such period. Any units not assisted under a HAP contract may be marketed and occupied as the owner determines. The PHA will no longer receive administrative fees for any units removed from the PBV HAP contract. Please reference 24 CFR 983.254(b).

- 9. Selection of Applications.** Applications will be selected in order of points awarded until all funding is exhausted. If at the end of the selection process, two or more applications have tied scores and there is not enough funding to select all of the tied-score applications, selection will be based on this order: (1) Score for Relative Need; (2) if scores are still tied, the Score for Participation in the Enhanced Use Lease (EUL) Program; and (3) if scores are still tied, the score for Project Readiness. If there are still tied scores, the application/applications selection will be based on a lottery drawing.

If any funding remains, it will be used to provide additional tenant-based HUD-VASH vouchers according to the geographic need of homeless veterans based on HUD and VA data. If any funding is returned after awards are made due to non-compliance with award terms, those funds will also be used to provide additional tenant-based HUD-VASH vouchers in accordance with the normal allocation process.

**10. Information Contact.** Inquiries about this notice should be directed to Phyllis Smelkinson, Darrin Dorsett, or Caroline Crouse in the Housing Voucher Management and Operations Division, Office of Public Housing and Voucher Programs, at (202) 402-4138, (202) 402-8861, or (202) 402-4595, respectively.

**11. Paperwork Reduction Act.** The information collection requirements contained in this Notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C 3520). In accordance with the PRA, HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a currently valid OMB control number. The active information collections contained in this Notice have been approved under the PRA OMB Control Number 2577-0169.

\_\_\_\_\_  
/s/

Sandra B. Henriquez,  
Assistant Secretary  
for Public and Indian Housing

# Family Connection

Building Systems to End Family Homelessness



Ending homelessness for families and children is a priority for the nation and for every community. By providing the right amount of assistance to help families obtain or regain permanent housing as quickly as possible and ensuring access to services to remain stably housed, achieving an end to family homelessness is possible.

## Defining an End to Family Homelessness

Given the current economic realities in most communities, situations in which families experience a crisis and lose their home will likely occur. Recognizing this reality, USICH and Federal partners adopted a vision of an *end to family homelessness* to mean that **no family will be without shelter** and **homelessness will be a rare and brief occurrence**. To achieve an end to family homelessness, we encourage communities to join us to strengthen our local crisis response systems together.

*Working together with our partners at the state, local, and federal level to strengthen the local crisis response systems, we will:*

- *Ensure that no family is living unsheltered,*
- *Shorten episodes of family homelessness by providing resources that enable families to safely reenter permanent housing as quickly as possible,*
- *Link families to the benefits, supports, and community-based services they need to achieve and maintain housing stability, and*
- *Identify and implement effective prevention methods to help families avoid homelessness.*

## Key Areas of Action

USICH and Federal partners, through a review of research, engagement with communities, and an interagency working group process, identified four key strategy areas for federal, state, and local action to end family homelessness:

- 1) Develop a centralized or [coordinated entry system](#) with the capacity to assess needs and connect families to [targeted prevention assistance](#) where possible and [temporary shelter](#) as needed;
- 2) Ensure interventions and assistance are tailored to the needs of families:
  - a) Provide [rapid re-housing](#) assistance to the majority of families experiencing homelessness,
  - b) Increase access to [affordable housing](#), and help communities target resources, and
  - c) Direct more [service-intensive housing interventions](#) to the highest need households;

## The Plan

*Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* sets the goal to end family homelessness by 2020.

[LEARN MORE...](#)

## What We Know

Families experiencing homelessness are very similar to other low-income families. They face many obstacles such as low education level, domestic violence, and mental health issues.

[LEARN MORE...](#)

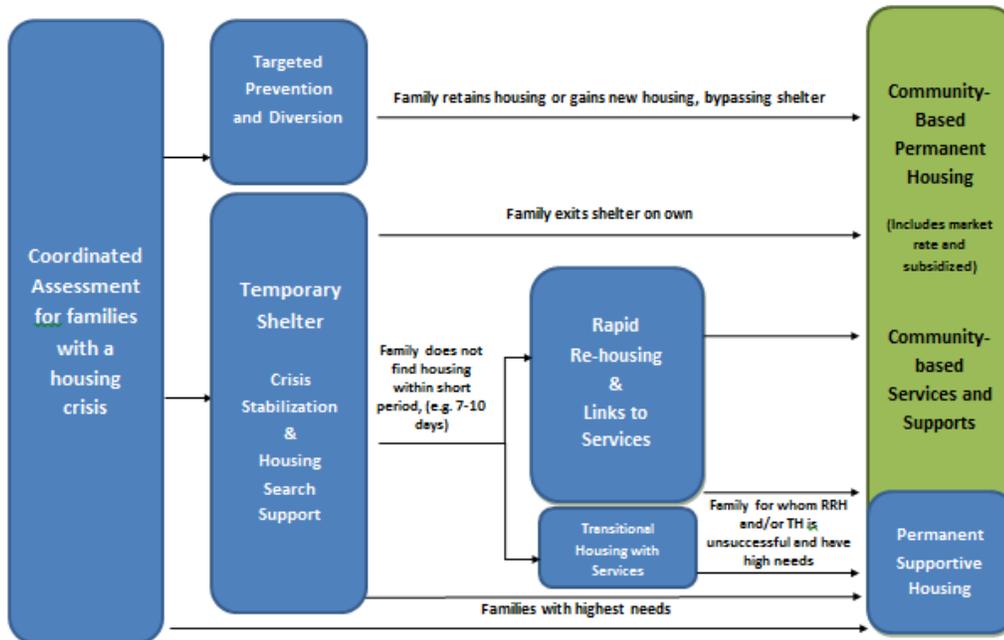
## Our Progress

Despite tremendous challenges associated with the recession, 2013 HUD data on family homelessness indicates a decrease at a point in time. Still, the data on family homelessness points to the need for additional efforts, and increased resources to meet our shared goal.

[LEARN MORE...](#)

- 3) Help families connect to the mainstream resources (benefits, employment, and community-based services) needed to sustain housing and achieve stability. Improve linkages to [local mainstream systems](#) to help families gain access to these resources more quickly;
- 4) Develop and build upon [evidence-based practices](#) for serving families experiencing and at-risk of experiencing homelessness.

USICH and Federal partners are aligned around this approach and committed to supporting communities and stakeholders through the use of interagency messaging, policies, and technical assistance.



**Figure 1:**  
**Diagram of Crisis Response System for Families**

This diagram illustrates how an effective crisis response system can assess the needs of families experiencing a housing crisis, prevent homelessness, and connect families to the housing and services they need to exit homelessness quickly and safely when it occurs.

## Coordinated Entry System

*Ensure safety and well-being while solving families' housing crises.*

Families experiencing homelessness have varying levels of strengths and service needs. An effective response prevents homelessness or addresses the immediate crisis of homelessness, then connects housing families to the most appropriate level and type of assistance based on their strengths and needs. Effective crisis response systems have coordinated access or entry points through which families can seek help, have their strengths and needs assessed, and be connected to appropriate housing and supports. The assessment provides the ability for families to be given access to the best options to address their needs, rather than being evaluated for single programs.

### Prevention and Diversion

As a result of the assessment process, families can be assisted to maintain or obtain permanent housing while avoiding a shelter stay. Prevention and diversion assistance may include a combination of financial assistance, mediation, housing location, or other supports. When the intervention is aimed at helping families stay in their current housing, safety should be a primary consideration.

## Parts of an Effective System:

[Prevention & Diversion](#)

[Temporary Shelter](#)

[Safety for Survivors of Domestic Violence](#)

## Temporary shelter

Temporary shelter with stabilization services provides immediate safety for a family and addresses immediate crisis needs, including specialized domestic violence shelters and services. Stabilization services may include access to school or early childhood care and learning, benefits, and health services including substance use and mental health services. Housing placement is the primary objective for temporary shelter.

## Safety for Survivors of Domestic Violence

In order for coordinated entry systems to function, providers may need to change their admissions policies by removing barriers to entry that may be embedded in eligibility criteria, as well as accept referrals from the coordinated access point(s). As many families experiencing homelessness are significantly impacted by domestic violence and other trauma, effective entry systems have the training and capacity to engage in a trauma-informed way and identify survivors of domestic violence. Successful systems also offer safety planning, advocacy, and access to specialized services that address the safety concerns of individuals, and their children, fleeing domestic violence. Effective systems are able to assess the needs of children and youth and make effective linkages for appropriate services.

## Tailored Interventions and Assistance

*Utilize a range of resources and program models to better serve families.*

### Rapid Re-housing

Rapid re-housing helps individuals and families quickly exit homelessness to permanent housing. Rapid re-housing assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety), and the resources and services provided are typically tailored to the unique needs of the household. The core components of a rapid re-housing program include housing identification services, financial assistance for rent and move-in, and accompanying case management and supportive services. While a rapid re-housing program has all three core components available, it is not required that a household utilize them all.

### Permanent Supportive Housing

Permanent supportive housing is long term affordable housing with ongoing services for families with disabilities and high levels of need, such as those who have experienced homelessness repeatedly or are frequent users of other systems of care. To be successful, supportive housing that uses a Housing First approach needs to be available at a scale sufficient to serve the households that require this approach.

### Affordable Housing

Many households can resolve their homelessness without needing either rapid re-housing or permanent supportive housing. Partnerships between homeless service providers, public housing agencies, and other affordable housing providers help expedite quick access to housing.

### Transitional Housing

Transitional housing programs provide temporary residence combined with intensive services—usually for up to 24 months—for people experiencing

## Tailored Interventions:

[Rapid Re-housing](#)

[Permanent Supportive Housing](#)

[Affordable Housing](#)

[Transitional Housing](#)

homelessness. Transitional housing may currently represent a significant portion of the inventory in many communities. While transitional housing programs may meet the needs of a sub-population of families, it is important to evaluate programs based on the effectiveness and efficiency of achieving permanent housing outcomes relative to other housing interventions.

### Connection to Mainstream Resources

*Expand services by leveraging local community assets.*

Beyond housing, a range of community-based benefits and supportive services can help parents and children move out of crisis, achieve stability, and improve income, education, and well-being. Given limited resources for homeless specific assistance programs, it is essential that communities develop strategies to improve access to and coordination with mainstream benefits and services. Local mainstream or community service programs can provide comprehensive, wrap-around services for families and children, as needed. More effective coordination between homelessness services, prevention efforts, and mainstream programs is essential. Such a system-level transformation takes a great deal of community-level partnership and engagement.

### Evidenced-Based Practices

*Ensure parents and children receive high quality care.*

There is a wealth of evidence and data on practices that improve the efficiency and effectiveness of interventions which support families to achieve and maintain a permanent housing outcome. Communities can apply these practices to their programs and funding decisions. For example, there is an opportunity for communities to adopt [housing first principals](#), ensure the use of [trauma-informed services](#) in every intervention, apply [critical time intervention](#), and connect families with [early childhood home visiting and early childhood education](#) programs. Enhancing services for families through the implementation of evidence-based practices can lead to a range of improved outcomes for parents and their children, all while making scarce resources go further.

### Together We Can End Family Homelessness

An end to family homelessness requires partnership across all levels of government and sectors as well as across a range of disciplines. Reaching an end to family homelessness is challenging, but dramatic improvements are achievable through providing the right amount of assistance to families, connecting families to permanent housing, strengthening local crisis response systems, and using resources and evidence-based practices strategically. An increase in resources to grow the supply of affordable housing is a critical component to this effort.

USICH, in partnership with Federal agencies, will publish additional resources as more is learned from the field and Federal partners about effective strategies for building systems to end family homelessness. Visit our website at [www.usich.gov](http://www.usich.gov) for available guidance and resources.

### Key Mainstream Resources:

[TANF](#)

[Health care](#)

[Child welfare](#)

[Education](#)

[Child Care](#)

[Employment training services](#)

### Evidence-Based Practices

[Housing First](#)

[Trauma-informed services](#)

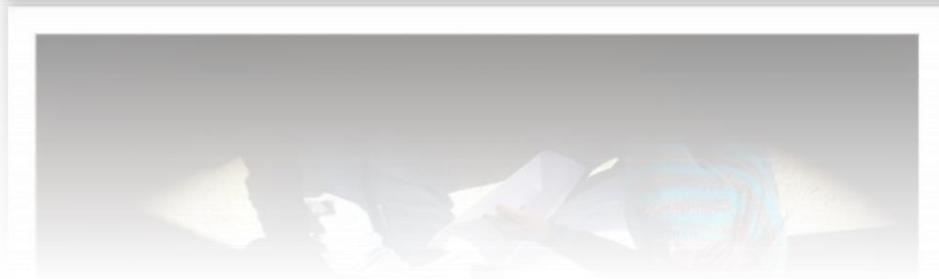
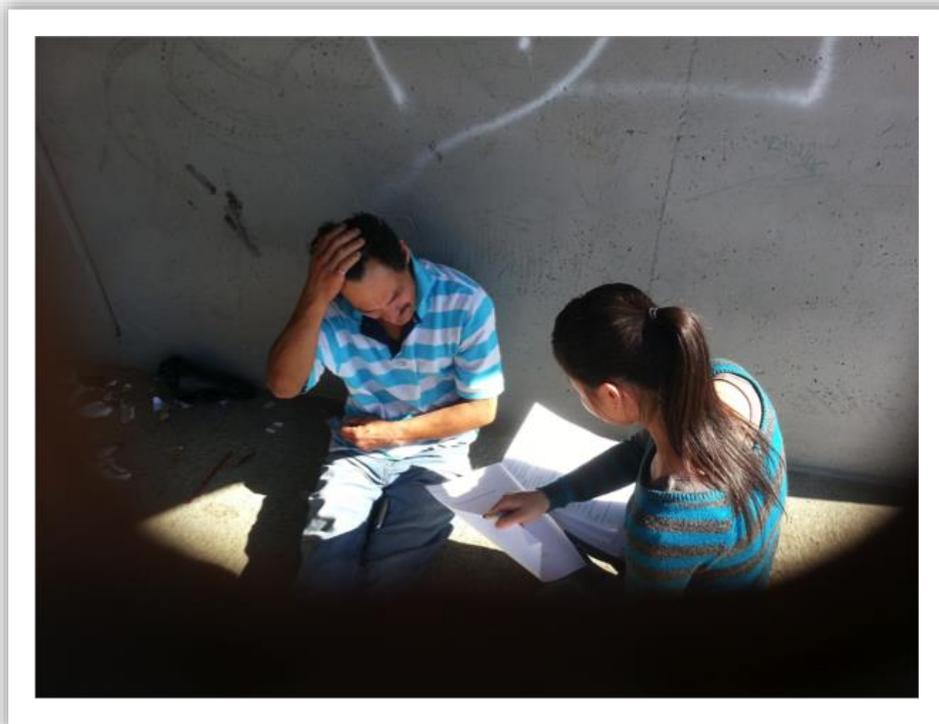
[Critical time intervention](#)

[Engagement with early childhood home visiting & education programs](#)

# Homeless Health Assessment

City of San Bernardino

**Kerk Allen, Jennifer Eckersley, Rhonda Holloway, & Staci Pham**



Loma Linda University's School of Public Health

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## List of Acronyms

<b>CCLM</b>	<b>Central City Lutheran Mission</b>
<b>HUD</b>	<b>United States Department of Urban Housing and Development</b>
<b>KAP</b>	<b>Knowledge, Attitudes, and Practices</b>
<b>KII</b>	<b>Key Informant Interview</b>
<b>NHCH</b>	<b>National Health Care for the Homeless Council</b>
<b>LLSMO</b>	<b>Loma Linda Street Medicine Outreach</b>
<b>LLU</b>	<b>Loma Linda University</b>
<b>LLUSPH</b>	<b>Loma Linda University School of Public Health</b>
<b>SACHS</b>	<b>Social Action Community Health System</b>
<b>SBC</b>	<b>San Bernardino County</b>
<b>SBCHP</b>	<b>San Bernardino County Homeless Partnership</b>

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**Mary's Mercy Center**

**Relive Thrift Store**

**Salvation Army**

**St. Bernadine's Medical Center**

**Social Action Community Health System (SACHS)**

## Executive Summary

Homelessness is a serious problem in the United States and a significant risk factor for poor health. In 2011, a team of medical students from the Loma Linda University School of Medicine began providing basic healthcare services to homeless adults living in and around San Bernardino, CA. Under the supervision of licensed physicians, the students provide general health assessments, vaccinations, dispense medication, and refer patients to other healthcare providers. Students from LLU's School of Public Health have joined Loma Linda Street Medicine Outreach (LLSMO) in a student-to-student effort, bringing a public health approach to better understand the determinants of poor health among the homeless and their access to resources. A comprehensive mixed-method assessment was conducted, including literature reviews, data analysis from secondary sources, knowledge, attitudes and practices (KAP) survey, windshield survey, focus groups and key informant interviews with homeless individuals, as well as healthcare providers, members of law enforcement, and shelter workers. The quantitative assessments results showed that dental and vision were most common health concerns. The qualitative assessment results show a need for more drug detox and rehab facilities and a need for centralized services. This comprehensive needs and assets assessment will help to improve the work of LLSMO and other service providers by deepening healthcare practitioners' understanding of the challenges faced by San Bernardino's homeless population.

## Background

Homelessness is a large-scale problem throughout the United States and a major contributor to poor health nationwide. According to the National Health Care for the Homeless Council (NHCHC) (2011), a person who is homeless is three to four times more likely to die earlier than someone who has housing. The life expectancy of a homeless person in the U.S. is, on average, only 41 years (NHCHC, 2011). The United States Department of Housing and Urban Development (HUD) defines homelessness as “people who for various reasons have found it necessary to live in emergency shelters or transitional housing for some period of time,” and “... unsheltered homeless people who sleep in places not meant for human habitation (for example, streets, parks, abandoned buildings, and subway tunnels) and who may also use shelters on an intermittent basis” (Marquez, 2011).



Loma Linda Street Medicine Outreach (LLSMO) was started in 2011 by Dr. Carla Toms and a few medical students who would go out onto the streets to provide healthcare to the homeless of San Bernardino. When Dr. Toms left the area, the project was taken over by volunteers from the Loma Linda University School of Medicine in July of 2012. They currently run clinics at local shelters and soup kitchens and walk the streets in teams that consist of one attending doctor who is ultimately responsible for the care provided, one team leader who decides where to go and ensures protocol is followed, one peacekeeper who is responsible for the safety of the group, and a few medical students who provide care. The

main goal of LLSMO is to provide basic medical care to the homeless population where they are and on their terms.

The Loma Linda University's School of Public Health's (LLUSPH) Global Health Program contains a service learning element during which student teams are paired with a community organization in order for the students to gain valuable hands on experience and for the organization to utilize the public health skills of the student team. The partnership between LLSMO and the Global Health Student Team (GHST) began in October of 2012. Although homelessness is a serious problem in San Bernardino, specific information on the local population is very minimal, especially data regarding health and health access. Therefore, it was decided that the best approach was for the GHST to focus their intervention on completing a comprehensive mixed methods assessment so that meaningful evidence-based public health interventions can be conducted in the future.

"Instead of pulling patients into the healthcare world, we meet people where they are. We grab our stethoscopes, put on our backpacks, and find those people who are never going to come to a clinic. We provide free medical care to anyone. We don't have much, but you are welcome to whatever we have."

After conducting a search of the literature on needs and assets assessments in the homeless programs, a similar project called "Service Learning: A Strategy for Conducting a Health Needs Assessment of the Homeless" was discovered (Schaffer, 2000). This project was also a service learning partnership that assessed the health needs of homeless individuals by using nursing students at Bethel College in Mishawaka, Indiana (Schaffer, 2000). The group conducted surveys at four shelters for a total of 101 individuals and a focus

group to evaluate concerns about health, healthcare needs, and health service delivery (Schaffer, 2000). With the results gathered, students were able to provide recommendations to improve health care service for the homeless population (Schaffer, 2000). Elements of this project were replicated while completing this particular comprehensive assessment for the homeless of the City of San Bernardino.



## Methods

A mixed methods approach to research was used for this assessment, which involves both qualitative and quantitative strategies. It was essential to obtain both perspectives to understand the unique perspectives of the homeless community regarding health and healthcare access.

### Qualitative Methods

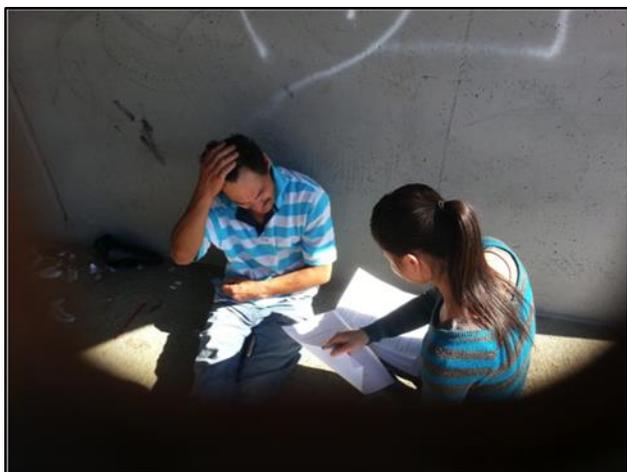
Qualitative methods were used to delve deeper into people's thoughts and behaviors.

The qualitative research for this assessment began with a windshield survey, during which

## Methods

- Qualitative
  - Windshield survey
  - Police ride-along
  - Key Informant Interviews
    - 3 homeless men
    - 1 homeless woman
    - 5 service providers
  - Focus group
    - 5 homeless women
- Quantitative
  - 100 KAP surveys
    - 56 homeless men
    - 44 homeless women

the Global Health Student Team explored the City of San Bernardino in order to familiarize themselves with the places the homeless community frequent and reside. The area surveyed was downtown San Bernardino bounded by North East Street to the north, West Baseline Road to the east, North Waterman Ave. to the south, East 3<sup>rd</sup> Street. The boundaries were somewhat natural, as defined by these major roads around the perimeter. The survey took place from approximately 4:30-5pm on Wednesday November 7, 2012. A police ride-along, conducted with each member of the Global Health Student Team and a City of San Bernardino police officer also enabled interactions and observations with homeless individuals residing in areas that would not otherwise have been accessible.



Other qualitative methods used were Key Informant Interviews (KIIs) and focus groups with homeless individuals and service providers. KIIs with both groups provided insight into the issue of health concerns and healthcare access for the homeless population. KIIs were conducted with three homeless men,

one homeless woman, and five service providers. The focus group was conducted with a group of five women. Informed consent forms distributed to all KII and focus group participants in order to ensure voluntary participation and to inform the participants of the risks and benefits of the research.

### Quantitative Methods

Quantitative methods were selected to collect numerical data and to give strength to the findings. A Knowledge, Attitudes, and Practices (KAP) survey was developed and

conducted with 100 homeless individuals, 56 men and 44 women, living on the streets, in shelters, and transitional living centers. Some of the locations that individuals were surveyed took were CCLM, Mary's Table, the Salvation Army, the Relive Thrift Store, and during the police ride-along. The survey questions were developed based on the KIIs and were necessary to assess the barriers to health services on a larger scale in order to validate findings. The KAP surveys were first piloted with homeless individuals and then modified to ensure that the questions were understandable and appropriate.

## Findings

After collecting the results of the both the quantitative and qualitative assessment tools, the results were analyzed in detail. The quantitative results of the survey were input into SPSS for statistical analysis. And the team received assistance analyzing the data from the research-consulting group on campus. After the results were analyzed, detailed tables and graphs were created to present the findings. For the qualitative portion, each key informant interview was transcribed verbatim and the overarching themes were identified.

### Quantitative Findings

Among the 100 participants who completed the survey, there was an almost even balance between males and females (56 to 44). Their ages ranged from 18 and under to 75 and

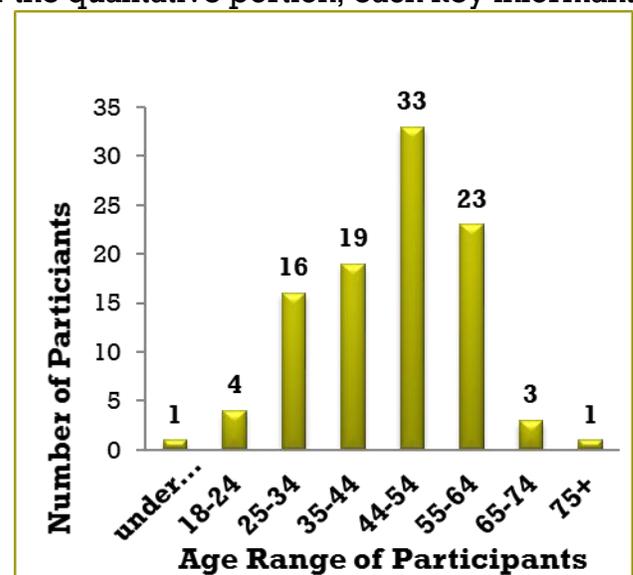


Figure 1: Age range of participants

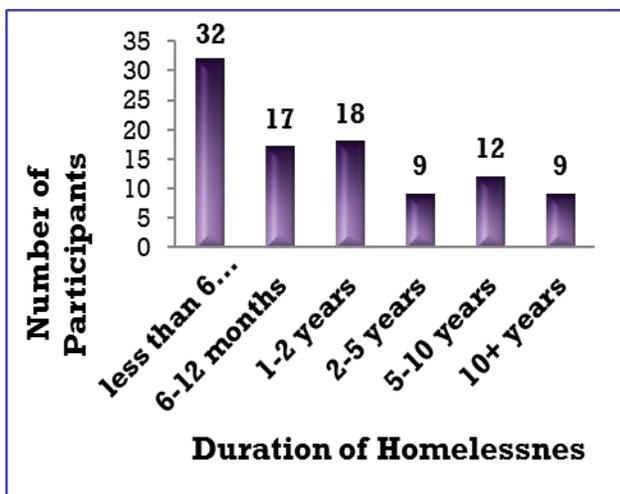


Figure 2: Participant's duration of homelessness (n=100)

older, and the highest number of participants were 44–54 (Figure 1). The lowest number of participants were in the age ranges of 75 and older and 18 and under. The most common length of time spent being homeless was less than six months and the least common lengths were two to five years and 10 years or more (Figure 2). Dental concerns were the most

common health issue identified in the survey for both men and women. The most common health concerns differed slightly when compared by gender. Men were most concerned about smoking, while for women their main concern was their vision. Women's health was one of the top health concerns among the women, but men's health was one of the lowest health concerns among the men (Figure 3).

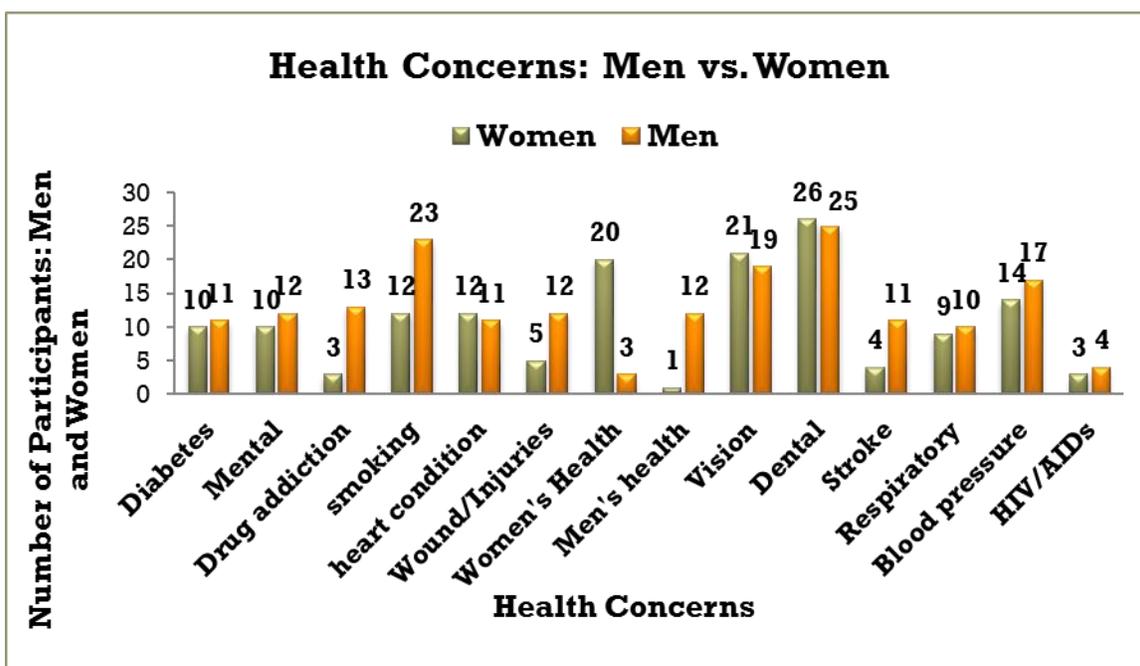


Figure 3: Comparison of health concerns between men and women.

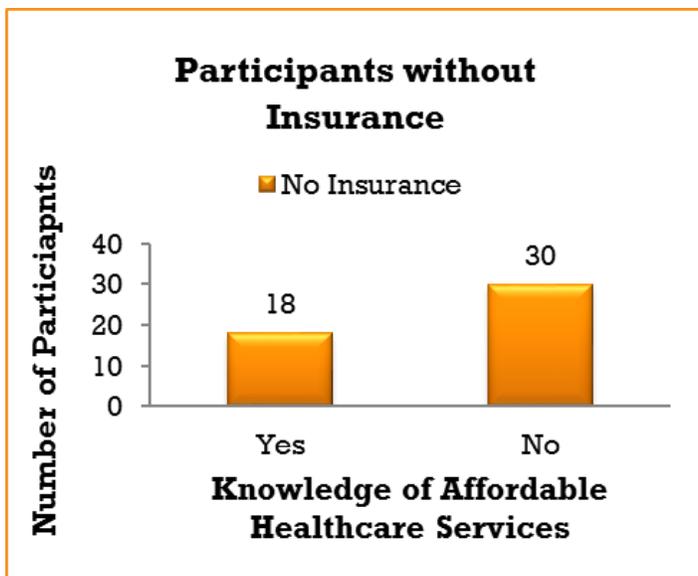


Figure 4: Knowledge of where to go for affordable health care for those without insurance.

did not (Figure 5).

Access to eye and dental care proved to be challenging for most of the participants. Of the 100 participants, only 17 answered that they knew where to get access to eye care (Figure 6). For dental care, only 23 said they knew how to access this care (Figure 7).

Busses are the primary mode of transportation

for the homeless participants in this study (Figure 8). Cost was the main barrier that kept this homeless population from accessing healthcare, followed by transportation (Figure 9).

The survey also looked at whether participants knew where to go for affordable health, eye, and dental care. Of the participants who did not have health insurance, 30 stated that they did not know where to go for services, and 17 who did not have health insurance knew where to go (Figure 4). Of the participants who had

health insurance, 34 knew where to go and 17

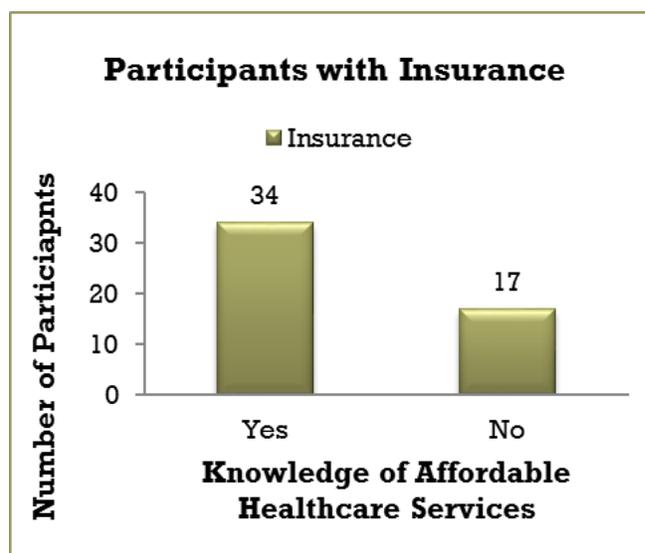


Figure 5: Knowledge of where to go for affordable healthcare for those with insurance.



Figure 6: Knowledge of where to go for affordable eye care.

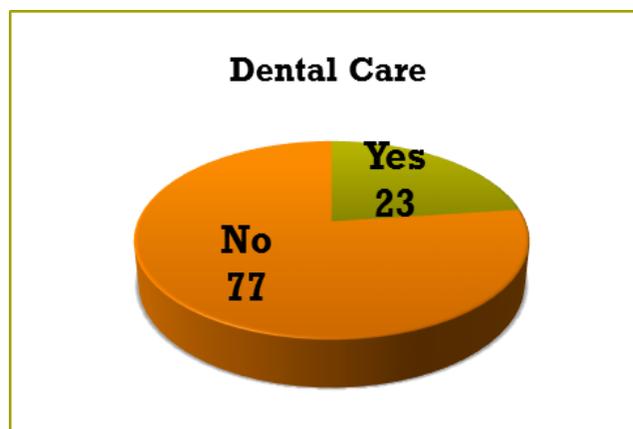


Figure 7: Knowledge of where to go from affordable dental care.

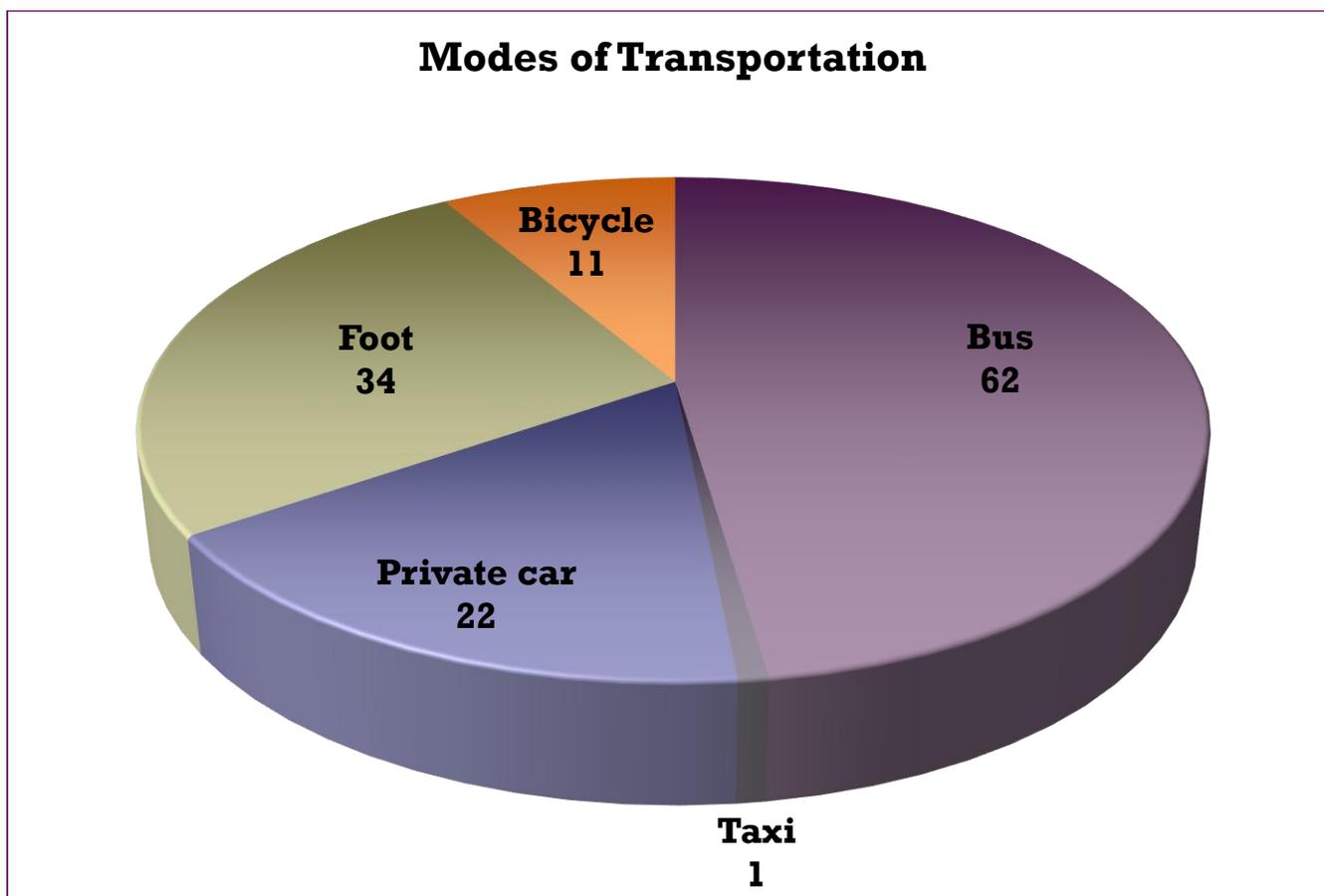


Figure 8: Modes of transportation used to access healthcare

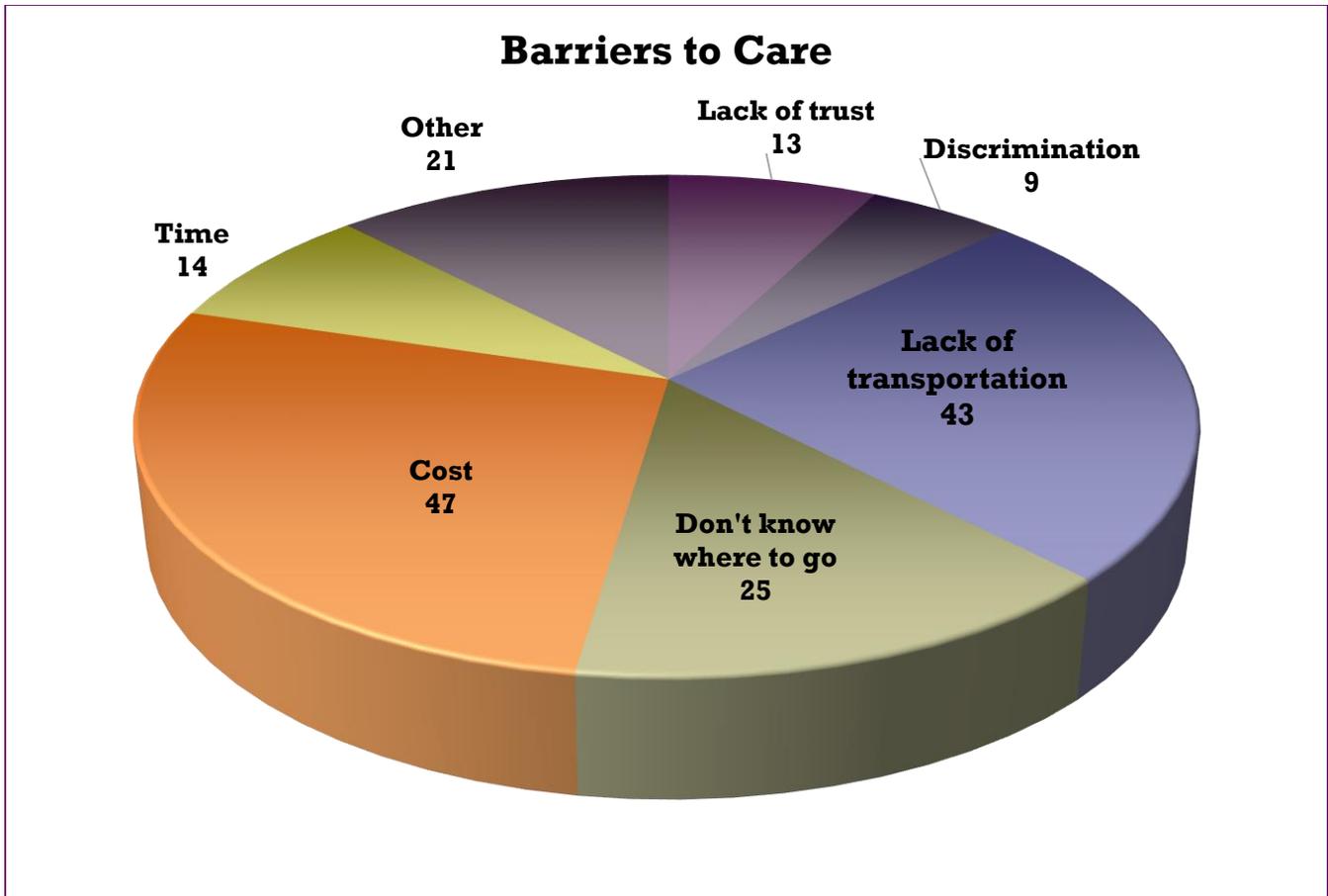


Figure 9: Barriers to accessing healthcare

### Qualitative Findings

The qualitative assessment yielded many interesting results. The major themes from the service providers were as follows:

- Need for centralization of services
- Need for more drug detox and rehab facilities.
- Need for more mental health services/funding
- Need for increased access to primary and preventative care
- Need for “buddies” to help the homeless navigate the system

The major themes from the homeless individuals' key informant interview and focus group were as follows:

- Better connections to services
- More drug detox and rehab facilities
- Better transportation to access services

Two themes were evident in both groups: the centralization of services/need for better connection to services and the need for more drug detox and rehab facilities.

## Limitations

Gaining access to homeless women was a limitation when conducting the qualitative part of the assessment. Although there are about an equal number of homeless men and women, women are less likely to be on the streets and more likely to be in shelters or transitional living programs, especially if they have children. Due to the fact that there are often children involved or that women are fleeing an abusive relationship, these shelters can be difficult to access due to confidentiality reasons. For this reason only one KII was conducted with a homeless woman, whereas there were three KIIs with homeless men. To make up for this discrepancy the Global Health Student Team conducted a focus group with five women living in a transitional living center (TLC). Much of the survey data for women was also collected at this location. Due to the fact that many women go straight from being housed into a shelter or a TLC, their experience of homelessness is very different than those who are predominantly living on the streets, a fact that should be taken into consideration when reflecting on the findings of this assessment.

## Conclusions

The homeless community residing in the City of San Bernardino is a diverse and complex population, therefore so are their health needs concerns. Lack of access to healthcare services emerged as a major theme of this assessment. Although lack of transportation was an expected barrier in the findings, lack of knowledge about where to go for services was not. There are many programs geared toward serving the homeless in San Bernardino, therefore, it was somewhat surprising to find that homeless individuals were often times unaware of where these services are located. The top two barriers for accessing healthcare were lack of knowledge about where to go and cost. These go hand-in-hand as one needs to know where one can go that is free or affordable as many homeless persons have little or no income. As was evident from the quantitative findings, dental and vision care are major concerns of this population and an overwhelming number of those surveyed did not know where to go to access these services at little or no cost. Qualitative findings showed a great concern for mental health and drug abuse by both service providers and homeless key informants. It is hoped that these findings will provide some direction and valuable information to those who are providing and planning services for the homeless population of San Bernardino.

## Recommendations

After completing the comprehensive needs and assets assessment, many interesting facts and trends were discovered about the San Bernardino homeless community and their health needs. Based on the results of this assessment, the Global Health Team developed

recommendations that can be implemented to improve health service delivery to the homeless community. The recommendations are as follows.

### Create Care Scholarships for the Homeless

According to the KAPS survey completed by global health students, the top barrier that prevents the homeless community from seeking healthcare is the cost. In order to address this finding, the Global Health Team came up with idea of care scholarships. Care scholarships would consist of money fundraised through government or private grants for clinics that serve the homeless, such as the SACHS clinic and H Street clinic. The scholarships would provide for

adequate care to those in need, regardless of their financial situation. This possible intervention strategy could be carried out by the SACHS and H Street personnel as a means to help the clinics have a more effective health service delivery system for the homeless.

### Address the Issue of Transportation to Services

The second most common barrier to the homeless seeking medical care is transportation. As such, one possible intervention is to work with the Omnibus system to provide bus passes for homeless persons seeking medical care. These bus passes can be made available in places like the SACHS clinic, the H Street clinic, Salvation Army, and the CCLM shelter so that homeless individuals have a transportation option if they need to receive medical care. The bus availability can particularly be utilized by those requiring long term medical care.

## Recommendations

- Create Care Scholarships for the Homeless
- Address the Issue of Transportation to Services
- Centralize Information about Services and Distribute Widely to Locations Where Homeless Individuals Reside and Frequent
- Establish Year-Round Shelters and Transitional Housing Centers for Men
- Develop Drug Rehab/Detox Facilities Specifically for the Homeless
- Improve the Continuity of Care for Homeless Individuals with Mental Health Needs

The Interagency Council or some other San Bernardino government body concerned with homeless health can develop criteria that an individual must meet to be able to receive the bus pass. The council members or government officials can also brainstorm other ideas to help establish a more permanent, effective solution to the transportation problem.

#### Centralize Information about Services and Distribute Widely to Locations Where Homeless Individuals Reside and Frequent

During the assessment, many of the homeless expressed challenges concerning access and finding the necessary services that they need. The Global Health Team proposes to solve this problem by revising the current homeless service brochures to include all services that are available in San Bernardino county as well as detailed directions regarding how to access these services. This updated brochure would also include information about the bus routes related to health service access as well as comprehensive information pertaining to how applying for government aid like CalFresh and ArrowCare health insurance. Additionally, it would provide homeless persons with a detailed guide to the various services and resources available and would offer information regarding how to access them. The brochure would be user-friendly so that most of the homeless can utilize it effectively. At some point, the brochures could be widely distributed to the homeless community throughout San Bernardino County.

#### Establish Year-Round Shelters and Transitional Housing Centers for Men

Another recommendation is to establish more year-round and transitional living centers for men. During the assessment, it became evident that there was a serious gap between services for men and women. There were many transitional living centers that would take single women, women with children, and men with children, but there are very few shelters

that take single men, and there were no transitional living centers available for single men. The Central City Lutheran Mission is in the process of starting a transitional living center for men, but more are needed in order to meet the objectives of a long term decrease in the homeless population and an overall improved availability of health-related services to the homeless population.

#### Develop Drug Rehab/Detox Facilities Specifically for the Homeless

During the key informant interviews, a reoccurring theme that both the homeless and the service provider key informants mentioned was a need for more drug rehab facilities for the homeless in San Bernardino. This recommendation could possibly be taken up by some the service providers for the homeless like the SACHS clinic, the H Street clinic, the CCLM shelter or Salvation Army to better serve the homeless. These providers could possibly form an alliance to combat drug abuse, and, by combining forces, they could develop several drug rehab/ detox facilities that are located in an easy place for the homeless to access and seek government or private funding to fund the project. This would allow the facility to provide free or reduced cost services to homeless drug addicts. Drug addiction is a major contributing factor for homelessness; if this program is successful, it could lead to a smaller homeless population because when people are able to overcome their addictions, it enables them to lead more productive lives.

#### Improve the Continuity of Care for Homeless Individuals with Mental Health Needs

During the key informant interviews and focus groups, the informants identified the continuity of care for homeless individuals with mental health needs as a major issue. A possible way to provide a solution to this problem is by developing care scholarships, as previously mentioned, for mental health patients. These scholarships would allow key

mental health institutions a reserve of funds to treat the mental health needs of the homeless even if they are not able to afford the care. This could be a tremendous help to the homeless community because mental health can be a major contributing factor to why they are on the streets.



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## Appendix A – KII Guide for Service Providers

### I. Goals and objectives

- Goal
  - To assess the health and needs of the homeless population living in the City of San Bernardino.
- Objectives
  - By the completion of the focus group interview, interviewers will be able to identify at least three major barriers that prevent the homeless of the City of San Bernardino from accessing health care.

### II. Behavioral Theory: The Health Belief Model



### Introduction

1. Hi my name is \_\_\_\_\_ and I'm from the Loma Linda University School of Public Health.

2. What is your name?

### IV. Ice Breaker

3. How are you today? How is your day going so far?

V. Informed Consent

4. We have asked you to come here today to help us to assess the health needs of the homeless population of the City of San Bernardino and how they are able to access health care.

5. We ask that you look over and sign this informed consent form, which basically states that your participation is completely voluntary and you have the right to withdraw at any time. The information you provide will be kept strictly confidential and your name will not be associated with your answers. Please take a few minutes to look this over and sign if you feel comfortable.

VI. Main Questions

6. Tell me about the services you provide to the homeless.

**Individual Perception of Threat**

7. Do you feel that being homeless increases one's chances of becoming sick or injured and if so in what way?

8. What do you feel are some of the most common health conditions for homeless people?

**Subjective Norms**

9. Do you feel that homeless individuals have reservations about seeking medical care? Why or why not?

**Perceived Behavioral Control**

10. What are some of things that make it easy or difficult for a homeless person to access health care?

11. What are some things you think the homeless population have to deal with that those with housing don't have to deal with?

12. What have you learned regarding the assets/strengths of the homeless population?

13. As a service provider, what do you think would be the most helpful for the homeless population? In terms of services, resources?

14. As a service provider what are some things that would be helpful to know about the homeless?

**VI. Exit Questions**

15. What are some other needs or concerns that you have that we haven't already discussed?

16. What do you want people to know about the homeless?

17. Do you have any questions for me?

## Appendix B – KII Guide for Homeless Individuals

### I. Goals and objectives

- Goal
  - To assess the health and needs of the homeless population living in the City of San Bernardino.
- Objectives
  - By the completion of the focus group interview, interviewers will be able to identify at least three major barriers that prevent the homeless of the City of San Bernardino from accessing health care.

### II. Behavioral Theory: The Health Belief Model



III.

### Introduction

1. Hi my name is \_\_\_\_\_ and I'm from the Loma Linda University School of Public Health.

2. What is your name?

### IV. Ice Breaker

3. How are you today? How is your day going so far?

### V. Informed Consent

4. We have asked you to come here today to help us to assess the health needs of the homeless population of the City of San Bernardino and how they are able to access health care.

5. We ask that you look over and sign this informed consent form, which basically states that your participation is completely voluntary and you have the right to withdraw at any time. The information you provide will be kept strictly confidential and your name will not be associated with your answers. Please take a few minutes to look this over and sign if you feel comfortable.

#### VI. Main Questions

Demographic Info: M/F Age\_\_\_\_\_

6. Tell me a little more about being homeless. How did you become homeless?

7. Where do you usually go to get basic necessities such as food, medical care, a place to sleep, clothes, showers, etc.?

8. Where are some of the places you've used as shelters within the last 2 weeks?

9. Have you ever been harassed on the streets and if so in what way?

#### **Individual Perception of Threat**

10. Do you feel that being homeless increases your chances of becoming sick or injured and if so in what way?

11. What do you think will happen to you if you became sick or injured?

#### **Modifying Factors**

12. Do your friends usually seek out a doctor when they are sick?

#### **Likelihood of Action**

13. What do you think are some of the benefits of going to a doctor?

14. What are some of the things that keep you from going to see a doctor?

#### **Self-Efficacy**

15. How confident are you in your ability to find and get to a doctor?

16. How confident are you in your ability to follow the doctor's instructions?

#### VI. Exit Questions

17. What are some other needs or concerns that you have that we haven't already discussed?

18. What do you want people to know about being homeless?

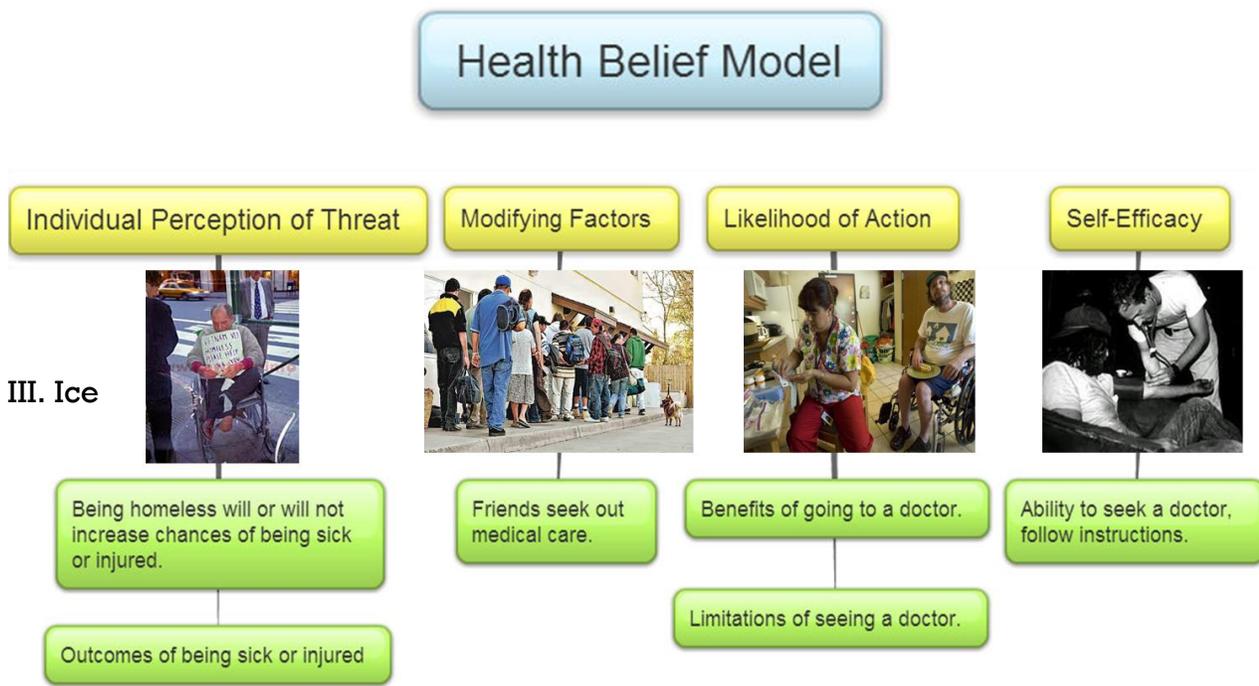
19. Do you have any questions for me?

## Appendix C – Focus Group Guide for Homeless Women

### I. Goals and objectives

- Goal
  - To assess the health and needs of the homeless population living in the City of San Bernardino.
- Objectives
  - By the completion of the focus group interview, interviewers will be able to identify at least three major barriers that prevent the homeless of the City of San Bernardino from accessing health care.

### II. Behavioral Theory: The Health Belief Model



### III. Ice

#### Breaker

Have each participant say their name and a word that describes them that begins with the first letter their name.

### IV. Main Questions

1. How long have you been homeless and how did you become homeless?

2. Have you ever been harassed on the streets and if so in what way?

*How did this make you feel?*

*How did you respond?*

**Individual Perception of Threat**

3. Do you feel that being homeless increases your chances of becoming sick or injured and if so in what way? *Have you ever become sick or injured?*

*How were you injured? / What type of conditions did you have?*

*Were you able to seek medical care?*

*Where did you go for medical care?*

4. What do you think will happen to you if you became sick or injured?

*Who takes cares for you when you are sick?*

*Do you think you could die?*

*Do you fear becoming sick or injured?*

**Modifying Factors**

5. Do your friends usually seek out medical care when they are sick?

*Where do your friends go for medical care?*

**Likelihood of Action**

6. What do you think are some of the benefits of going to a doctor?

*Have you ever been to a doctor?*

*Would you go to see a doctor if one was available to you?*

7. What are some of the things that keep you from going to see a doctor?

*Cost? Lack of transportation? Time?*

*Do you trust doctor? Why or why not?*

**Self-Efficacy**

8. How confident are you in your ability to find and go to a doctor?

*Do you know where to go?*

9. How confident are you in your ability to follow to the doctor's instructions?

*Does being homeless affect your ability to follow instructions? How?*

*Are the instructions explained to you in easy to understand terms?*

**VI. Exit Questions**

10. What are some other needs or concerns that you have that we haven't already discussed?

11. What do you want people to know about being homeless?

12. Do you have any questions for me?

## Appendix D – Homeless Individual Health Survey

### Demographics

1. Sex: Male 56 female 44

2. Age: check one

- Under 18 1
- 18 - 24 4
- 25 - 34 16
- 35 - 44 19
- 44 - 54 33
- 55 - 64 23
- 65 - 74 3
- 75+ 1

3. How long have you been homeless? Circle one

Less than 6 months 32 6-12 months 17 1-2 years 18 2-5 years 9 5-10 years 12

10+ years 9

4. Source of income: check all that apply

- SSI 24
- Disability 3
- Job 10
- Pension 0
- Veteran pension 1
- Food stamps/Cal Fresh 42
- Panhandling 2
- Can recycling 4
- None 10
- Other \_\_\_\_\_ 9 odd jobs, welfare, AFDC, TANF, unemployment, child support

5. Are you a veteran? Yes 11 or No 85

If yes, do you receive veteran's benefits? Yes 5 or No 6

If yes, which ones? medical

6. Do you have health insurance? Yes 51 or No 48

If yes who is your provider? Arrowcare 15, HHIS 1, IEHP 8, Kasier 1, MediCal 22, MIA 1, Molina 1, RedCross 1, Veteran's 1, MediCare 6

Since when? \_\_\_\_\_

### Knowledge

7. What health conditions are you concerned about? (Check all that apply)

- Diabetes Female 10 Male 11 total 21
- Mental health Female 10 Male 12 total 22
- Drug/alcohol addiction Female 3 Men 13 total 16
- Smoking Female 12 Men 22 total 35
- Heart conditions Female 12 Men 11 total 23
- Wounds/injuries Female 5 Men 12 total 17
- HIV or other STDs Female 3 Men 4 Total 7
- Women's health Female 20 Men 3 Total 23
- Men's health Female 1 Men 12 Total 13
- Respiratory illness Female 9 Men 10 total 19
- Blood pressure Female 14 men 17 total 31
- Stroke female 4 men 11 total 15
- Dental female 26 men 25 total 51
- Vision female 21 men 19 total 40
- Other\_\_stress, leg problem, arthritis, seizures, hypertention, kidney problems, hearing, cripple, gun shot, high cholesterol, speech, Hep C, cancer, ulcer

8. Do you know where you can go for at little or no cost health care? Yes 53 or No 47

If yes, where? Arrowhead 20, clinics 4, county hospital 3, ER 2,

Inland mental health 1, Street Medicine 1, Loma Linda 1, Molina Medical 1,

Palms clinic 1, SSI 1, Telecare 1, VA 2, Valley Medical 1, Epileptic Foundation 1

9. Do you know where you can go to see a dentist at little or no cost? Yes 23 or No 77

If yes, where? Western Dental 7, VA 1, Telecare 1, San Bernardino 1, Loma Linda 1,

dental office 1, county hospital 1, Arrowhead 1, Frazee's Community Center 1

10. Do you know where you can go to for eye care at little or no cost? Yes 17 or No 81

If yes, where? Arrowhead 2, county hospital 1, Kaiser 1, Rialto primary doc 1,

Telecare 1, VA 1, Walmart 1, Waterman Hospice 1,

11. Do you know where you can get medications at little or no cost? Yes 44 or No 46

If yes, where do you go? Arrowhead 17, county hospital 2, CVS 1,

Frazee's Community Center 1, Kaiser 1, Rialto primary doc 1, RiteAid 4, VA 3,

Valley Medical 1, Walgreens 3, Walmart 1

### Attitudes

12. How confident are you in your ability to seek health care? Check one

- Not at all confident 17
- Somewhat confident 33
- Very confident 50

13. How confident are you in your ability to follow a doctor's instructions? Check one

- Not at all confident 6
- Somewhat confident 13

- Very confident 81

14. How much do you trust doctors and health care workers?

- A lot 50
- Somewhat 36
- A little 12
- Not at all 2

15. Have you ever felt discriminated against because you are homeless by a doctor or medical staff? Yes 32 or No 67

### Practices

16. About how many times have you been to the ER in the last month? Circle one

0 58 1 19 2 7 3 6 4 3 5 4 more than 5 2

17. About how many times have you been to the ER in the last year?

0 26 1 22 2 12 3 8 4 11 5 6 6 2 7 1 8 0 9 4 10 or more 4

18. About how many times have you been to a health professional other than at the ER in the last month?

0 44 1 31 2 9 3 3 4 4 5 4 more than 5 1

19. About how many times have you been to a health professional other than at the ER in the last year?

0 35 1 19 2 7 3 14 4 8 5 4 6 2 7 1 8 0 9 0 10 or more 7

20. Do you take any medications? Yes 43 or No 56

If yes, what do you take? **Albuterol 2, antibiotic, anxiety meds, diabetes meds 2, high BP meds 11, high cholesterol meds, arthritis meds, tramadol, humera, birth control, Claritin, migraine meds, potassium, heart pills, pain meds 5, congestive heart failure meds, low blood count, thyroid, acid reflux, hormones, ibuprofen, insulin, asthma, kidney pills, metformin, glyburide, oxygen, Zoloft, parox, ambien, Benadryl, phenobarbital, prostate meds, Protista, Navir, pepsin, flocc, Risperdal, celexa, enembril, robraxin, Tamsulosin, Flomax, ulcer meds**

If yes how difficult is it for you to get your medications? Check one

- Easy **25**
- Somewhat difficult **9**
- Very difficult **8**

21. If you take medications, how easy is it for you to take them as instructed? check one

- Easy **61**
- Somewhat difficult **8**
- Very difficult **3**

22. What are some things that would keep you from seeking health care? check all that apply

- Lack of trust **13**
- Discrimination **3**
- Lack of transportation **33**
- Don't know where to go **11**
- Cost **16**
- Time **3**
- Other **don't feel comfortable around others when dirty, has a pet and won't leave them, inconvenient, lack of food, myself, none 9**

23. How do you to get to a doctor? Check all that apply

- Foot **34**
- Bicycle **8**
- Bus **40**

- Taxi 0
- Private car 13

## CoC Agencies Program Population Report

Agency:	Program:	Male:	Female:	Individuals:	Families:	Veterans:	Total:
CAC	SSO	145	208	61	292	8	353
	ESG	22	20	12	30	3	42
CAP	ESG	21	43	18	46	4	64
	Homeless Ass.	15	18	1	32	0	33
CCL	ES	436	3	433	6	69	439
	TH	13	1	12	2	1	14
	PSH	17	8	20	5	0	25
DBH	Cornerstone	16	23	30	9	1	39
	Good Samaritan	16	13	29	0	1	29
	Laurelbrook II	10	18	22	6	1	28
	New Horizion II	34	105	100	39	1	139
	Project Gateway	9	8	8	9	0	17
	Lantern Woods	7	4	11	0	0	11
	Stepping Stones	24	40	44	20	0	64
	Whispering Pines	9	17	20	6	1	26
DMM	ES	215	108	286	37	46	323
	Food Bank	97	93	122	68	2	190
FAP	Housing Assist.	99	54	107	46	10	153
FCC	ES	3	47	43	7	2	50
	TH	36	1	37	0	37	37
FFS	TH	49	60	4	105	0	109
FSA	Family Supports	188	241	245	184	13	429
	Home Again	3	2	0	5	0	5
	ESG	13	62	22	53	2	75
HDH	ES	266	250	516	0	18	516
HDV	ESG	97	139	38	198	5	236
HOA	SSO	19	36	52	3	1	55
HOP	Vision of Hope	38	34	31	42	34	73
	Hope For Heroes II	12	1	11	2	10	13

## CoC Agencies Program Population Report

Agency:	Program:	Male:	Female:	Individuals:	Families:	Veterans:	Total:
IBH	SSO	86	178	184	80	12	264
ICL	SSO	133	229	276	86	13	362
KEY	SSVF	12	12	8	16	12	24
LCD	VA TH	2	22	19	6	22	25
	Restore to Hope	5	20	22	3	4	25
LTH	TH	48	53	1	100	2	101
MHO	Assisi House	13	17	17	13	1	30
	Walk-in	576	743	899	420	95	1319
NHV	New Hope Too	2	4	2	4	0	6
	TH	10	17	1	26	1	27
OPG	ES	0	15	11	4	0	15
	TH	0	3	1	2	0	3
PLL	TH	4	18	0	22	0	22
SLV	Hospitality House	98	231	103	236	4	339
	TH-Living Center	28	54	16	66	2	82
	Path to Prosperity	73	1	74	0	7	74
TFC	Mountain View ES	0	31	28	3	1	31
	Sweet Dreams	24	50	12	62	0	74
	Homes of Hope	25	33	2	56	0	58
	ESG	16	39	20	35	1	55
USV	VA PSH	44	31	42	33	45	75
VVF	SSO	5	3	1	7	1	8
	TH DBH	7	9	15	1	0	16
	TH-ESG	6	16	11	11	3	22
WLC	ESG	142	169	39	272	3	311



**COUNTY OF  
SAN BERNARDINO**  
**COUNTY ADMINISTRATIVE  
OFFICE**

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Chief Executive Officer

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Interagency Council on Homelessness Bills of Interest  
February 27, 2014

Please find below a list of bills of interest introduced since January 7th. Friday February 21 is the last day for introductions of new bills. Hyperlinks to bill text are embedded in this report for your convenience.

[AB 264](#) ([Maienschein R](#)) CalWORKs: temporary shelter assistance.

Introduced: 2/7/2013

Status: 2/6/2014-Referred to Com. on HUMAN S.

Location: 2/6/2014-S. HUM. S.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing federal law provides for allocation of federal funds through the federal Temporary Assistance for Needy Families (TANF) block grant program to eligible states. Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program under which, through a combination of state and county funds and federal funds received through the TANF program, each county provides cash assistance and other benefits to qualified low-income families. Existing law, with certain exceptions, provides eligible families with homeless assistance, including temporary shelter assistance for one period of up to 16 consecutive calendar days. This bill would eliminate the requirement that the temporary assistance be provided during one period of consecutive days, and instead would limit the temporary assistance to a maximum of 16 calendar days. The bill also would make conforming and technical, nonsubstantive changes. Because this bill would create new administrative duties for counties, it would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

[AB 495](#) ([Campos D](#)) Community investment.

Introduced: 2/20/2013

Status: 2/6/2014-Referred to Com. on B., P. & E.D.

Location: 2/6/2014-S. B., P. & E.D.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law authorizes the Governor's Office of Business and Economic Development to, among other things, advance statewide economic goals. This bill would establish the California Community Investment Program within the Governor's Office of Business and Economic development. The program would be governed by a 14 member California Community Investment Council comprised of 6 citizens appointed by the Governor, 4 members of the Legislature, the Treasurer, the Controller, the Secretary of the Business, Consumer Services, and Housing Agency, and the Director of the Governor's Office of Business and Economic Development, as specified. This bill contains other related provisions and other existing laws.

[AB 585](#)

(Fox D) Department of Veterans Affairs: use of real property.

Introduced: 2/20/2013

Status: 2/6/2014-Referred to Com. on V.A.

Location: 2/6/2014-S. V. A.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Under existing law, the Department of Veterans Affairs has specified powers and duties relating to various programs serving veterans. The department constitutes a public corporation that is authorized to hold property on behalf of the state. This bill would require the department, by July 1, 2016, to develop a master plan for the use of unused or underutilized nonresidential real property owned by the department, for purposes that will benefit California veterans, as specified, and to make a preferred recommendation for use of the property. The bill would specify the required contents of the master plan.

[AB 883](#)

(Cooley D) Child sexual abuse: prevention pilot program.

Introduced: 2/22/2013

Status: 2/6/2014-Referred to Com. on HUMAN S.

Location: 2/6/2014-S. HUM. S.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law authorizes the Office of Child Abuse Prevention to fund, through allocations provided to local counties, child abuse and neglect prevention and intervention programs. Existing law creates the State Children's Trust Fund in the State Treasury and requires money in the fund to be allocated to the State Department of Social Services for the purpose of funding child abuse and neglect prevention and intervention programs. This bill would establish the Child Sexual Abuse Prevention Program as a pilot program in no more than 3 counties, as selected by the State Department of Social Services from among counties that volunteer to participate and based on specified criteria, to provide child sexual abuse prevention and intervention services through public, private, or nonprofit programs that provide those services. The bill would annually appropriate \$50,000 from the General Fund to each county that is selected to conduct a pilot program, thereby making an appropriation. The bill would provide that public, private, and nonprofit agencies shall be eligible for this funding if specified evidence is provided and would encourage counties to give priority for funding to existing programs that have demonstrated effectiveness in child sexual abuse or prevention. The bill would require each participating county to compile and collect data on the efficacy of the pilot program and to annually report to the State Department of Social Services, the Assembly Committee on Human Services, and the Senate Committee on Human Services specified information, including statistics on the increase or decrease of reports of child sexual abuse within the county. The bill would also make related findings and declarations. These provisions would be repealed on January 1, 2019.

[AB 1452](#)

(Stone D) CalWORKs: temporary homeless assistance.

Introduced: 1/8/2014

Status: 1/17/2014-Referred to Com. on HUM. S.

Location: 1/17/2014-A. HUM. S.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing federal law provides for allocation of federal funds through the federal Temporary Assistance for Needy Families (TANF) block grant program to eligible states. Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program under which, through a combination of state and county funds and federal funds received through the TANF program, each county provides cash assistance and other benefits to qualified low-income families. Existing law establishes maximum aid grant amounts to be provided under the CalWORKs program, and generally prohibits cost-of-living adjustments to those maximum aid grant amounts. This bill would increase the amount of homeless assistance to \$75 per day for families of up to 4 members, and would require that this amount be adjusted annually to reflect any increases or decreases in the cost of living. By increasing the amount of cash aid provided by counties, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

[AB 1457](#)

([Skinner D](#)) Budget Act of 2014.

Introduced: 1/9/2014

Status: 1/10/2014-From printer. May be heard in committee February 9.

Location: 1/9/2014-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: This bill would make appropriations for the support of state government for the 2014-15 fiscal year. This bill contains other related provisions.

[AB 1579](#)

([Stone D](#)) CalWORKs: pregnant mothers.

Introduced: 1/30/2014

Status: 2/6/2014-Referred to Com. on HUM. S.

Location: 2/6/2014-A. HUM. S.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing federal law provides for allocation of federal funds through the federal Temporary Assistance for Needy Families (TANF) block grant program to eligible states. Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program under which, through a combination of state and county funds and federal funds received through the TANF program, each county provides cash assistance and other benefits to qualified low-income families. Existing law provides that when a family does not include a needy child qualified for aid under CalWORKs, aid shall be paid to a pregnant mother for the month in which the birth is anticipated and for the 3-month period immediately prior to the month in which the birth is anticipated. This bill would instead provide that when a family does not include a needy child qualified for aid under CalWORKs, aid shall be paid to a pregnant woman each month that she is pregnant, beginning the month after which she submitted verification of her pregnancy to the county. This bill contains other related provisions and other existing laws.

[AB 1733](#)

([Quirk-Silva D](#)) Public records: fee waiver.

Introduced: 2/14/2014

Status: 2/18/2014-From printer. May be heard in committee March 20.

Location: 2/14/2014-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law establishes the State Department of Public Health and sets forth its powers and duties, including, but not limited to, the duties as State Registrar relating to the uniform administration of provisions relating to vital records and health statistics. Existing law requires the State Registrar, local registrar, or county recorder to, upon request and payment of the required fee, supply to an applicant a certified copy of the record of a birth, fetal death, death, marriage, or marriage dissolution registered with the official. This bill would require the State Registrar to issue, without a fee, a certificate of live birth to an applicant who certifies, and provides sufficient corroborating evidence to demonstrate, that he or she is a homeless person, as defined. This bill contains other related provisions and other existing laws.

[AB 1760](#)

([Chau D](#)) Property taxation: welfare exemption.

Introduced: 2/14/2014

Status: 2/18/2014-From printer. May be heard in committee March 20.

Location: 2/14/2014-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing property tax law, in accordance with the California Constitution, provides for a "welfare exemption" for property used exclusively for religious, hospital, scientific, or charitable purposes and that is owned or operated by certain types of nonprofit entities, if certain qualifying criteria are met. This bill would make a technical, nonsubstantive change to this provision.

[AB 1806](#)

([Bloom](#) D) Pupil services: homeless children or youth.

Introduced: 2/18/2014

Status: 2/18/2014-Read first time. To print.

Location: 2/18/2014-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law, if an individual with exceptional needs is a foster child, as defined, and the local educational agency has proposed a change of placement due to an act for which a decision to recommend expulsion is at the discretion of the principal or the district superintendent of schools, requires the attorney for the individual with exceptional needs and an appropriate representative of the county child welfare agency to be invited to participate in the individualized education program team meeting that makes a manifestation determination, as specified. This bill, if an individual with exceptional needs is a homeless child or youth, as defined, and the local educational agency has proposed a change of placement due to an act for which a decision to recommend expulsion is at the discretion of the principal or the district superintendent of schools, would require the designated local educational agency liaison for homeless children and youth to be invited to participate in the individualized education program team meeting that makes a manifestation determination, as specified. This bill contains other related provisions and other existing laws.

[HR 30](#)

([Yamada](#) D) Relative to Social Work Month.

Introduced: 2/11/2014

Status: 2/11/2014-Introduced.

Location: 2/11/2014-A. PRINT

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Assembly proclaims March 2014 "Social Work Month" in the State of California, commends the California Chapter of the National Association of Social Workers, which celebrates its 40th anniversary, for its role in advancing professional social work and promoting the well-being of the people of California, and urges all Californians to take part in March "All People Matter" events throughout California.

[SB 366](#)

([Wright](#) D) Traffic fines: ability to pay.

Introduced: 2/20/2013

Status: 1/24/2014-Failed Deadline pursuant to Rule 61(b)(2). (Last location was APPR. on 1/23/2014)

Location: 1/24/2014-S. DEAD

Desk	Policy	Dead	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law requires the court to hear and determine the suitability of probation in a particular case. At the hearing, the court is required to consider any report of the probation officer, and, if the court determines that there are circumstances in mitigation of the punishment prescribed by law or that the ends of justice would be served by granting probation to the person, the court may place the person on probation. This bill would provide, for purposes of these provisions, that circumstances in mitigation include, but are not limited to, the payment of all or part of a traffic fine or a civil assessment imposed for the failure to appear in court or to pay a fine in an infraction, misdemeanor, or felony case, and participation in court ordered community service to satisfy a traffic fine or that civil assessment. This bill contains other related provisions and other existing laws.

[SB 761](#)

([DeSaulnier](#) D) Personal income taxes: voluntary contributions: School Supplies for Homeless Children Fund.

Introduced: 2/22/2013

Status: 1/23/2014-In Assembly. Read first time. Held at Desk.

Location: 1/23/2014-A. DESK

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Personal Income Tax Law authorizes an individual to contribute amounts in excess of his or her tax liability for the support of specified funds, including the School Supplies for Homeless Children Fund.

Existing law requires the moneys deposited in the School Supplies for Homeless Children Fund to be allocated, upon appropriation by the Legislature, to the State Department of Education for the sole purpose of assisting pupils in California pursuant to the federal McKinney-Vento Homeless Assistance Act by providing school supplies and health-related products to homeless children through competitive grant programs, as provided. This bill would instead require the same moneys, upon appropriation by the Legislature, to be allocated to the State Department of Education for distribution to a nonprofit organization, exempt from taxation, for the sole purpose of assisting pupils in California pursuant to the federal McKinney-Vento Homeless Assistance Act by providing grants of school supplies and health-related products to partnering learning education agencies, as provided.

[SB 851](#)

([Leno](#) D) Budget Act of 2014.

Introduced: 1/9/2014

Status: 1/9/2014-Introduced. Read first time. Referred to Com. on B. & F.R.

Location: 1/9/2014-S. BUDGET & F.R.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
1st House				2nd House				Conc.			

Summary: This bill would make appropriations for the support of state government for the 2014-15 fiscal year. This bill contains other related provisions.

*You're Invited*  
February 25, 2014



**Grand Opening**

RSVP to Secretary Stacey O'Connor  
at (909) 382-7888 or via email to  
[stacey.oconnor@prob.sbcounty.gov](mailto:stacey.oconnor@prob.sbcounty.gov)



Central Day  
Reporting & Reentry  
Services Centers

104 West 4th Street,  
San Bernardino, CA.  
92415

*You're Invited*  
February 25, 2014



**Grand Opening**

RSVP to Secretary Stacey O'Connor  
at (909) 382-7888 or via email to  
[stacey.oconnor@prob.sbcounty.gov](mailto:stacey.oconnor@prob.sbcounty.gov)



Central Day  
Reporting & Reentry  
Services Centers

104 West 4th Street,  
San Bernardino, CA.  
92415

# Agenda

8:30 am- 9:00 am- Registration

9:00 am- Welcome & Special Recognitions

10:00 am- Tours on the hour

4:00 pm- Final tour

Refreshments available

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8:30 am- 9:00 am- Registration

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Refreshments available

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

November 7, 2013  
9:00 am – 11:00 am

Department of Behavioral Health-Training Institute  
1950 South Sunwest Lane, Suite 200  
San Bernardino, CA 92415

### Minutes Recorded and Transcribed by Jennifer Pacheco, Secretary II, 24 Hour & Emergency Services

TOPIC	PRESENTER	ACTION/OUTCOME
Call to Order	Gary Madden	<ul style="list-style-type: none"> <li>• The meeting was called to order at 9:01 am.</li> </ul>
Introductions	Gary Madden	<ul style="list-style-type: none"> <li>• Introductions were made by all ICH Members. Guests were also invited to introduce themselves.</li> </ul>
REPORTS	PRESENTER	ACTION/OUTCOME
Homeless Provider Network (HPN)	Sharon Green	<ul style="list-style-type: none"> <li>• The last HPN Meeting took place on Wednesday, October 15, 2013. The ICH members were provided with the HPN Report as a handout. (Copies are available upon request).               <ul style="list-style-type: none"> <li>➢ Academy for Grassroots Organizations, California Apartment Association, and Vision of Hope offered agency presentations.</li> <li>➢ The Steering Committee is currently assessing the effectiveness of HPN and attempting to equip providers with the tools needed to more effectively work together to end homelessness in San Bernardino County.</li> <li>➢ The next meeting will be held on January 15, 2014 from 1 pm – 3 pm at the County of San Bernardino Health Services Auditorium on 850 E. Foothill Blvd., Rialto, CA 92376.</li> </ul> </li> </ul>
Office of Homeless Services (OHS)	Tom Hernandez	<ul style="list-style-type: none"> <li>• The ICH members were provided with the OHS Report as a handout. (Copies are available upon request). All information can also be found at <a href="http://www.sbcounty.gov/SBCHP">www.sbcounty.gov/SBCHP</a>.               <ul style="list-style-type: none"> <li>➢ As a result of the government shutdown from October 1 – 16, 2013, HUD is working diligently to complete the work that was interrupted and open the CoC competition as soon as possible. It is estimated that the Notice of Funding Availability (NOFA) will be released in November with a potential submission date of January, 2014.</li> <li>➢ The 7<sup>th</sup> Annual Homeless Summit will be held on November 20, 2013 from 10 am – 3:30 pm at the University of Redlands Orton Conference Center. The theme for the event is “Working Together for Hope and the Homeless”. The Summit provides workshops and is free of cost through the Partnership’s continued commitment to provide quality services and salient resources to homeless service providers.</li> <li>➢ Members of the San Bernardino County 1,000 Homes Campaign attended the Rapid Results Veteran Boot Camp Sustainability Review in Los Angeles, CA on October 23 -24, 2013. As of the 100 day mark, San Bernardino County was able to triple the veteran housing rate in just 100 days, housing 94 veteran households, with the processing time from intake to lease-up cut in half.</li> <li>➢ Effective January 1, 2014, the HMIS software provider for the County will be Client Track. Trainings for all agencies will begin as soon as possible and are expected to be complete before the effective start date.</li> </ul> </li> </ul>
Legislative Report	Victoria Ostermann	<ul style="list-style-type: none"> <li>• Ms. Ostermann provided a status update on State Bills that may be of interest to the ICH. (Copies are available upon request).               <ul style="list-style-type: none"> <li>➢ Attendees are encouraged to contact legislators to advocate for homelessness.</li> </ul> </li> </ul>
Board Agenda Review Report	Tom Hernandez	<ul style="list-style-type: none"> <li>• Mr. Hernandez provided a report on the ICH related Board agenda items on behalf of Laura Orozco. (Copies are available upon request).</li> </ul>



	Cheryl Heesen	<ul style="list-style-type: none"> <li>Family Services Association of Redlands partnered with Catholic Charities and University of Redlands to hold a successful Poverty Simulation in October. There were more than 80 participants and over 30 volunteers. All are encouraged to hold Poverty Simulations as well. Contact Cheryl for more information.</li> </ul>
	Debbie Kamrani	<ul style="list-style-type: none"> <li>The Emergency Solutions Grant Notification of Funding Availability is posted at <a href="http://www.sbcountyadvantage.org">www.sbcountyadvantage.org</a> and due by December 31, 2013.</li> </ul>
	Chris Rymer	<ul style="list-style-type: none"> <li>The City of Colton secured a grant with the Department of Education in the amount of \$177,000 to be used for subsidized day care for school-aged children Kindergarten – 6<sup>th</sup> grade.</li> <li>The City of Colton is hosting a Thanksgiving Day dinner from 11 am – 1:30 pm. Please see Chris to volunteer or donate.</li> <li>The Christmas Basket Program is specifically designed for City of Colton residents with a child under 12. Ashley Furniture provides a huge donation for the City to shop for furniture and other household items at Big Lots to provide full shopping carts to these families.</li> </ul>
	Anthony Brazier	<ul style="list-style-type: none"> <li>Mr. Brazier would like a presentation on detoxification programs within San Bernardino County and how to refer clients to their services.</li> <li>Foothill Aids Project has also received referrals from the AB109 program and they expect to fill their 10 beds allotted.</li> </ul>
<b>PUBLIC COMMENT</b>	<b>PRESENTER</b>	<b>ACTION/OUTCOME</b>
	Pete Serbantes	<ul style="list-style-type: none"> <li>Mr. Serbantes announced HomeStrong USA's veteran winner for the Victorville home donation on November 9, 2013. HomeStrong will donate another home next quarter. Applicants must be a veteran to apply.</li> </ul>
	Victor Myles	<ul style="list-style-type: none"> <li>Vision of Hope is currently putting on a blanket drive called Hope Undercover. Please visit <a href="http://www.ourvisionofhope.org">www.ourvisionofhope.org</a> to donate or bring slightly used blanket to Vision of Hope.</li> </ul>
<b>Adjournment</b>		Being no further business to discuss, the meeting was adjourned at 11:05 am.
<b>Next Meeting</b>		<p style="text-align: center;">Wednesday, January 22, 2014 at 9:00 am – 11:00 am  DBH – Training Institute  1950 S. Sunwest Lane, Suite 200, San Bernardino, CA 92408</p>

Office of Homeless Services  
1950 S. Sunwest Lane, Suite 200 ▪ San Bernardino, CA 92408  
Phone: (909) 252-4001 ▪ Fax: (909) 252-4088  
Email: [homelessrfp@hss.sbcounty.gov](mailto:homelessrfp@hss.sbcounty.gov) ▪ Website: <http://hss.sbcounty.gov/sbchp/>

**Attendees at November 7, 2013 • Interagency Council on Homelessness**

ALVAREZ	STEVEN	School on Wheels	909-200-8886	<a href="mailto:salvarez@schoolonwheels.org">salvarez@schoolonwheels.org</a>
ARAGON	NICOLE	St. John of God	760-241-4917	<a href="mailto:naragon@sighcs.org">naragon@sighcs.org</a>
BJORK	JULIE	Housing Director – City of Ontario	909-395-2307	<a href="mailto:bjork@ci.ontario.ca.us">bjork@ci.ontario.ca.us</a>
BRAZIER	ANTHONY	Foothill AIDS Project	909-884-2722	<a href="mailto:abrazier@fapinfo.org">abrazier@fapinfo.org</a>
BURNETTE	JULIE	KEYS		<a href="mailto:jburnette@keysnonprofit.org">jburnette@keysnonprofit.org</a>
COLEMAN	REGINA	County Counsel	909-387-3266	<a href="mailto:rcoleman@cc.sbcounty.gov">rcoleman@cc.sbcounty.gov</a>
ESCALANTE	JOSEPHINE	"VA Medical Center HCHV Outreach Program"	909-825-7084	<a href="mailto:josephine.escalante@va.gov">josephine.escalante@va.gov</a>
EVEY	DARRYL	Ed Family Assistance	760-843-0701	<a href="mailto:darryl@familyassist.org">darryl@familyassist.org</a>
FAZEKAS	DOUG	Housing and Employment	909-387-7238	<a href="mailto:dfazekas@dbh.sbcounty.gov">dfazekas@dbh.sbcounty.gov</a>
FUENTES	DENA	Economic Development Agency	909-387-9804	<a href="mailto:dfuentes@rda.sbcounty.gov">dfuentes@rda.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	Victor Valley Family Resource Center	760-887-1909	<a href="mailto:sharongreen50@verizon.net">sharongreen50@verizon.net</a>
HAUGAN	LINDA	Asst. Executive Officer- Human Services Department	909-387-4717	<a href="mailto:lhaugan@hss.sbcounty.gov">lhaugan@hss.sbcounty.gov</a>
HEESEN	CHERYL	Exec. Director - Family Service Agency - Redlands	909-793-2673	<a href="mailto:rfscheryl@hotmail.com">rfscheryl@hotmail.com</a>
HERNANDEZ	TOM	Homeless Services Manager - Office of Homeless Svcs.	909-252-4051	<a href="mailto:thernandez@dbh.sbcounty.gov">thernandez@dbh.sbcounty.gov</a>
JONES	LISA	HACSB	909-890-9533	<a href="mailto:ljones@hacsb.com">ljones@hacsb.com</a>
LITTLE	JEFF	Inland Temporary Homes	707-815-7424	<a href="mailto:jeff@ithomes.org">jeff@ithomes.org</a>
MADDEN	GARY	Director - Inland Empire United Way	909-980-2857 ext. 211	<a href="mailto:gmadden@ieuw.org">gmadden@ieuw.org</a>
MARIN	JOSE	Public Health	909-387-6495	<a href="mailto:Jose.marin@dph.sbcounty.gov">Jose.marin@dph.sbcounty.gov</a>
MARQUEZ	GREGORY	Officer Fontana	909-238-3752	<a href="mailto:gmarquez@fontana.org">gmarquez@fontana.org</a>
MARTINEZ	SOCHILT	SBPD	909-384-5776	<a href="mailto:Martinez_so@sbcity.org">Martinez_so@sbcity.org</a>
MCQUEEN	MIGUEL	Deputy Director - Workforce Development Department	909-387-9885	<a href="mailto:MMcQueen@wdd.sbcounty.gov">MMcQueen@wdd.sbcounty.gov</a>
MOREHEAD	RICK	TTT Community Recovery	909-373-0972	<a href="mailto:rick@tttcommunityrecovery.com">rick@tttcommunityrecovery.com</a>
MURILLO	BECKY	HACSB	909-890-9533	<a href="mailto:rmurillo@hacsb.com">rmurillo@hacsb.com</a>
MYLES	ANGELA	House of Prayer	909-543-5744	<a href="mailto:director@hoggom.com">director@hoggom.com</a>
MYLES	VICTOR	House of Prayer	909-543-5744	<a href="mailto:director@hoggom.com">director@hoggom.com</a>
NEVINS	SHARON	Behavioral Health	909-382-3088	<a href="mailto:snevins@dbh.sbcounty.gov">snevins@dbh.sbcounty.gov</a>
OSTERMANN	VIKKI	Legislative Anaylst- Legislative Affairs	909-387-4777	<a href="mailto:vostermann@cao.sbcounty.gov">vostermann@cao.sbcounty.gov</a>
PAXTON	KENT	Mayor's Office - City of San Bdn	909-384-5133	<a href="mailto:paxton_ke@sbcity.org">paxton_ke@sbcity.org</a>
RICKETTS	AUDULIO	Probation	909-387-5589	<a href="mailto:audilio.ricketts@prob.sbcounty.gov">audilio.ricketts@prob.sbcounty.gov</a>
RYMER	CHRIS	City of Colton	909-370-6172	<a href="mailto:crymer@ci.colton.ca.us">crymer@ci.colton.ca.us</a>
STORY	DOUG	MDG/LDM Assoc.	909-476-9696	<a href="mailto:dstory@mdg-ldm.com">dstory@mdg-ldm.com</a>
WAGGONER	MARCIA	HACSB	909-890-5371	<a href="mailto:mwaggoner@hacsb.com">mwaggoner@hacsb.com</a>
WALKER	RAUSHANAH	US Vets	951-999-9116	<a href="mailto:rwalker@usvetsinc.org">rwalker@usvetsinc.org</a>
WEISKE	NATHAN	Officer Fontana	909-356-7157	<a href="mailto:nweiske@fontana.org">nweiske@fontana.org</a>
WESSMAN	CHRISTOPHER	Officer Fontana	909-350-7759	<a href="mailto:cwesman@fontana.org">cwesman@fontana.org</a>
WILLIAMS	ROXANNE	SBCUSD	909-891-1016	<a href="mailto:Roxanne.williams@sbcusd.com">Roxanne.williams@sbcusd.com</a>
WILTSHIRE	MOLLY	Communications Director	909-387-4855	<a href="mailto:molly.wiltshire@bos.sbcounty.gov">molly.wiltshire@bos.sbcounty.gov</a>

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

December 6, 2013  
9:00 am – 11:00 am  
Department of Behavioral Health-Training Institute  
1950 South Sunwest Lane, Suite 200  
San Bernardino, CA 92415

### Minutes Recorded and Transcribed by Jennifer Pacheco, Secretary II, 24 Hour & Emergency Services

TOPIC	PRESENTER	ACTION/OUTCOME
Call to Order	Gary Madden	<ul style="list-style-type: none"> <li>• The meeting was called to order at 9:03 am.</li> </ul>
Introductions	Gary Madden	<ul style="list-style-type: none"> <li>• Introductions were made by all ICH Members. Guests were also invited to introduce themselves.</li> </ul>
DISCUSSION ITEMS	PRESENTER	ACTION/OUTCOME
Discuss and Approve Recommendations of the Continuum of Care Reallocation Ad Hoc Committee	Tom Hernandez	<p>The ICH members were provided with the Ranking and Selection Process for Renewal Project Applications for CA-609 - San Bernardino City &amp; County CoC, copies of the Letters of Intent to Renew from each Renewal Application and the Ad Hoc Committee's CoC Reallocation Recommendations. (Copies are available upon request).</p> <ul style="list-style-type: none"> <li>○ The San Bernardino Ranking and Selection Process for Renewal Project Applications document was presented to ICH members. For the 2013 Continuum of Care Program Competition, the San Bernardino County Continuum of Care (CoC) issued a "Letter of Intent to Renew (LOI)" to each agency for each of their programs that are eligible for renewal. The LOI consisted of the following sections: 1) review HUD Annual Performance Review (APR) results; 2) assess spending (timely or slow); 3) assess cost effectiveness; 4) review match (to ensure match meets HUD regulatory requirements); 5) review HMIS participation status; 6) review CoC membership involvement; 7) review independent audit; 8) review HUD monitoring findings; 9) review CoC monitoring findings; 10) survey clients; and 11) review organization status. In addition, a section concerning HEARTH Act compliance was also be included.</li> <li>○ The Ranking and Selection Process for Project Applications document was reviewed for prioritizing renewal projects for CoC Program funding as well as the details in the LOI that was sent to all agencies to be filled out and returned to the Office of Homeless Services.</li> <li>○ All Renewal Agencies completed and submitted the LOI to the Office of Homeless Services, lead CoC agency, in August 2013. The LOIs provided by the renewal agencies were recorded in the Ad Hoc Review Committee Analysis Chart.</li> <li>○ Ad Hoc Review Committee Analysis Chart was reviewed by the Ad hoc Review Committee. Recommendations were based on the criteria stated in San Bernardino Ranking and Selection Process for Renewal Project Applications for CA-609 San Bernardino City &amp; County.</li> <li>○ Members affiliated with agencies which receive HUD funding for the Homeless Assistance Grant were asked to state their conflict and abstain from comment and vote.</li> <li>○ Discussion ensued regarding housing first priority and direction of HUD for the CoC going forward.</li> <li>○ A brief background was provided: <ul style="list-style-type: none"> <li>▪ According to the Continuum of Care (CoC) Fiscal Year (FY) 2013 Notice of Funding Availability (NOFA), due to funding limitations, the U.S. Department of Housing and Urban Development (HUD) will not consider requests for new funding outside of the reallocation process. According to the NOFA, CoCs may use reallocation to create new permanent supportive housing projects that serve the chronically homeless; or new rapid re-housing projects for homeless households with children.</li> </ul> </li> </ul>

- Centralized Intake and Coordinated Assessment is not an allowable option for reallocation this year. There is NO new money available for new programs this year, other than what could be carved out of existing programs. Approximately \$1.7 billion is available for FY 2013 after adjustments were made. HUD does not anticipate that this will be adequate to fund all existing projects eligible for renewal.
- To ensure that CoCs have the ability to indicate to HUD which projects are of the highest priority for FY 2013, HUD is requiring that CoCs rank projects in Tier 1 or Tier 2. The tiers are financial thresholds. Tier 1 is equal to the CoC's FY 2013 Annual Renewal Demand (ARD) approved in the registration process, less 5 percent. Tier 2 is the amount remaining in FY 2013 ARD. Projects ranked in Tier 1 are considered relatively safe, while projects in Tier 2 are at risk.
- CoCs that receive higher scores on the FY 2013/FY 2014 CoC Application will be in the strongest position for having some of their Tier 2 projects funded in the order of priority outlined under the selection criteria in the NOFA. It is important to understand that while in FY 2012, CoCs were asked to plan for cuts, HUD was able to reduce the level of cuts through carryover and recaptured funds; HUD currently does not anticipate that this will happen this coming year.
- As of the approved Grant Inventory Worksheet from HUD, our ARD is \$7,233,694. Five percent of the total ARD is \$361,684.70, thus for Tier 1 we have \$6,872,009.30 available, and Tier 2 must include at minimum \$361,684.70.
- Tom provided the ICH members the objective criteria on which the ranking was performed, which included the CoC Priority Listings as noted within our CoC:
  - Renewal permanent housing projects;
  - Renewal transitional housing;
  - CoC Planning costs;
  - HMIS; and
  - Supportive Services Only programs
- The ICH Ad Hoc Committee recommended the San Bernardino County CoC do not implement the reallocation option this year and place the lower performing projects from Transitional Housing and Social Services Only programs into Tier 2, as consistent with guidance from the FY 2013 CoC NOFA.
  - It should be noted that there is no guarantee that any projects placed in Tier 2 will be funded. In 2012 the local CoC did score above the funding line, but there were no funds available for new projects. However, the CoC was funded for Tier 2 projects. Funds will be dependent on the national funding request needs, any additional appropriation to HUD and/or further non-anticipated Congressional cuts.
  - Pursuant to statute and the program regulations, the ICH retains the ability to revise the funding levels and reallocate funds as needed for the benefit of the CoC.
- The Ad Hoc Committee Recommendations include placing the following agencies on Tier 2 list:
  - Inland Counties Legal Services – LEAP 1
  - Inland Counties Legal Services – LEAP 2
  - The Salvation Army – Transitional Housing
- Mr. Darrell Moore and Mr. Bob Roddick of Inland Counties Legal Services provided public comment regarding the discussion.
- A motion and a second were received to approve the Ad Hoc Committee recommendations. Majority vote received with Doug Fazekas, Dan Nackerman, David Nagler, Brent Schultz and CaSonya Thomas abstaining due to conflicts.
- Approval also received to withdraw the Request For Applications for new project proposals for the HUD Homeless Assistance grant as there will be no funding for new projects this year per the NOFA.
- Suggestion to add Ad Hoc Committee as standing committee of ICH going forward with regular meetings and reports to ICH.

		<ul style="list-style-type: none"> <li>○ <b>Action Item:</b> OHS was asked to follow up with local HUD representative regarding Unified Funding Agency and the possibility of reallocating funds mid-term if an agency is not performing.</li> </ul>
<b>COUNCIL ROUNDTABLE</b>	<b>PRESENTER</b>	<b>ACTION/OUTCOME</b>
	David Nagler Dan Nackerman  Brent Schultz	<ul style="list-style-type: none"> <li>• Pastor Nagler suggests adding an ICH member who is currently or more recently homeless to the Board for vital input. <ul style="list-style-type: none"> <li>○ Mr. Nackerman suggests report on procedures for adding ICH membership at the next ICH meeting.</li> </ul> </li> <li>• Mr. Schultz announced the opening of the Ontario Access Center on December 10, 2013. Tours are being provided. Information will be sent forth via email.</li> </ul>
<b>PUBLIC COMMENT</b>	<b>PRESENTER</b>	<b>ACTION/OUTCOME</b>
	Angela Pasco  Anthony Brazier	<ul style="list-style-type: none"> <li>• Ms. Pasco announced the Give Big campaign coming up in May 2014. This event will be a County-wide giving campaign for 24 hours in which all proceeds will go to non-profit agencies. More information will be sent forth as it becomes available.</li> <li>• Mr. Brazier reminded attendees to contact state legislators to advocate for homeless issues. The Congressional switchboard number is 202-224-3121.</li> </ul>
<b>Adjournment</b>		Being no further business to discuss, the meeting was adjourned at 10:30 am.
<b>Next Meeting</b>		<p style="text-align: center;">Wednesday, January 22, 2014 at 9:00 am – 11:00 am  DBH – Training Institute  1950 S. Sunwest Lane, Suite 200, San Bernardino, CA 92408</p>

Office of Homeless Services  
1950 S. Sunwest Lane, Suite 200 ▪ San Bernardino, CA 92408  
Phone: (909) 252-4001 ▪ Fax: (909) 252-4088  
Email: [homelessrfrp@hss.sbcounty.gov](mailto:homelessrfrp@hss.sbcounty.gov) ▪ Website: <http://hss.sbcounty.gov/sbchp/>

**Attendees at December 6, 2013 • Interagency Council on Homelessness**

ARAGON	NICOLE	St. John of God	760-241-4917	<a href="mailto:naragon@sighcs.org">naragon@sighcs.org</a>
BRAZIER	ANTHONY	Foothill AIDS Project	909-884-2722	<a href="mailto:abrazier@fapinfo.org">abrazier@fapinfo.org</a>
COLEMAN	REGINA	County Counsel	909-387-3266	<a href="mailto:rcoleman@cc.sbcounty.gov">rcoleman@cc.sbcounty.gov</a>
DOWDY	BRENDA	Superintendent of Schools	909-386-2634	<a href="mailto:Brenda_dowdy@sbcss.k12.ca.us">Brenda_dowdy@sbcss.k12.ca.us</a>
EPPS	KIMBERLY	County Probation	909-382-7869	<a href="mailto:Kimberly.epps@prob.sbcounty.gov">Kimberly.epps@prob.sbcounty.gov</a>
ESCALANTE	JOSEPHINE	"VA Medical Center HCHV Outreach Program"	909-825-7084	<a href="mailto:josephine.escalante@va.gov">josephine.escalante@va.gov</a>
EVEY	DARRYL	Ed Family Assistance	760-843-0701	<a href="mailto:darryl@familyassist.org">darryl@familyassist.org</a>
FAZEKAS	DOUG	Housing and Employment Services	909-387-7238	<a href="mailto:dfazekas@dbh.sbcounty.gov">dfazekas@dbh.sbcounty.gov</a>
FUENTES	DENA	Economic Development Agency	909-387-9804	<a href="mailto:dfuentes@rda.sbcounty.gov">dfuentes@rda.sbcounty.gov</a>
GREEN	SHARON	Victor Valley Family Resource Center	760-887-1909	<a href="mailto:sharongreen50@verizon.net">sharongreen50@verizon.net</a>
HEESEN	CHERYL	Exec. Director - Family Service Agency - Redlands	909-793-2673	<a href="mailto:rfscheryl@hotmail.com">rfscheryl@hotmail.com</a>
HERNANDEZ	TOM	Homeless Services Manager - Office of Homeless Svcs.	909-252-4051	<a href="mailto:thernandez@dbh.sbcounty.gov">thernandez@dbh.sbcounty.gov</a>
LITTLE	JEFF	Inland Temporary Homes	707-815-7424	<a href="mailto:jeff@ithomes.org">jeff@ithomes.org</a>
MADDEN	GARY	Director - Inland Empire United Way	909-980-2857 ext. 211	<a href="mailto:gmadden@ieuw.org">gmadden@ieuw.org</a>
MOORE	DARRELL	Deputy Director – Inland Counties Legal Services	951-368-2541	<a href="mailto:dmoore@icls.org">dmoore@icls.org</a>
NACKERMAN	DAN	Housing Authority of the County of San Bernardino	909-890-0644	<a href="mailto:dnackerman@hacsb.com">dnackerman@hacsb.com</a>
NAGLER	DAVID	CEO/CCLM	909-381-6921	<a href="mailto:dnagler@cclm.org">dnagler@cclm.org</a>
OROZCO	LAURA	Field Representative - Fifth District	909-387-4099	<a href="mailto:Laura.Orozco@bos.sbcounty.gov">Laura.Orozco@bos.sbcounty.gov</a>
OSTERMANN	VIKKI	Legislative Anaylst- Legislative Affairs	909-387-4777	<a href="mailto:vostermann@cao.sbcounty.gov">vostermann@cao.sbcounty.gov</a>
PASCO	ANGELA	New Hope Village, Inc.	760-256-3656	<a href="mailto:newhopevillageinc@gmail.com">newhopevillageinc@gmail.com</a>
PAXTON	KENT	Mayor's Office - City of San Bdn	909-384-5133	<a href="mailto:paxton_ke@sbcity.org">paxton_ke@sbcity.org</a>
PERKINS II	JOSEPH	Life Community Development	760-246-0691	
RODDICK	ROBERT	Inland Counties Legal Services	951-320-7514	<a href="mailto:rroddick@icls.org">rroddick@icls.org</a>
SCHULTZ	BRENT	City of Ontario	909-395-2317	<a href="mailto:bschultz@ci.ontario.ca.us">bschultz@ci.ontario.ca.us</a>
SERBANTES	PETE	HomeStrong USA		
SWANSON	NANCY	Director – TAD		<a href="mailto:nswanson@sbcounty.gov">nswanson@sbcounty.gov</a>
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# County of San Bernardino · Interagency Council on Homelessness

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January 9, 2014

Ms. CaSonya Thomas, Director  
Department of Behavioral Health  
268 W. Hospitality Lane, Suite 400  
San Bernardino, CA 92415

Dear Ms. Thomas,

The Interagency Council on Homelessness is honored to support the County of San Bernardino Department of Behavioral Health (DBH) in their efforts of submitting an application for the Investment in Mental Health Wellness Act of 2013 – crisis stabilization units, residential treatment and mobile crisis support capacity, administered through the California Health Facilities Finance Authority.

We are very pleased to know that the collaborative grant will provide much needed connection, communication, and services to San Bernardino County residents. This project will align with the County's vision of a sustainable system of high-quality education, community health, public safety, housing, retail and recreation.

We fully support DBH's continuing efforts to improve the mental health system and assist consumers to achieve recovery and wellness by improving life outcomes. We look forward to improved access to early intervention and services by expanding the DBH continuum of crisis services.

We look forward to continued partnership with DBH through on-going collaboration to identify more efficient and cost effective mechanisms to deliver quality health services to the County of San Bernardino.

Sincerely,

Gary Madden, Chair

cc: Executive Management Team, Department of Behavioral Health

# San Bernardino County Continuum of Care (CoC) Operations and Governance Manual

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Prepared by the Office of Homeless Services for the  
Interagency Council on Homelessness

*2/27/2014*

This document summarizes the Responsibilities and Authorities for Operation and Governance of the San Bernardino County Continuum of Care (CoC) under the U.S. Department of Housing and Urban Development (HUD) Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH).

# San Bernardino County CoC Operations and Governance Manual

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# San Bernardino County CoC Operations and Governance Manual

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## HUD REQUIREMENTS for CoC OPERATION AND GOVERNANCE

The U.S. Department of Housing and Urban Development (HUD) charges communities that receive funds under the Homeless Continuum of Care Program of the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act) with specific responsibilities. Section 578.3 of the HEARTH Interim Rule<sup>1</sup> published in July 2012 (Interim Rule), defines a Continuum of Care (CoC) as “the group organized to carry out the responsibilities required under this part [Part 578-Continuum of Care Program] and that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.”

The Interim Rule requires CoCs to establish a Board to act on behalf of the CoC. The CoC assigns the Board responsibilities through a written agreement called a Governance Charter that reflects the policies developed by the CoC. The CoC Board does not have any authority except as specified in the Governance Charter and Bylaws. Otherwise, authority and responsibility are retained by the CoC. This Operations and Governance Manual is adopted as the Governance Charter for CA609 - San Bernardino City and County CoC (also known as the San Bernardino County CoC or Homeless Partnership). This Governance Charter is established in consultation with the designated Collaborative Applicant, and the HMIS Lead Agency. This document outlines the establishment of the CoC and the roles and responsibilities assigned by the CoC to the Board. It also incorporates the By-Laws of the Board which provide additional insight into the duties of the Board and describe the standing committees, subcommittees, task groups, and liaisons structure of the CoC. The Code of Conduct for those conducting business on behalf of the CoC is also set forth herein.

The policies and provisions in this Operations and Governance Manual (i.e., Governance Charter) are subject to regular review of the CoC Board, which may establish a task group to accomplish this task with input from the Board.

## RESPONSIBILITIES OF THE COC

Section 578.7 of the HEARTH Interim Rule (July 2012) identifies the Responsibilities of the CoC as described:

### **A. Operate the CoC**

The CoC must:

- (1) Hold meetings of the full membership, with published agendas, at least semiannually;
- (2) Make an invitation for new members to join publicly available within the geographic at least annually;

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<sup>1</sup> All statutory references are to 24 CFR Part 578 [HEARTH Interim Rule (July 2012)] unless otherwise stated.

# San Bernardino County CoC Operations and Governance Manual

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- (3) Adopt and follow a written process to select a Council to act on behalf of the CoC. The process must be reviewed, updated, and approved by the CoC at least once every 5 years;
- (4) Appoint additional committees, subcommittees, or workgroups;
- (5) In consultation with the collaborative applicant and the Homeless Management Information System (HMIS) Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with subpart B of this part and with HMIS requirements as prescribed by HUD; and a code of conduct and recusal process for the Council, its chair(s), and any person acting on behalf of the Council;
- (6) Consult with recipients and sub-recipients to establish performance targets appropriate for population and program type, monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers;
- (7) Evaluate outcomes of projects funded under the Emergency Solutions Grants (ESG) program and the CoC program, and report to HUD;
- (8) In consultation with recipients of ESG program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The CoC must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. This system must comply with any requirements established by HUD by Notice.
- (9) In consultation with recipients of ESG program funds within the geographic area, establish and consistently follow written standards for providing CoC assistance. At a minimum, these written standards must include:
  - (i) Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;
  - (ii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
  - (iii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;
  - (iv) Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance;
  - (v) Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and
  - (vi) Where the CoC is designated a high-performing community, as described in Subpart G, policies and procedures set forth in 24 CFR 576.400(e)(vi), (e)(vii), (e)(viii), and (e)(ix).

# San Bernardino County CoC Operations and Governance Manual

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## B. Designating and Operating an HMIS

The CoC must:

- (1) Designate a single HMIS for the geographic area;
- (2) Designate an eligible applicant to manage the CoC's HMIS, which will be known as the HMIS Lead;
- (3) Review, revise, and approve a (i) privacy plan, (ii) a security plan, and (iii) a data quality plan for the HMIS.
- (4) Ensure consistent participation of recipients and sub-recipients in the HMIS; and
- (5) Ensure the HMIS is administered in compliance with requirements prescribed by HUD.

## C. CoC Planning

The CoC must develop a plan that includes:

- (1) Coordinating the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses the following:
  - (i) Outreach, engagement, and assessment;
  - (ii) Shelter, housing, and supportive services;
  - (iii) Prevention strategies.
- (2) Planning for and conducting, at least biennially, a point-in-time count (PITC) of homeless persons within the geographic area that meets the following requirements:
  - (i) Homeless persons who are living in a place not designed or ordinarily used as a regular sleeping accommodation for humans must be counted as unsheltered homeless persons.
  - (ii) Persons living in emergency shelters and transitional housing projects must be counted as sheltered homeless persons.
  - (iii) Other requirements established by HUD by Notice.
- (3) Conducting an annual gaps analysis of the homeless needs and services available within the geographic area;
- (4) Providing information required to complete the Consolidated Plan(s) within the CoC's geographic area;
- (5) Consulting with State and local government ESG program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and sub-recipients.

## **SAN BERNARDINO COUNTY COC GOVERNANCE**

### **A. SAN BERNARDINO COUNTY COC GEOGRAPHIC BOUNDARIES**

In 2008, the County of San Bernardino assumed the responsibilities for the coverage of the HUD established CA609 - San Bernardino City and County CoC boundaries that include the geography within the County of San Bernardino, including 24 incorporated cities and all unincorporated areas. The physical bounds of this geography are consistent with the boundaries inclusive of these areas. These boundaries contain other HUD designated program components, including six (3) Housing Authorities, thirteen (13) HUD geocode areas, four (4) local Emergency Solutions Grant (ESG) Funded Areas, nine (9) communities eligible for State ESG funds, as well as federally designated Community Development Block Grant (CDBG) entitlement areas, HOPWA, HOME, and Veterans Administration service areas. The CoC primary area of operations within the CoC geography includes the areas served by the program components listed above. This is referred to collectively as the San Bernardino County CoC.

### **B. ESTABLISHMENT OF THE COC**

Per Interim Rule **578.5**, representatives from relevant organizations within a geographic area must “establish a Continuum of Care for the geographic area to carry out the duties of this part. Relevant organizations include nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans, and homeless and formerly homeless individuals.”

The San Bernardino County CoC is known as the San Bernardino County Homeless Partnership (Partnership). The Partnership consists of three distinct bodies: the San Bernardino County Interagency Council on Homelessness (ICH), the Homeless Provider Network (HPN) and the Office of Homeless Services (OHS). The Partnership was developed to promote a strong collaboration between agencies to direct planning, development, and implementation of the San Bernardino County 10-Year Strategy to End Homelessness. The Partnership provides leadership in creating a comprehensive countywide network of service delivery to homeless individuals and families, and those at-risk of becoming homeless.

The ICH is the CoC coordinating body which has also been acknowledged by HUD as the HUD-designated primary decision-making group and oversight Council for the San Bernardino County CoC. In addition, the ICH is the policy making body for the Partnership. ICH works to ensure that the recommendations listed in the County’s 10-Year Strategy to End Homelessness are realized. ICH Membership is composed of elected officials, state and local representatives, community and faith-based organizations, and corporate advocates.

# San Bernardino County CoC Operations and Governance Manual

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## Goals of the ICH

As identified by the 10-Year Strategy to End Homelessness, the goals of the ICH include:

- Acting as a homeless planning and policy development resource for the County of San Bernardino;
- Monitoring and overseeing implementation of the homeless related services to ensure accountability and results;
- Recommending resource, policy and regulatory changes necessary to accomplish the recommendations of the Plan; and
- Reviewing and accepting ongoing changes to improve the delivery of homeless services to County residents.

The HPN provides a forum and environment where collaborative public and private nonprofit service providers and faith-based organizations can work together to improve the current delivery of available homeless related services. HPN seeks to fill the identified gaps in services to the homeless and those at-risk of becoming homeless through the use of innovative strategies and access to the wide range of expertise provided through its partners.

The OHS was created September 2007 by the San Bernardino County Board of Supervisors. OHS strives to develop a countywide public and private partnership that coordinates services directed towards reducing and preventing homelessness by providing comprehensive services and resources for homeless persons, and increasing permanent supportive housing opportunities for very low income and long-term homeless persons in order to end homelessness in San Bernardino County.

## CoC Membership

The CoC works to ensure community-wide commitment to ending and preventing homelessness in all parts of the County through inclusion of representation from the entire CoC geographic area. In addition to the entities identified in Interim Rule section 578.5, CoC membership includes a variety of other community stakeholders to the extent that they are invested in resolving homelessness and present in the CoC geography. Examples of additional stakeholders include private foundations, philanthropists, fraternal organizations, employment development, organized labor, and private health service organizations.

For the San Bernardino County CoC, participation in the overall San Bernardino County Homeless Partnership is readily available. Interested organizations and individuals can join the Partnership by attending a regularly scheduled meeting, requesting to be added to the HPN membership roster, and committing to participate in the work of the CoC to achieve stated purposes and goals. The membership commitment can be fulfilled in various ways such as participation in subcommittee work, contributing to data collection and analysis, or fulfilling the role of liaison between the Partnership and other community groups. The HPN Members obtain and retain voting privileges through attendance and participation in accord with established policies. HPN Members also select five (5) representatives annually to participate as voting members of the ICH.

# San Bernardino County CoC Operations and Governance Manual

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## Identification of Lead Agents and the Applicant

When the County of San Bernardino assumed the responsibilities for the CoC, the OHS was created and designated as the administrative arm of the Partnership and the lead agency of the CoC under the advisement of the ICH. The OHS was appointed as the CoC Point of Contact for the submission of the San Bernardino County CoC funding application.

## **C. GOVERNANCE**

### **Authority of the CoC**

The ICH is ultimately responsible for all duties assigned in the CoC Program interim rule. Regulations do not require the ICH to be a legal entity, however, Part 578 requires that the compiling and submitting of the CoC application and operating the HMIS functions be completed by “eligible applicants,” meaning organizations that have been designated by the ICH to apply for assistance on behalf of the continuum. Eligible applicants are legal entities such as government or non-profit organizations that are registered in the federal CCR / SAM. All CoCs must designate eligible applicants to serve in the Collaborative Applicant and HMIS Lead functions. The ICH may also set up committees, subcommittees, or working groups to carry out its duties, however, the ICH always retains ultimate responsibility, including the final approval of the application which is submitted by a Collaborative Applicant and the operation of the HMIS which is managed by the HMIS Lead. The ICH has identified a central Point of Contact (POC) and an Alternate POC for official communications with HUD through the OHS.

### **Selection of Collaborative Applicant and HMIS Lead Agency**

The ICH has designated the OHS as the eligible entity to complete the application, referred to as the Collaborative Applicant. The Collaborative Applicant is responsible for collecting and combining the required application information from all applicants and projects in the CoC and submitting this combined CoC application on behalf of the ICH. The Collaborative Applicant is the only applicant that is able to apply for planning funds to support the CoC in carrying out all of its responsibilities. The Collaborative Applicant provides these functions on behalf of the broader CoC. The ICH always retains ultimate responsibility, including the final approval of the application. The Collaborative Applicant for the CA-609 CoC also serves as the HMIS Lead Agency for San Bernardino County.

### **Establishment of an Interagency Council on Homelessness (ICH) as the CoC Board**

#### **Composition of the ICH**

The CoC Program interim rule requires CoC Boards to include representatives from relevant organizations and projects serving homeless subpopulations, such as persons with substance use disorders; persons with HIV/AIDS; veterans; the chronically homeless; families with children; unaccompanied youth; the seriously mentally ill; and victims of domestic violence, dating violence, sexual assault, and stalking. (One Board

# San Bernardino County CoC Operations and Governance Manual

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member may represent more than one subpopulation.) The Board must also include at least one homeless or formerly homeless individual.

Designation and selection of current Sub Committee members mirrors the general concept of a CoC Board. The Sub Committee constitutes a moderately small committee that provides expertise on the various homeless subpopulation and regions and provides a viable means for direct input from homeless and formerly homeless persons. A copy of the ICH Sub Committee Policies and Procedures is available under Appendix A.

## CoC Process for Selection of the Board

- The ICH serves as the Board of the CoC and includes thirty (30) seats. Members of the ICH must be able to represent an array of community sectors, special needs populations, and geographic areas throughout the region.
- ICH Member selection is pre-designated by terms established in the Bylaws and as recommended by the San Bernardino County 10-Year Strategy to End Homelessness.
- ICH Composition is reviewed regularly through the ICH Bylaws and Membership Sub Committee.
- Members of the ICH serve as liaisons to other community stakeholders.
- Volunteers and nominations for general-at-large members are taken from the full CoC.
- Results of nominations are reviewed by the ICH Bylaws and Membership Sub Committee to ensure that adequate representation is available for each of the required constituencies (community sectors, subpopulations, geography).
- Appointment of general-at-large members is made annually in a meeting of the ICH with one vote per eligible voting organization or designated community representative.
- ICH Members, other than general-at-large members, serve an unlimited term unless the relationship is terminated at either the request of the serving member, member organization or ICH.
- General at-large members serve two-year terms, which may be renewed at the discretion of the ICH.
- Regular attendance at ICH meetings and participation in CoC activities is required. Members failing to meet the attendance and participation standard are subject to removal and replacement.
- The HPN serves as the advisory body of the ICH. The HPN maintains six standing committees: Discharge Planning, Funding, Housing Services, Income and Support Services, Out Reach and Engagement, and Planning and Evaluation. The HPN is charged with facilitating a joint working approach through collaborations among the HPN members to implement action steps adopted in the 10-Year Strategy.
- ICH officers are elected to two-year terms. HPN officers are elected annually.

## **Governance Responsibilities Designated to CoC Board**

The ICH is charged by the CoC with the following responsibilities:

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- A) To ensure that the CoC is meeting all of the responsibilities assigned to it by HUD regulations:
  - Maintain accurate information about HUD and other funding source regulations
  - Inform the CoC of changes in policy, or community conditions that impact the effective operation of the CoC
  - Ensure Annual Performance reviews for funded projects
  - Ensure timely compliance with activities required to submit the annual application for CoC funds
  - Provide for annual review of the Housing Inventory Count including the Chart of Unmet Need, the Point In Time Summary Table and the AHAR
  - Working with the Data Governance Committee, maintain oversight of HMIS compliance with HUD regulations and timely completion of required HMIS activities and reports
  - Advise the CoC regarding the Annual Review of the Operations and Governance Manual
  - Recommend policy changes
  - Post all meeting agenda items and minutes to its website for public viewing
  - At the request of the CoC, perform tasks necessary for compliance with changes in HUD regulations
- B) To ensure that relevant organizations and projects serving homeless various subpopulations are represented in planning and decision-making (for use of HUD funds).
- C) Ensure viability of the regional CoC by identifying and securing administrative financing and support
  - Support the COC in acquiring resources to assist homeless persons in their movement from homelessness to economic stability and affordable permanent housing throughout the region;
- D) To facilitate responses to issues and concerns that affect the agencies funded by the CoC that is beyond those addressed in the annual CoC application process.
- E) To build community awareness inclusive of the needs of all homeless populations found in the region.

The ICH is empowered to take the following actions:

- Establish an annual calendar of ICH meetings;
- Schedule activities for achievement of assigned duties
- Review Performance Reports for the CoC as a whole and make recommendations and corrective actions in accordance with established policies
- Set Council Meeting times and Agendas as necessary to complete the responsibilities assigned
- Advise the full body on best practices, recommendations for systems enhancement
- Assume tasks and activities as necessary to act as liaisons to other community forums

## **D. CODE OF CONDUCT**

The Members of the ICH are entrusted with specific responsibilities related to use of public funds invested in addressing a serious community concern, homelessness. Members are expected to observe the highest standards of ethical conduct in the execution of these responsibilities.

In the performance of their duties, ICH Members are expected to carry out the mandate of the CoC to the best of their ability, and to maintain the highest standards of integrity for actions with other

# San Bernardino County CoC Operations and Governance Manual

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Members of the ICH, CoC Representatives, Service Recipients, Service Providers, and members of the public.

## ***General Conduct***

Members of the ICH are expected to conduct themselves with courtesy and respect, without harassment, or physical or verbal abuse.

Personal relationships should not result in special considerations, including bias or favoritism, that influence the performance of their official duties in a manner contrary to the interest of the broader CoC.

ICH Members are expected to exercise adequate control and supervision over matters for which they are individually responsible.

## ***Stewardship of Resources***

ICH Members must assure that the resources entrusted to them are used for conducting official business only.

Members of the ICH must abide by the Conflict of Interest Policies established for CoC operations.

## ***Protection of Confidential Information***

In line with the rules and guidelines of the CoC, Members of the Partnership have a responsibility to protect the security of any confidential information provided to, or generated by, the activities of the CoC.

## ***Public Statements and Media Response***

When making public statements or speaking to the media on CoC matters, ICH Members will make clear whether they are speaking in their own name or if the CoC or ICH has empowered them to speak on the group's behalf.

## ***Review of Charges of Violation of the Code of Conduct***

If requested by a majority, the Committee may also give guidance to the CoC concerning other aspects of conduct, including actions of staff, consultants or other persons charged with implementation of duties relative to the responsibilities of the ICH.

# San Bernardino County CoC Operations and Governance Manual

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## ***Board Leadership***

Every two years, the ICH will select its officers, an ICH Chairperson and a Vice Chair to conduct meetings in the absence of the ICH Chairperson. The Vice Chair will officiate business in circumstances where the conduct of the Chair has been formally challenged or in instances when the Chair must recuse himself/herself.

## ***Documentation of Board Action***

The CoC Board must conduct/transact business in a fair and transparent manner. To this end, the ICH will promptly create a record of actions, consideration, and decisions to be made available to members of the public in accord with the Ralph M. Brown Act [CA Government Code, section 54950, et seq.] and the California Public Records Act [CA Government Code, section 6250, et seq.]. Meetings of the ICH are open to members of the public wishing to observe in accordance with the Brown Act. The public may address the ICH at its regular meetings concerning any matter within its purview during the time set aside for public comment. If a Visitor to an ICH meeting is verbally or physically disruptive to the proceedings, they may be asked to leave.

## ***Ability to Conduct Business with Government Funds – Debarment or Suspension by Public Funding Sources***

Members of the ICH must be eligible to transact business with federal and local government. At the time of nomination, potential Members of the Council must not be individuals or agencies that are barred from, or suspended from transacting business with federal, state, or local government.

## ***Conflict of Interest and Recusal Policy***

Although it is not established as a legal entity, the ICH membership will conduct decision-making in accordance with 24 CFR parts 84 or 85 for non-profit organizations and state, local, and government agencies that receive federal funds. The Conflict of Interest Policy for the CoC Board must also meet the conditions set forth in the Interim Rule, section 578.95(b).

## ***Conflict of Interest – Contracts, Awards and Other Benefits to Recipient***

No ICH Member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to that individual or the organization that the member represents.

An organizational conflict of interest arises when, because of activities or relationships with other persons or organizations, the recipient or sub-recipient is unable or potentially unable to render impartial assistance in the provision of any type or amount of assistance under Part 578, or when an

# San Bernardino County CoC Operations and Governance Manual

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individual's objectivity in performing work with respect to any activity assisted under Part 578 is or might be otherwise impaired.

Organizational conflicts arise when an ICH Member is who is specifically associated with an applicant organization participates in a decision concerning the award of a grant, or provision of other financial benefits, to the organization that such member represents. It would also arise when an employee, recent employee, ICH Member, or family member affiliated with a recipient or sub-recipient organization participates in contract monitoring or rate setting tasks that directly impacts said organization. Examples of ongoing conflicts of interest include the determination of rent reasonableness under § 578.49(b)(2) and § 578.51(g); housing quality inspections of property under § 578.75(b) that the recipient, sub-recipient, or related entity owns; participation in ongoing business ventures /partnerships, or participation in evaluation or determination of awards .

## **Conflicts of Interest – Financial Interest of Member**

- 1) The solicitation and acceptance of gifts by an individual who is in a position to participate in a decision making process or gain inside information regarding the activities of the CoC (or by the organization(s) that he or she represents) that would provide a benefit in excess of the minimal value from persons, organizations, or corporations with a vested interest in the outcomes of decisions made by the ICH on behalf of the CoC or its member agencies is strictly prohibited.
- 2) ICH Members shall not participate in the selection, award, or evaluation of a contract supported by CoC funds if a real conflict of interest exists. A conflict would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ, or employed during the prior 6 months, has a financial or other interest in the organization under consideration for an award, or evaluation.
- 3) ICH Members shall not solicit monetary value from CoC-funded recipients, sub-recipients, contractors, or vendors.
- 4) ICH Members will not accept gratuities from CoC-funded recipients, sub-recipients, contractors, or vendors except for unsolicited gifts of nominal value as provided in item 5 below.
- 5) It is determined that a conflict of interest does not exist when the value of the gift is an unsolicited item of nominal value (less than \$15) and such gifts are not repeated more than twice annually. The ICH Member must maintain a record of gifts received, including source, date, value, and type of gift.

## **Recusal Policy**

ICH Members and persons acting on behalf of the Partnership must remove themselves from the decision-making or evaluation process when a personal or organizational conflict exists. ICH Members must recuse themselves during the decision-making or evaluation process, and may not participate in absentia through electronic or other means.

## **Obligation to Declare Potential Conflict of Interest**

To avoid apparent conflicts of interest, ICH Members and Partnership members shall declare any real or potential conflicts of interest or the appearance of such conflicts. The person must disclose this information before participating in the discussion and decision-making or evaluation process, including appointment to any sub-committee having influence over such decisions. This policy applies to both personal and organizational conflicts. Members of the public participating in Partnership committees shall also be screened for potential conflicts.

## **E. Amendments to This Document**

This Governance Charter may be amended upon a majority vote of an established quorum of the Members of the ICH who are eligible to vote and are present at a meeting called for such purpose, provided that notice is provided seven (7) days prior to the meeting. The vote is conducted in accord with the established Policies and Procedures of the full body. Absentee voting is not permitted.

DRAFT

## **BYLAWS OF THE INTERAGENCY COUNCIL ON HOMELESSNESS<sup>1</sup>**

### **San Bernardino County Homeless Partnership Interagency Council on Homelessness**

#### **BY-LAWS**

**Adopted March 22, 2010**

**Amended May 22, 2013**

*A Continuum of Care is a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. The mission of the San Bernardino County Homeless Partnership is to provide a system of care network that is inclusive, well planned, coordinated, evaluated and accessible to all who are homeless or at-risk of being homeless.*

#### **Article I**

##### **Purpose**

The Interagency Council on Homelessness (“ICH”) is a vital component of the San Bernardino County Homeless Partnership (“Partnership”). The ICH serves as the policy making body of the Partnership and oversees the implementation of the 10-Year Strategy to End Homelessness in San Bernardino County (“10-Year Strategy”). The ICH will focus on resource development to insure the funding of homeless projects and 10-Year Strategy recommendations. In addition, ICH serves as the HUD-designated primary decision-making group and oversight board of the City of San Bernardino & County (hereinafter referred to as the “geographic area”) Continuum of Care for the Homeless (CA-609) funding process, (hereinafter referred to as the “CoC”).

#### **Article II**

##### **Vision**

Provide leadership in creating a “comprehensive countywide network” of service delivery for the homeless population. Identify families and individuals at-risk of homelessness and circumstances leading to homelessness through facilitation of better communication, planning, coordination, and cooperation among all entities that provide services and/or resources for the relief of homelessness in the County of San Bernardino in a united effort to eliminate homelessness county-wide.

#### **Article III**

##### **Duties**

The ICH is charged with directing, coordinating and evaluating all of the activities related to implementation of the 10-Year Strategy to End Homelessness. The ICH members are directed to report progress on the implementation of the 10-Year Strategy to their colleagues and constituents following each meeting of the ICH. The ICH will promote collaborative partnerships among homeless providers and stakeholders throughout San

# San Bernardino County CoC Operations and Governance Manual

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Bernardino County in order to carry out implementation activities and will develop resources to insure the funding of homeless projects and 10-Year Strategy recommendations.

As the oversight board of the CoC, the ICH duties are:

1. To ensure that the CoC is meeting all of the responsibilities assigned to it by the United States Department of Housing and Urban Development (HUD) regulations including:
  - a. The operation and oversight of the local CoC;
  - b. Designation and operation of a Homeless Management Information System (HMIS);
    - i. Designate a single HMIS for the geographic area;
    - ii. Designate an eligible applicant to manage the CoC's HMIS, which will be known as the HMIS Lead;
    - iii. Ensure consistent participation of recipients and sub-recipients of CoC and Emergency Solutions Grant (ESG) funding in the HMIS.
    - iv. Ensure the HMIS is administered in compliance with all requirements prescribed by HUD.
  - c. The development of a CoC plan that includes outreach, engagement, assessment, annual gap analysis of the homeless needs and services available, prevention strategies, shelter and housing supportive services, and HUD CoC annual and biennial requirements;
2. To represent the relevant organizations and projects serving homeless subpopulations;
3. To support homeless persons in their movement from homelessness to economic stability and affordable permanent housing within a supportive community;
4. To be inclusive of all the needs of all of geographic area's homeless population, including the special service and housing needs of homeless sub-populations;
5. To facilitate responses to issues and concerns that affect the agencies funded by the CoC that is beyond those addressed in the annual CoC application process;
6. To consult with recipients and sub-recipients of CoC funding to establish performance targets appropriate for population and program type, monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers; and
7. To evaluate outcomes of projects funded under the County of San Bernardino CoC program including the ESG.

## **Article IV** **Membership**

### **A. ICH Membership Composition**

The membership of the ICH shall be broadly based with representation from all sectors of the community, including but not limited to: homeless service providers, representatives of federal, state and local government, corporations, and concerned individuals.

The ICH membership shall be composed of no more than 30 members.

1. Two (2) members from the San Bernardino County Board of Supervisors or designee;

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2. Seven (7) elected officials or designee (i.e., city manager, economic development or city director) representing cities within San Bernardino County:
  - a. Three (3) from cities with populations greater than 100,000 residents,
  - b. Two (2) from cities with populations between 50,000 to 99,999 residents,
  - c. Two (2) from cities with populations less than 50,000 residents;
3. Director or designee of the Department of Behavioral Health;
4. Director or designee of the Community Action Partnership of San Bernardino County;
5. Director or designee of Human Services<sup>2</sup>;
6. Director or designee from the San Bernardino County Public Housing Authority;
7. Director or designee of the Department of Probation;
8. Director or designee of Community Development and Housing for San Bernardino County;
9. One (1) representative from the Veterans Administration Health Care System;
10. Director or designee of the Workforce Development Department;
11. Administrator or designee of the State Department of Rehabilitation;
12. Superintendent of San Bernardino County Schools or designee;
13. Director of 2-1-1 San Bernardino or designee;
14. One (1) representative from the San Bernardino County Sheriff's Department;
15. One (1) representative from the Homeless Management Information System (HMIS) Lead Agency;
16. Chair of the Homeless Provider Network or designee;
17. Four (4) members at-large from organizations and agencies selected to serve as representatives of the Homeless Provider Network; and
18. Up to three (3) general at-large members.

## **B. Membership Application and Approval Process**

Solicitation for ICH membership applications shall begin no less than eight weeks after the vacancy of an individual ICH member. The Office of Homeless Services (OHS) on behalf of the ICH shall circulate a "Call for Applications" to the appropriate organization or parties. The "Call for Applications" will set forth the criteria for appointment to the ICH, and will set the deadline for the receipt of said applications. Applications must be accompanied by a Letter of Recommendation from the sponsoring ICH Member agency or organization or an individual Member of the ICH.

Directors listed in Article IV, section A, and elected officials, which have been designated to sit on the ICH by a local government agency listed in Article IV, section A, shall become a member of the ICH by reason of their position without application. Designees, recommended in lieu of the above listed individuals, must comply with the application process.

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<sup>2</sup> This member shall represent all agencies in the San Bernardino County Human Services Group: Aging and Adult Services, Child Support Services, Children and Family Services, Children's Network, Preschool Services, Public Health, Transitional Assistance, and Veterans Affairs. With the exception that Behavioral Health shall hold a separate seat on the ICH.

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The ICH will establish an ad-hoc Application Review Committee as needed to review applications and develop a screening process. The Application Review Committee will recommend candidates for appointment to the ICH after reviewing the applications. The OHS shall prepare a synopsis of the recommended applicant's qualifications for the ICH. OHS shall forward the recommendations and synopses to the ICH no later than two (2) weeks prior to the next regularly scheduled meeting at which the approval of new members will occur.

## **C. Membership Terms of Service**

Once appointed to the ICH, Members shall serve an unlimited term unless the relationship is terminated at either the request of the serving member, member organization or ICH.<sup>3</sup> With the exception that general at-large members shall serve a two year term, which may be renewed at the discretion of the ICH.

## **D. Membership Responsibilities**

All Members are expected to attend meetings. Member absences will be noted in the minutes. Other responsibilities may include:

1. Providing oral and/or written comment on issues being discussed by the ICH;
2. Assisting in the development and implementation of task forces, subcommittees and/or committees necessary to conduct the business of the ICH;
3. Supporting and participating in training, summits, and activities sponsored by the ICH;
4. Active participation in the biennial Point-in-Time Count;
5. Reviewing and commenting on documents, such as those concerning the Continuum of Care Homeless Assistance Grant funding; and
6. Providing regular reports and updates regarding ICH activities and progress back to member agencies (i.e., inclusion of ICH agenda and minutes in the agency's official public records).

## **E. Membership Voting**

1. A Member representing more than one Agency or Office shall receive only one vote.
2. A Member shall designate one representative to vote on behalf of the Member and may establish one alternate to vote in the absence of the designated representative.

## **F. Membership Vacancies**

1. ICH membership ends when:
  - a. A Member resigns or is unable to serve for justified reasons; or
  - b. A Member is deemed inactive by the ICH upon the relevant facts that have been presented;or

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<sup>3</sup> At least ninety (90) days notice shall be given unless otherwise mutually agreed.

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- c. A Member is replaced by the sponsoring agency or organization; or
- d. A Member is terminated by a majority of the ICH for just cause:
  - i. Charged with a crime that would subject the Member to debarment, suspension, disqualification or other exclusion from participating in a federally funded transaction pursuant to federal law.
  - ii. Unprofessional behavior.
  - iii. Violation of these bylaws.
  - iv. Conduct prejudicial to the best interests of the ICH;
  - v. Lack of participation in three (3) consecutive ICH meetings without prior ICH approval.
  - vi. Just cause as defined by the majority of the ICH.
2. Termination of an individual's membership does not terminate the sponsoring agency or organization's representation of the ICH.
3. If a Member representative who has been duly notified of ICH meetings misses three meetings within a one-year period, the Chair shall formally and in writing contact the Member requesting a written response of the ability of the Member's representative to continue participation in the ICH. If a written response acceptable to the Chair is not received within 30 calendar days, then the Chair may ask that a new representative be designated.

## **Article V** **Officers**

The ICH shall elect from among its Members a Chair and Vice Chair. Each officer shall serve for a term of two (2) years commencing October 1 and ending September 30 of the second year.

### **A. Selection of Officers**

Officers shall be nominated by the membership and elected to office by a majority vote of the Members present at a meeting in which a quorum has been established.

### **B. Duties of Officers**

1. The duties of the Chair shall include:
  - a. Provide oversight, direction and leadership to the ICH.
  - b. Conduct and facilitate ICH Meetings.
  - c. Coordinate agenda setting with the Office of Homeless Services (OHS).
  - d. Appoint Committee Chairs.
2. The duties of the Vice Chair shall include:

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- a. Perform all of the Chair's duties in the absence of the Chair, unless the Bylaws of the ICH provide otherwise.
- b. Perform other duties as requested.

Note: In the absence of the Chair and the Vice-Chair the Homeless Services Coordinator shall chair the meeting(s).

## **Article VI** **Vacancies of Officers**

Should the office of Chair become vacant prior to the end of the present term, the Vice-Chair shall complete the term of office. The position of the Vice-Chair shall be filled by a special vote at the next regular ICH meeting.

## **Article VII** **Meetings**

### **A. Regular Meetings**

Regular meetings of the ICH shall be held at least bi-monthly at a time and date determined by the Members, or as modified by a majority vote of the Members at any regular meeting where a quorum has been established.

### **B. Special Meetings**

A special meeting may be called at any time by the Chair, or at the request of the majority of the Members, by delivering personally or by mail or electronically written notice of the date and purpose of the meeting to each Member 48 hours before the time specified in the notice.

### **C. Governing Rules**

Meetings shall be conducted in accordance with the provisions of the Brown Act (Government Code, section 54950, et seq.) and under Robert's Rules of Order. Each member will be provided with a copy of Roberts Rules of Order at installation.

## **Article VIII** **Quorum**

One half of the Members in good standing, plus one, shall constitute a quorum for the transaction of business. The affirmative votes of at least a majority of the Members constituting a quorum at a duly scheduled meeting shall be required to take any action.

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A member in good standing is a Member of the ICH who has met membership and attendance requirements.

## **Article IX**

### **Agenda**

The agenda for the regular meetings shall be prepared in consultation with the ICH Chair and distributed by OHS to each Member at least seven (7) calendar days prior to the meeting. The agenda should be accompanied by agenda support materials and shall be posted per the Brown Act requirements.

## **Article X**

### **Agenda Deadline**

All matters to be considered for the agenda must be submitted to the OHS at least fourteen (14) calendar days prior to the meeting.

## **Article XI**

### **Minutes**

Minutes shall be taken and distributed by the Homeless Services Coordinator, or designee. The Chair, and/or the Homeless Services Coordinator shall review and preliminarily approve the minutes prior to distribution. Minutes shall normally go out with the agenda for approval at the next meeting.

## **Article XII**

### **Amendments**

These bylaws may be amended by a two-thirds vote of the Members present at a meeting in which a quorum has been established in compliance with Robert's Rules of Order.

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<sup>i</sup> This section reflects the Bylaws as subsequently updated by ICH action and Certified by the Office on Homeless Services.