San Bernardino County Homeless Partnership
West Valley Regional Steering Committee

Wednesday, August 17, 2022 • 9:00 a.m. to 11:00 a.m.

Join Zoom Video Conference hosted by the City of Rancho Cucamonga:
https://us02web.zoom.us/j/85194946723?pwd=TUh0cHZGM1JEZ0I3S1l3YXFEUnAvQT09
Meeting ID: 851 9494 6723- Password: 183200
Dial in +1 669 900 6833 - One tap mobile +16699006833,,89595982006# US (San Jose)

AGENDA

OPENING REMARKS	PRESENTER
A. Call to Order B. Welcome and Introductions	Erika Lewis-Huntley Don Smith
REPORTS & UPDATES	
C. Interagency Council on Homelessness D. Homeless Provider Network E. State and Federal Program Updates F. Office of Homeless Services G. Regional City & Service Provider Partners	Erika Lewis-Huntley Don Smith OHS staff member Committee Members
CONSENT ITEM	
H. Approve of RSC Meeting Minutes – Not available	Erika Lewis-Huntley
PRESENTATIONS / DISCUSSION ITEMS	
I. County of San Bernardino One-Stop TAY Centers and other Supportive Service Programs for Transitional Aged Youth ***J. HUD FY2022 CoC Program NOFO & Supplemental Funding NOFO*** ***K. CoC Coordinated Entry System (CES) Annual Review Process Report***	Andre Bossieux, Program Manager Department of Behavioral Health Don Smith
CLOSING	
L. Public Comment (3 mins) M. Adjournment	Don Smith Erika Lewis-Huntley

Next Regulalry Scheduled Meeting: West Valley Regional Steering Committee
Wednesday, September 14, 2022, 9:00am – 11:00am
Goldy S. Lewis Community Center – Creative Corner Room (tentative, if able)
11200 Baseline Rd., Rancho Cucamonga, CA 91701
Or by Zoom Video Conference

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

THE SAN BERNARDINO COUNTY HOMELESS PARTNERSHIP MEETING FACILITY IS ACCESSIBLE TO PERSONS WITH DISABILITIES. IF ASSISTIVE LISTENING DEVICES OR OTHER AUXILIARY AIDS OR SERVICES ARE NEEDED IN ORDER TO PARTICIPATE IN THE PUBLIC MEETING, REQUESTS SHOULD BE MADE THROUGH THE OFFICE OF HOMELESS SERVICES AT LEAST THREE (3) BUSINESS DAYS PRIOR TO THE PARTNERSHIP MEETING. THE OFFICE OF HOMELESS SERVICES TELEPHONE NUMBER IS (909) 386-8297 AND THE OFFICE IS LOCATED AT 303 E. VANDERBILT WAY SAN BERNARDINO, CA 92415. http://www.sbcounty.gov/sbchp/

AGENDA AND SUPPORTING DOCUMENTATION CAN BE OBTAINED AT 303 E VANDERBILT WAY, SAN BERNARDINO, CA 92415 OR BY EMAIL: HOMELESSRFP@HSS.SBCOUNTY.GOV .

Ad Hoc Coordinated Entry System Review Committee

Activities, Findings, and Recommendations

July 2022

Contents

Executive Summary

Background

The U.S. Department of Housing and Urban Development (HUD) helps local communities in their efforts to understand and resolve homelessness through funding programs including the Continuum of Care (CoC) and the Emergency Solutions Grants (ESG) among others. To receive funding for these two programs, the community must create a system of care referred to as a CoC, and to implement certain structures, policies, and processes such as a Homeless Management of Information System (HMIS) and a Coordinated Entry System (CES). In general, the CoC CES is intended to quickly identify people who are homeless or at imminent risk of becoming homeless, to prevent or divert people from homelessness whenever possible, to assess the needs of people requesting help, and to help them access services and move into appropriate permanent housing as quickly as possible. HUD requires each CoC to review their CES system annually.

The 2022 Coordinated Entry System Review results from the work of the Interagency Council on Homelessness (ICH) for the San Bernardino County Continuum of Care (CoC), homeless service provider forums, and the Coordinated Entry System (CES) Review Ad Hoc Committee (Committee). The Committee was authorized by the CoC governance board as part of the response to the HUD requirement for annual review of the mandated CES.

Role of the Ad Hoc Committee

The purpose and scope of work for the Committee centered on collecting data about the operations of the CES, the requirements for compliance with HUD regulations, identifying key features desired by the community for a revised CES, and providing recommendations to the ICH for consideration by the CoC. The Committee also endeavored to understand the context for CES operations by reviewing information about the current demand for housing and the resources within the CoC system to meet the demand.

It is important to understand that the work of the Committee focused on a review of the CES system not any single entity within the system. For example, the Committee did not intend to evaluate performance of the CES operator, the ICH Governing Board, or any participating organization. Data-driven assessment and decision-making are cornerstones of an effective CES. The purpose of the Committee was to gather information and use the data collected to identify key features for revisions to the regionwide CES. The scope of work centered on summarizing and analyzing input on the CES system and potential options for a revised system.

The Ad Hoc Committee review drew information from HUD regulatory requirements and recommendations, Provider and Consumer surveys, Point-In-Time Count (PITC) data, Housing Inventory Count (HIC), Homeless Management of Information System (HMIS) data, Community forums, Technical Assistance reports, CES operator demand and cost data, and input from provider groups. These sources collect and report data using criteria specific to the source and as a result, comparison across the reports for quantitative data was challenging. Qualitative data included survey comments, community meeting discussions, and Committee communications.

Core components of the CES include outreach and marketing, system access, assessment, prioritization, referral, planning, data management and evaluation. The activities of the Ad Hoc

Committee primarily focused on a general review of HUD requirements and system design; the core functions of access, assessment, and evaluation; and available resources.

Key Findings

Compliance with HUD Requirements:

In 2012, CoC were charged with meeting only six core requirements for CES, by 2017 the requirements expanded to 15 areas and described more than 80 elements for compliance. According to the data collected, the current system design, operations, and oversight of the CES do not meet all of the HUD requirements for nearly one-half of the CES features that were to be operational by 2018. The list of requirements is found on pages 12-16.

There is a general consensus that no one organization can effectively meet all of the requirements for daily operation, coordination, administration, and evaluation of CES in an area as large and diverse as the San Bernardino City and County CoC. Central administration of system operations combined with multiple access and assessment points is the basic design desired by community stakeholders and recommended by the review.

HUD requirements call for ongoing planning and consultation with stakeholders; annual evaluation of the CES; and use of the evaluation to implement updates to the CoC's policies and procedures guiding the CES.

System Access:

The CES access to housing and services proved to be an area of concern across the data sources. The various sources conclude that with respect to access to housing and services through CES the system is not functioning well. It lacks responsiveness. People must wait too long, often two months of more to be connected with information and services.

Based on survey input, none of the 14 measures for mandated access features held an average score of "3"which would indicate that the criteria is being met at a basic level and 21% are rated in the range indicating that the criteria is not being met at all. The access requirements with the lowest scores are 1) emergency service access after-hours; 2) clearly identifying which interventions will or will not be included in CES; and 3) ensuring access to those least likely to connect to services.

Assessment and Prioritization:

The assessment component of the current CES incorporates many of the requirements at a basic level. Provider and system user feedback, however, identified multiple concerns and opportunities for improvement. Clear, data-driven priorities must be part of the CES assessment and referral protocols.

The current assessment process relies heavily on a numeric score assessment tool from the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). Best practice recommendations and HUD requirements allow for a more person-centered approach, implemented in phases that incorporates cultural and linguistic competencies and considers information from caseworkers and others with knowledge of the participant through case-conferencing.

Policies and Procedures and Governance:
Information collected through the Ad Hoc activities repeatedly noted that the current policies and procedures lack clarity concerning the roles and responsibilities of the various entities involved in the system. CES governance and oversight need to be strengthened. Currently the system does not have a management component focused primarily on the CES. The ICH within its responsibilities on behalf of the CoC, should establish a standing committee responsible for oversight of the CES operations and the ongoing development of policies and procedures for evaluating regulatory compliance.

Policies and procedures will need to be updated to reflect changes adopted by the ICH.
Policy revisions should clarify and promote effective use of resources ensuring that participant prioritization and distribution of resources are evidence-based and provide access to appropriate housing and services while ensuring accordance with HUD regulations.

Current CES policies include the HUD prioritization policy concerning chronically homeless persons. Information gathered during the review indicates that prioritization and referral processes are not consistently followed, specifically noting concerns with reverse-referrals that do not necessarily prioritize those with the most severe need.

"NOW SERVING 743 OF 2,333"

Housing and Shelter: According to HUD, the requirement to implement CES has a goal of increasing the efficiency of local crisis response system and improving fairness and ease of access to resources, including mainstream resources; is intended to help communities prioritize people who are most in need of assistance; and to provide the CoC and other stakeholders about service needs and gaps to help communities strategically allocate their current resources and identify the need for additional resources[1].

Each set of data reviewed by the Committee leads to the same basic conclusion: There are insufficient housing options with available vacancy to provide households with quick access to the type of housing indicated by CES assessments. Based on the data reviewed, it appears that the available resources are not equally distributed throughout the CoC geography. An accurate portrayal of the distribution, however, is hampered by the way the data is collected and reported. For example, rapid rehousing programs operate region-wide. Detailed data reporting the physical location of resources currently being used is needed to be able to effectively provide data-driven recommendations to implement a centralized CES with sub-regional access that was called for by community input.

Although use of CES assessment and referral for emergency shelter is not required in the current system, and it is not being recommended to be included, emergency shelter and services play important roles in the CoC crisis response system. Data from the 2022 Housing Inventory Count and the Point-In-Time Count, a there are 743 emergency shelter beds to serve an unsheltered population of 2,333 on any given night. This disparity challenges the capacity of the overall CoC system to efficiency respond to housing crises.

[1] HUD requirements are found in CPD Notice, 2017. 17-01CPDN.PDF (hud.gov).es

The CES system must document a process by which persons are ensured access to emergency services during hours when CES intake and assessment are not operating. HUD does not require the CES system to provide emergency shelter or services. Currently, access is provided through the CES operator's call center.

HMIS data reports the distribution of housing and shelter resources dedicated to individuals and those for households to HUD through the HUD Data Exchange (HDX). The summary reports for 2022 data in the HMIS[2] reflect the distribution of 4,288 beds with 3,340 permanent housing (PH) options comprising the majority of the inventory. The PH resources have nearly equal numbers dedicated to individuals (1,674) vs. households with children/'families' (1,666). The numbers of unsheltered homeless individuals vs. families, however do not reflect this balance.

What is evident, is that an expansion of resources, particularly permanent housing resources and emergency resources in areas where there appears to be limited access would support the CES intended purposes and the desired subregional design for access and referral.

Applicability of CES to Other Funding Sources and Current Funding
The use of CES is not limited to the HUD CoC and ESG programs. Key homeless programs supported by State funding, such as HHAP, also incorporate the use of CES. Together, funding from the HUD CoC Competitive program renewal funding, State HHAP, ESG funds, and potential funding from HUD Youth Homeless Demonstration Project (YHDP) and CoC Supplemental Unsheltered and Rural Competition total in excess of $40 million dollars.

The resources and expenditure reports for the current CES operations indicate approximately a $316,000 shortfall annually between revenues and expenditures over the past year. This estimate does not include the level of dedicated CES funds needed to support the operations, coordination, and oversight activities necessary to meet the basic HUD requirements. Implementation of the recommended optional system features would also require additional investment.

Overview

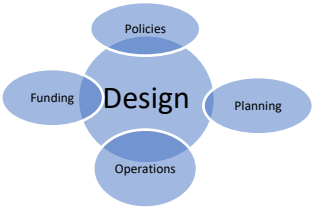
The current CES design and implementation do not meet the federal requirements and fall short of meeting the CoC general intent of quickly moving people who are homeless or at risk of homelessness to appropriate housing and services. Significant revisions are needed to bring CES implementation into compliance. There is both an urgent need to, and substantive community investment in, revising the current CES system.

System structure and governance and funding are main issues that underlie the CoC's ability to meet the regulations. There are immediate actions needed to comply with the minimum HUD requirements. Use of CES is tied to state and federal resources excess of $40 million dollars. In addition to service providers and persons living in homelessness, recipients of HUD CoC and ESG funds, and HHAP are primary stakeholders in ensuring an effective and compliant CES capable of moving people to appropriate permanent housing. Stakeholders receiving funds from programs that involve a commitment to use CES are logical sources of the additional resources needed to support CES operations. (CoC, ESG entitlement cities and state ESG recipients, County Departments).

[2] Note: not all beds on the 2022 HIC report data in the HMIS.

The review found issues at the system level beyond the challenges of daily operations. The Ad Hoc Committee recommends action in five areas: Basic CES design, system planning and transition, operations, policies and procedures, and funding. The full set of detailed recommendations can be found on pages 35-39.

Key recommendations in the five areas include:



Basic Design

1. Implement a regional approach that covers the full CoC geography but includes subregional components.
2. Combine phone access and partner agencies for regional coverage and a "No-Wrong Door" approach.
3. Address all homeless populations with special provisions for victims of domestic violence and the unique needs of five subgroups as allowed by the regulations.
4. Increase access points by incorporating a diversity of entities as formal partners.
5. Employ a phased, progressive assessment approach that includes diversion.
6. Amend the current assessment process to use the VI- SPDAT or other screening and triage tool that is embedded as only one part of the assessment.
7. Base prioritization, matching, and referral on priorities reflected in the screening tool scores; takes into consideration special needs plus case conference information, and availability of resources in a particular Subregion (participant preference).
8. Use HMIS initiated from 'first touch' with system and continues throughout the process.

System Planning and Transition

Recognizing that the recommendations encompass significant change to the current CES, there need to be mechanisms and processes for accomplishing system transition.

1. At a minimum, involve the CoC membership, the ICH, the Collaborative Applicant, the HMIS Lead, the CES Lead, and ESG entitlement areas in the CES system transformation and transition.
2. Consider the optional features highlighted in 2022 survey responses for inclusion in the revised CES.
3. Develop a plan to transition to the transformed CES system as it is adopted by the ICH;
4. To strengthen governance, the ICH should establish a CoC CES standing committee responsible for oversight of the CES operations and the ongoing development of policies and procedures for evaluating regulatory compliance.
5. Clearly describe administrative and structural components and roles: CoC Membership, Interagency Council on Homelessness, CES Oversight Committee/Task Force, Collaborative Applicant, the central or lead CES organization, and participating agencies.
6. Identify and commits resources beyond the CoC project award to support CES operations, coordination, oversight, and management.
7. Consider the optional features highlighted in 2022 survey responses for inclusion in the revised CES.
8. Assess the current level of demand reflected in Call Center data and referral outcomes and analyze to evaluate sub-regional need.

Operations

As soon as feasible, the CoC, CES Lead/Managing Agency, ICH, and Collaborative Applicant and will work to:

1. Establish a revised structure including a central managing agency and identify partner agencies who will become formal partners in the CES system.
2. Initiate use of progressive engagement and trauma-informed approaches that foster empowerment.
3. Develop and implement a phased-assessment approach that incorporates cultural and linguistic competency for assessment staff.
4. Re-engage the multi-disciplinary team structure to provide regular case conferencing and ensure that all households prioritized for housing and services are reviewed.

5. Utilize a By Name List in the prioritization and tracking processes.
6. Document the criteria and procedures for matching the deepest housing resources with persons with the most severe housing and service needs, for example for co-morbidity or tri-morbidity.
7. Require participating organizations to provide regular reports concerning the demand for service and service utilization and housing outcomes.
8. Consider implementation of mobile or virtual assessments/communications to improve system efficiency and ensure full geographic coverage.
9. Provide initial and ongoing training to partners and stakeholder community to enhance consistent operations of the CES components.

Policies and Procedures

To ensure consistent implementation of the CES system, revise the CoC Policies and Procedures guide for CES to:

1. Articulate the roles and responsibilities of CES administration, Lead and partner agencies, and invested stakeholders in operationalizing the regional CES.
2. Establish an Oversight Committee in the CoC structure responsible for oversight of CES, and ongoing policy development, and system evaluation.

3. Establish an annual calendar to ensure annual review and updates to CES as required by HUD.
4. Establish policies to ensure adequate, ongoing funding to support the CES design and activities as approved.
5. Amend policies to ensure evaluation and distribution of current resources and development of new resources, as appropriate, to meet the geographic and subpopulations needs of persons experiencing homelessness as evidenced in system data (service requests, HMIS, PITC, HIC,).
6. Clarify operational procedures: outreach and access, assessment, prioritization, evaluation, referral, and coordination.
7. Establish policies to ensure comprehensive training of staff participating in the CES daily operations.
8. Describe guidelines for coordination and consultation with key stakeholders including ESG representatives and persons with lived experience.
9. Ensure inclusion of all policies required by the HUD Community Planning and Development Notice, 17-01 and outline a process for managing future changes in requirements.

Funding

1. Recognize that CES is used by an array of funding sources, and to the extent possible, dedicate available resources or identify new to CES such as: potential expansion of CoC Competitive, youth-dedicated, special unsheltered, or domestic violence bonus funds; State resources including HHAP, ESG; local resources;
2. Request entities receiving funds from programs that call for the use of CES, or with homelessness-dedicated funds to participate in funding the CES. Specifically request to the CoC and ICH Board to identify and allocate funding in addition to the CoC Renewal funds; request that ICH initiate a request to the County Board of Supervisors to advise departments receiving state and federal funding for homelessness to identify and allocate funds or in-kind resources to support the CES; request Cities that are recipients of CoC, ESG, HHAP to identify and allocate funds for the CES.

3. Request that the CES Oversight Committee (if adopted) works cooperatively with community stakeholders to identify funds or in-kind resources for ongoing CES operations.

At the most basic level, the CES review points to what needs to be in place to be compliant with HUD requirements, describes what we see as local priorities for a revised CoC, and gives a call to adequately fund the re-imagined CES. To be effective, we need the appropriate governance and oversight structure in place to ensure that CES executes well, and to remedy issues when it doesn't. We need a clear roadmap to help guide us to the re-imagined system while ensuring we meet at least minimum compliance at all times in the journey.

AD HOC COORDINATED ENTRY SYSTEM REVIEW COMMITTEE REPORT 2022

Purpose and Authorization

The 2022 Coordinated Entry System Review results from the work of the Coordinated Entry System (CES) Review Ad Hoc Committee (Committee), initiated as part of the response to U.S. Department of Housing and Urban Development (HUD) annual review of the mandated CES and authorized by the Interagency Council on Homelessness (ICH) for the San Bernardino County Continuum of Care (CoC). The purpose and scope of work for the Committee focused on collecting data about the operations of the CES, the requirements for compliance with HUD regulations, identifying key features desired by the community for a revised CES, and providing recommendations to the ICH for consideration by the CoC.

Purpose of the Ad Hoc Committee

To collate and use the data collected to identify key features for revisions to the countywide CES.

Scope of Work

Summarize and analyze input on CES performance and potential design options, including:

1. Data about CES operations through surveys and meeting input
2. Technical Assistance Collaboration study and feedback from CES brainstorming and ICH sessions
3. Find commonality/ differences in recommendations from 1 & 2
4. Review data (demand/ resources/response) in CoC (and variances in subregions)
5. Summarize findings and recommendations based on the data analyzed
6. Review current policies to assess where changes would need to occur if recommendations were adopted.

Coordinated Entry System: Background and Basic Requirements

Background

In 2012, HUD published the minimum requirements for establishing and operating a Continuum of Care (CoC) system of care for homeless persons in local communities. These requirements found in 25 CFR part 578[3], commonly known as the CoC 'Interim Rule', delineated certain operational requirements for each CoC. These requirements included the responsibility for establishing and operating a centralized or coordinated assessment and entry system (CES) that provides a comprehensive assessment of the needs of individuals and families seeking housing and services. The Interim Rule established six (6) minimum requirements and components for all Coordinated Entry Systems.

In 2017, the U.S. Department of Housing and Urban Development (HUD) developed and outlined a framework for Coordinated Entry Systems (CES) with an implementation date of January 2018.[4] Collaborative Applicants, acting as CES Lead Agencies, were to ensure that the framework was implemented on time. The framework underlined the initial CES requirements described in the CoC Interim Rule (24 CFR 578.7(a) (8) and 24 CFR 578.3) in 2012, which are known as the initial and

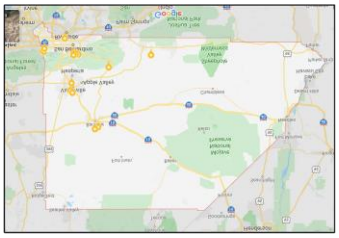
[3] 24 CFR part 578 Federal Register, July 31, 2012, effective August 30, 2012
[4] CPD Notice, 2017. 17-01CPDN.PDF (hud.gov).es

minimum CES requirements and components and significantly expanded the requirements and expectations.

Over time, the expected CES framework was described further and additional requirements, key objectives and responsibilities were explored and clarified. Many aspects of CES planning, management, operations, monitoring, and evaluation are not explicitly identified in HUD regulations and notices but were critical for effective CES design, management[5], and implementation.

CES Minimum Requirements and Components

In 2017, the HUD Office of Planning and Community Development (CPD) issued a notice of updated regulations (CPD17-01, "Notice") to advise CoC stakeholders of the expanded requirements. The Notice provides information that frames the CES rules such as purpose, background, compliance requirements and offers key definitions. The Notice describes requirements in 15 areas and provides guidance and additional recommendations. Although lengthy, it is important to understand the detail contained in the HUD requirements. As a result, a list of the areas and criteria included in the expanded requirements follows.



1. Full Geographic Coverage
   - must cover entire geographic area of the CoC; and
   - may establish referral zones within the geographic area designed to avoid forcing persons to travel or move long distances to be assessed or served

2. Use of Standardized Access Points and Assessment Approaches
   - must offer the same assessment approach at all access points and all access points;
   - must be usable by all people who may be experiencing homelessness or at risk of homelessness;
   - may include separate access points for five (5) groups: adults without children; adults accompanied by children; unaccompanied youth; households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and persons at risk of homelessness;
   - may use variations in access and assessment approaches to remove population- specific barriers and to account for the different needs, vulnerabilities, and risk factors in assessment processes and prioritization;
   - may not establish a separate access point and assessment process for veterans; however, may allow Veterans Administration (VA) partners to conduct assessment and make direct placements into homeless assistance programs, provided that the method is described in the CES policies and procedures;
   - may provide, or be required to provide, reasonable accommodations for a person with disabilities;
   - must ensure that persons who present at any access point can easily access an appropriate assessment process that provides the CoC with enough information to make prioritization

[5] see Coordinated Entry Self-Assessment - HUD Exchange

decisions about that household;
- must ensure that households who are included in more than one of the five populations can be served at all of the access points for which they qualify as a target population;
- written policies and procedures must: Describe the standardized assessment process, including documentation of the criteria used for uniform decision-making across access points and staff. If the CES is using different access points and assessment tools for the 5 allowable groups listed above, written policies and procedures must separately document the criteria for uniform decision-making within each population;
- must have written "Privacy Protections" policies concerning data collected through the assessments; and
- cannot base prioritization on a protected status basis, such as on the basis of a diagnosis or particular disability. Note that determining eligibility is a different process than prioritization.

3. Use of Standardized Prioritization in the Referral Process

- must use the CES to prioritize homeless persons for referral to housing and services;
- prioritization policies must be documented in CES policies and procedures;
- must be consistent with CoC and ESG;
- policies and procedures must be made publicly available and must be applied consistently throughout the CoC areas for all populations;
- assessment must provide sufficient information to make prioritization decisions;
- written policies and procedures must include the factors and assessment information with which prioritization decisions will be made for all homeless assistance;
- prioritization may use a combination of factors intended to help identify persons for access to housing and services based on severity of needs
- cannot use any assessment tool or the prioritization process, including the factors that would discriminate based on race, color, religion, national origin, sex, age, familial status, disability, type or amount of disability or disability-related services or supports required;
- cannot discriminate based on actual or perceived sexual orientation, gender identity, or marital status;
- assessment tools may not produce the entire body of information necessary to determine a household's prioritization;
- case workers and others working with households should have the opportunity to provide additional information through case conferencing or another method of case worker input;
- written policies must identify information that is relevant to factors used to make prioritization decisions;
- a central list of persons, referred to as a "By Name List" is not required, but can help effectively manage prioritization and placement and ensure a transparent referral process;
- must extend the same Homeless Management Information System (HMIS) data privacy and security protections prescribed by HUD in the HMIS Data and Technical Standards to the "By Name List" data;
- when two or more households have the priority for referral to the next available unit, the household that first presented for assistance should be referred; and
- written policies and procedures must include an appeals process.

4. Lowering Barriers

- written standards must prohibit the process from screening people out of the coordinated entry process due to perceived barriers related to housing or services, such as too little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record except for state or local restrictions that prevent projects from serving people with certain convictions.

5. Marketing

- must include a strategy to ensure the CES is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status;
- must ensure that all people in different populations and subpopulations in the (people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence) have fair and equal access to the CES regardless of the location or method by which they access the system;
- must document steps taken to ensure effective communication with individuals with disabilities;
- must provide appropriate auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters;
- access points must be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people who are least likely to access homeless assistance; and
- must take reasonable steps to ensure the coordinated entry process can be accessed by persons with Limited English Proficiency (LEP).

6. Street Outreach

- must link CoC and ESG- funded outreach to the CES;
- written policies and procedures must describe a process by which all street outreach staff, regardless of funding source, ensure that persons encountered are offered the same processes as persons in site-based access points; and
- may decide whether to incorporate assessment process street outreach activities or separate the assessment process or is only conducted by assessment workers.

7. Emergency services

- must allow emergency services, (all domestic violence and emergency hotlines, drop-in programs, and emergency shelters) to operate with as few barriers as possible;
- must have access to emergency services independent of the operating hours of the CES intake and assessment processes;
- must clearly identify the interventions that *will not* be prioritized based on severity of service need or vulnerability (emergency shelter, crisis response);

- must clearly identify interventions that *will* be prioritized, (PSH,RRH);
- must follow the written standards required under ESG rules (24 CFR 576.400(e)(3)(iv) for ESG- funded emergency services;
- ensure access to emergency services during hours when the coordinated entry's intake and assessment processes are not operating; and
- must describe how persons accessing services outside assessment operating hours will be connected to intake and assessment processes as soon as they are operating.

8. Homelessness prevention services

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

9. Referrals to participating projects

- must implement a uniform and coordinated referral process for all beds, units, and services available at participating projects;
- must have a uniform referral process, including standardized criteria by which a participating project may justify rejecting a referral;
- must identify the protocol for the rare instances of rejection of a referral; and
- must identify the protocols to connect a rejected household with another project.

10. Safety planning

- does not require CoC-funded victim service providers to use the CoC's CES if they use an alternative coordinated entry for victim service providers that meets HUD's minimum coordinated entry requirements;
- rules require the CoC to develop a specific CES policy to 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;
- must not jeopardize the safety of the individuals and families seeking assistance; and
- must have protocols that ensure that people fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to CES and victim services, including as applicable, immediate access to emergency services such as domestic violence hotlines and DV shelters.

11. Participant autonomy

- must allow participants autonomy to freely refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to assistance; and
- must specify the conditions for participants to maintain their place in coordinated entry prioritized list when the participant rejects an option

12. Privacy protections
- must ensure adequate privacy protections of all participant information;
- must include written policies and procedures for obtaining participant consent to share and store participant information for purposes of assessing and referring participants
- must allow participants to decide what information they provide during the assessment process;
- prohibits denying assessment or services to a participant if the participant refuses to provide information, unless the information is necessary to establish or document program eligibility per program regulations;
- prohibits denying services to participants if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation;
- must not deny access to the CES on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking;
- records containing PII must be kept secure and confidential and the address of any family violence project not be made public;
- cannot require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals; and
- must inform participants of the ability to file a nondiscrimination complaint.

13. Data security protections
- data systems must meet HUD's requirements in 24 CFR 578.7(a)(8);
- must be compliant with HUD's HMIS Privacy and Security Notice or future regulations; and
- should include specific policies and procedures to allow for participation by victim service providers that are prohibited by law from entering personally identifying information in HMIS.

14. Assessor training

- must provide training protocols;
- must provide at least one annual training opportunity to participating staff in locations that serve as access points or conduct assessments;
- provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CESs and its written policies and procedures;
- must include the requirements for prioritization and the criteria for uniform decision-making and referrals; and
- must update and distribute training protocols at least annually.

15. Ongoing planning and stakeholder consultation
- must facilitate ongoing planning and stakeholder consultation concerning the implementation of coordinated entry;
- must solicit feedback at least annually from participating projects;
- must solicit feedback from individuals and families currently engaged in the

coordinated entry process or who have been referred to housing through the coordinated entry process in the last year;
- must address the quality and effectiveness of the entire coordinated entry experience for both participating projects and households;
- use appropriate feedback methodologies, including: surveys designed to reach either the entire population or a representative sample; focus groups of five or more participants; or individual interviews with participating providers and enough participants to approximate the diversity of participating households;
- may use any combination of feedback methods;
- must use the feedback that they receive to make updates to their CES and written policies and procedures;
- must describe the frequency and method by which CES evaluation will be conducted, including how project participants will be selected to provide feedback; and
- must describe a process by which the evaluation is used to implement updates to existing policies and procedures.

Additional Recommendations in the HUD Notice

Included in the 2017 Notice[6] expanding the requirements for CES, are strong recommendations that CoCs design and implement a CES that:

- incorporates a person-centered approach;
- incorporates cultural and linguistic competencies[7];
- utilizes assessment tools and processes that facilitate a phased approach;
- incorporates mainstream service providers and resources;
- uses HMIS and other complementary data collection systems; and
- manages waiting lists in a manner that minimizes wait-time and allows prioritized persons to access housing within 60 days.

HUD Requirements Summary

It is apparent that the amended regulations substantially expanded the responsibilities and HUD's expectations for the CoC and the entities operating the CES. Although listed as 15 items, these mandates incorporate many actions. These additional mandates posed challenges to the original CES operating design.

Several of the expanded HUD requirements are related to policies and ongoing oversight and effective administration of the CES system in addition to the daily operations of intake, assessment, prioritization, or matching and referral. Mechanisms for ongoing planning and consultation with ESG and other key stakeholders are not clear. Community and Committee member input acknowledged that many activities in the CPD Notice or most recent CES Policies and Procedures are not being carried out fully currently.

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[6] HUD 2017. Community Planning and Development Notice CPD 17-01

[7] See the following materials to learn more about using culturally and linguistically competent practices:
http://youth.gov/announcements/build-linguistic-and-cultural-competence-your-program
http://nccc.georgetown.edu/foundations/framework.php
http://www.tapartnership.org/COP/CLC

Ida, D. J. 2007. Psychiatric Cultural Competency and Recovery within Diverse Populations; Rehabilitation Journal, Vol 31(1), 2007, 49-53.

Some system processes, such as oversight, monitoring or annual evaluation logically cannot be fulfilled by entity responsible for the daily operations. The larger CoC, the Governing Board, Collaborative Applicant, or evaluation–oriented committee with members free from any conflict of interest is needed to be responsible for these activities.

Review Activities

To gain a better understanding of current CES operations and system alignment with the HUD mandates, ICH meetings between October, 2021 and February, 2022 included a review of the HUD CES requirements, recommendations, and best practices using a Self-Assessment Tool[8] and initiated feedback through a Provider Survey. In February, the ICH established the Ad Hoc CES Review Committee who subsequently completed additional actions for the 2022 CES annual review: a Consumer Feedback Survey, review of basic demand for services, resources available to meet shelter or housing demand, and dedicated funding sources. Community meetings, committee discussions, and narrative comments in surveys provided qualitative data to enhance the review.

Phase 1: Forming a Basic CES Design

The first phase of the CES review and evaluation was comprised of two main activities: 1) ensuring broad-based community awareness of the CES requirements, best practices, and elective features, and 2) determining a basic CES design for core elements. A series of PowerPoint trainings and support materials were used to guide the process of building awareness throughout the community. This process incorporated use of the CES Self-Assessment Tool and Guide[9], provided by HUD as a reference to help identify key aspects of CES design, implementation, and management; to compare the list against the existing CES practices to gauge the extent to which the requirements are included; and as a general outline for the set of policies and procedures a CoC must adopt to support the ongoing management of CES processes and functions.

Table 1. Community Input: Basic CES design for San Bernardino CoC, below, summarizes the elements of a CES general design input gathered from Interagency Council on Homelessness and community members during meetings between October, 2021 and February, 2022 after which time the Ad Hoc CES Review Committee became the primary mechanism for gathering input and analyzing both qualitative and quantitative data.

[9] Two resources for self-assessment include:

- HUD Exchange, March 2017, Coordinated Entry Self-Assessment https://www.hudexchange.info/resource/5219/coordinated-entry-self-assessment/
- CES Toolkit @https://www.hudexchange.info/programs/coc/toolkit/responsibilities-and-duties/#coordinated-entry

Table 1: Community Input: Basic CES design for San Bernardino CoC

Element	Description
Geographic Area	• Covers the full San Bernardino City and County CoC Geography but includes subregional components
Type of System	• Combines phone access and anchor agencies (access points) to provide a regional "No Wrong Door" approach.
Populations to be included	• Addresses all homeless populations with special provisions for victims of domestic violence and the five subgroups permitted under the regulations.
Program Components	• Does not require CES participation for access to beds or full assessment for emergency shelter or services.
Entry/access points	• Entry points and outreach include: Outreach teams, HOPE team, Law Enforcement, CES Anchor staff, or Hotline, include ESG providers. Potentially including selected health care and domestic violence response system services.
Assessment process/Tools	• Uses phased assessment, including diversion; uses the VI-SPDAT or other screening and triage tool that is embedded as only one part of the assessment; takes into consideration special needs and customized consumer response on an as-needed basis.
Prioritization	• Prioritization, matching, and referral is based on the score on screening tool, plus case conference information, and availability of resources in a particular Subregion (participant preference). Prioritization polices are consistently followed.
HMIS usage	• Use of HMIS initiated from 'first touch' with system: outreach/engagement, enrollment, through assessment, referral and placement. Data is all transactional; domestic violence comparable database used as appropriate to comply with HUD VAWA mandates.
Resources	• Resources beyond the CoC project award of $403,000 are needed; use ESG/ESG –CV; State HHAP, other public funds • Leverage HOPE Team and partner with community-based organizations in outreach, assessment, documentation, case conferencing, etc. • Include Administrative and structural components: CoC and ICH, CoC CES Oversight Committee/Evaluation Task Force, Collaborative Applicant with specific roles and responsibilities.

Phase 2: Data Gathering, Analysis, and Re-imagining the CES

The second phase of the evaluation process the Committee worked to complete a review of the current CES and develop a detailed description of both the minimum structure and activities of a fully-functioning CES and the optional features and best practices desired to enhance the system.

CES System Elements and Self-Assessment

Following the series of information sessions with the Interagency Council on Homelessness (ICH), the Ad Hoc CES Review Committee reviewed the results of the CES Self-Assessment Tool, collected feedback from the service-provider community about the performance of the existing CES system in fulfilling the access and assessment components of the required system, gathered information from consumers about their experiences with the CES response system and received input from community forums. The elements included in the Provider Survey were drawn from the Self-Assessment Tool and committee input. The results of this survey are outlined in Tables 2-5 found in the appendices and discussed below.

Provider Survey Results – Mandated Features

Table 2: Current System Performance – Mandated Access Features and *Table 3: Current System Performance – Mandated Assessment Features* summarize the Provider Survey results concerning current performance on required system features in two areas: access/intake and assessment. The scores for all mandated features represent:

1 = does not meet the criteria at all
2 = meets only part of the criteria
3 = meets criteria at a basic level
4 = meets criteria well

Quantitative Data Concerning the Current System

Access in the Current System: The scores for fourteen (14) mandated features regarding access in the current system covers the full range of available scores (1-4) with the broadest range found in items 1-5 which focus on system design. A score of "3" indicates that the respondents believe that current system meets the minimal criteria established by HUD. None of the elements averaged "3" or better, however almost 71% of the average ratings for access in the current CES fell between "2", meaning the system only partially meets the requirement or "3" meets the criteria at a basic level only. One-half (7) items hold a modal score of "3", meaning that the most frequent score indicates basic compliance. Three items (21%) average less than "2" with two of the three holding a "1" as the most frequent score (mode). These scores indicate that the criteria is not met at all.

Use of a standardized assessment tool yielded the highest rating with a combination of the highest average score (2.91) and a mode of "3". Two items share the next highest rating (average 2.55 and a mode of 2). These are geographic coverage and easy access, both of which are accommodated through the United Way 2-1-1 Call Center access. The lowest ratings were shown for providing emergency access after-hours (average score 1.82 and a mode of 1); clearly identifying which will or will not be included in CES (average score of 1.91 and a mode of 1); and ensuring access to those least likely to connect to services (average score 1.9 and a mode of 2).

With regard to the lowest scoring element, the HUD do not require CES to provide the access to after-hours services, The regulations require the CoC to describe the process by which persons are ensured access to emergency services when CES intake and assessment are not operating. In the description of the current system, the United Way 2-1-1 Call Center is the mechanism for providing the access.

Assessment in the Current System: Like the Access category, the range of scores for mandated features for assessment in the current system covers the full range of available scores (1-4). Average scores, however, had greater variance than Access falling between 1.5 and 3.09. The most frequent score (mode) regarding the current CES assessment was a "3", reflecting that many requirements are being met at a basic level. One assessment item was the lowest average score in the entire Provider Survey: assessors are being trained annually held average rating of 1.5 and a "1" as the most frequent score,

Protection of participant privacy showed the strongest positive response with an average of 3.1 and a mode of 4 indicating that implementation of assessment in the current system ensures privacy well.

Qualitative Data Concerning the Current System

Respondents were invited to add narrative comments and nearly forty were contributed. Themes in the narratives are listed below. The lists below are not exhaustive but provides some of the major themes from surveys and discussions.

Input about System Access

- CES is not functioning well. It lacks responsiveness. People must wait too long to be connected with information and services.
- No single provider can do all that is required.
- Physical access points (not just phone calls) are desired.
- Better connections among available services and points where people enter (or re-enter) the system are needed.
- CES must be a collaborative system, engage multiple stakeholders in the assessment and referral system. This would include faith-based organizations, hospitals, health plans, law enforcement, street outreach workers, 2-1-1, HOPE, homeless service providers, county DBH, VA, etc. who also need to refer homeless clients to CES.
- Assessment teams need to be interdisciplinary.
- There needs to be better matching between those seeking housing and services, especially for persons who may be difficult to place (health and medical issues, involved in correctional system).
- There need to be mechanisms to engage the system after-hours and to connect clients to resources for the immediate, or crisis, needs.
- There is a lack of resources, particularly for emergency services or after-hours access.
- A sub-regional approach is needed. Region is vast and varied. Areas have their own needs and resources. Clients often want to remain in a familiar area.
- Because of size and variety, standardized CES across the region is not easily attained.
- Written protocols are needed and should address a wider array of homeless and at risk persons.
- Prioritization needs to clear and referrals processes need to be followed.

Input about Assessment

- Concerns about the use of a paper outreach/intake that often means a delay or additional steps taken before it can be entered into the HMIS.
- Outreach teams need access to CES, and the capacity to enter information directly.

- Need for immediate response. Outreach needs to be able to administer the Vi-SPDAT, capacity to track clients in the system is necessary.
- There is a lack of clarity in policies and procedures; By-Laws Policies and procedures need to be 'user friendly' – need to be reworked so that they can be easily understood and followed. Suggest using a simple check-sheet for processes.
- Training, communication, coordination throughout the broader community (CoC) is needed in order to use the system effectively.
- Needs to include the support of the broader faith community; include lived experience and the desires of the 'consumers/customers' of services.
- The Assessment instrument needs to be re-worked. The VI-SPDAT doesn't tell the whole story of individual histories and experiences.
- The CES design can go beyond assessment of the characteristics of the individual. For example, resources available in a specific area only, or client preferences for the geographic area where they want to be served.
- The regional design needs to be able to manage restrictions on services that are mandated by other funding sources. For example, a city's ESG entitlement funds that can only be used in that jurisdiction. These restrictions could be included in CES matching information.
- Consider the use of technology to assist in the system operations (Case conferencing, interviews, and assessments during outreach).

Quantitative Data Concerning Optional System Features

The Ad Hoc Committee survey gathered information to determine, what if any, best practices and optional features are desired for a revised CES system in two areas, access/intake and assessment. Results for the assessment section are shown in Tables 4 and 5 found in the appendices and discussed below.

Although scores for mandated features were on a 4-point scale, the scale for optional features was Based on a 3-point scale. Scores for optional features represent:

1 = I object to including this option
2 = I am neutral about this option (I neither object nor support)
3 = I support including this option

Provider Survey Results – Optional Features

Although survey instructions requested responses for the optional features on a 3-point scale, some respondents included a score of '4'. Three optional features received at least one score of "0" which was interpreted as 'no support' and four items received a "4" which was translated to mean "I strongly support" this idea. The difference in scales between the mandated features section and the optional features section may have contributed to the responses falling outside the scale for optional features.

Optional Features for CES Access: Although all optional features had the same mode (3), two items averaged 3.0 or greater. Dispersed access points or 'anchor agencies' and access points designed to facilitate information gathering for subgroups (as allowed) were rated 3.0 and 3.1 respectively. These features are included in the suggested system redesign.

Optional Features for CES Assessment: The mode paralleled the Access category, with all optional features having a mode of 3. Two items were relatively stable with all scores but one being 3. These items are that the assessment process should rely on a person-centered approach that empowers the participant and should incorporate cultural and linguistic competency. The three optional features with scores outside the values established for the scale fell in the Optional Features for Assessment category.

Summary of Provider Survey

The Ad Hoc CES Review Committee collected information through a Provider Survey focused on intake and assessment in the CES. The response rate (20) represents approximately 15% of those sent the survey directly. Some responses specifically noted that the survey represented information collected for an organization or group of people. While the number of surveys received was limited, qualitative data included over 100 narrative comments.

Representative Distribution: The survey responses provided information from geographic locations and an array of organizational types such as hospitals, healthcare, political representatives, Veteran's organizations, law enforcement, outreach workers, homeless service providers and interested parties.

Data Quality - Completeness: Nearly all responses included data for each item on the survey with two surveys contributing 54% of the items left blank. One response contained only narrative and as a result, that response was excluded from the numeric calculation. Individual blank items were excluded from the calculation of the average score. The majority of surveys included narrative comments.

Data Integrity: Nearly all responses fell within the established scales. Three (3) individual items used a "0" rating which was not included in the scale. These were interpreted to mean 'not meeting the criteria at all'. One or more responses to six (6) of the optional features categories used a "4" rating not included in the scale for optional CES features. These were interpreted to mean 'I strongly support' this option. A rating of "4" was included in the scale for the current CES system items but not in the scale for optional features. This may have contributed to the erroneous ratings in the optional features component.

General Survey Results

- There have been many changes in CES requirements between HUD's original rules and now.
- The current CES system does not fulfill all the features HUD-mandated features but does well in protecting the privacy of clients and uses a standardized tool for assessment.
- No one organization can effectively implement the full CES as mandated. In composite, feedback indicates that an integrated system, drawing on resources from the County, community and faith-based organizations, and state resources are needed.
- Respondents expressed a desire for a more collaborative CES system with policies and procedures that are clear, comprehensive, and followed. Surveys also reflect a desire for

a system that is client-centered, able to meet the needs of a broad array of clients, and adapt to sub-regional conditions.

- Access to emergency housing and services is a critical element. Without immediate access to emergency intervention, clients wait for extended periods (sometimes three weeks or more) for response.
- A phased intake and assessment approach is desired (outreach, response to requests, triage, diversion assessment, full assessment)
- CES planning is encouraged to include hospitals, healthcare, law enforcement, street outreach, Veteran's assistance in addition to the County departments, community and faith-based organizations, ICH members, and the Collaborative Applicant
- Limited resources impact the effectiveness and efficiency of the system which was also impacted by COVID-19
- Surveys strongly indicate a desire to include several optional features in the system as well. Together these factors indicate updates to the CES system are needed. Noting that the CES system is more than the CES operator, the calls for collaboration, cooperation, and clarity are logical.

Discussion of Remedies

Potential remedies and questions about them arose during the discussion of survey results and the narrative comments. These included:

- How can a regional approach (mandated by HUD) also accommodate sub-regional factors?
- Is there an opportunity for a regional 'gateway' that connects to subregions?
- CES needs more people to triage and enter persons into HMIS.
- Needs to strengthen communication and collaboration.
- The CES system needs a fluid, collaborative process that is able to respond.
- The current CES system gets bogged down by insufficient capacity for full assessments and limited capacity/availability of emergency services.
- There needs to be a balance between keeping people engaged in the outreach and assessment processes and having enough information to avoid referring them to an inappropriate resource.
- What about the person's preferences, when and where are these incorporated?
- Concerns about reverse-referrals and their impact on actually prioritizing the most vulnerable.
- What about those 'at risk'? Diversion resources?
- The system needs a real-time data base of housing vacancies and emergency response services. and
- The system needs an education piece that informs a broad audience of the intentions of the CES.

Consumer Feedback Survey

Summary of Consumer Feedback Survey

The Ad Hoc CES Review Committee issued a Consumer Survey that could be completed online, over the phone with staff, or on paper. The survey collects information such as when and where a person requested services, what services they requested, how long it took to get a response, if they

were able to get the resources needed, what services they need most now, how they felt they were treated during the process, and the outcome, i.e. they are still homeless.

Representative Distribution: The number of Consumer Feedback Survey responses (36) nearly double those of the Provider Survey. The responses provided information from various geographic locations, however the responses were concentrated in two primary sources, persons served through the County Office of Behavioral Health – Homeless and Supportive Services and individual responses collected through Survey Monkey.

Data Quality – Completeness: With one exception, virtually all responses included information on each item. The one exception was a survey that started with a statement wishing to decline participation and was not included in the analysis.

Data Integrity: One survey contained multiple non-reconcilable responses to some items, such as if the person was alone or accompanied at the time of the first request for service. This survey was included in the analysis, however, non-reconcilable responses were labeled as 'unsure'.

Consumer Survey Results

The Consumer surveys include respondents who requested help from twelve (12) different locations with the predominant response being the City of San Bernardino (41%) and six (6) locations (Barstow, Hesperia, Loma Linda, Ontario, Rancho Cucamonga, Redlands) each with 6%, and the balance in Colton, Fontana, Victorville, Yucca Valley, or unsure locations.

In those locations, when respondents asked for help they were largely living on the streets or in a vehicle or encampment (32%), staying in emergency shelter or temporary housing (21%), or in a hotel/motel paid for by an agency or church (9%), with the balance in a variety of other situations of a temporary nature.

The majority of respondents were individuals living by themselves (62%) or with another adult (18%) and 9% were in households with children. The balance (12%) either did not respond or were unsure. The respondents were predominantly adults between ages 35-64 years (68%) or ages 25-34 or 65+ (9% each), with 6% reporting as transition-aged youth (ages 18-24).

With regard to assessment, 80% indicated they had completed a lengthy personal interview or VI-SPDAT, while 15% replied they did not complete that type of assessment.

As might be anticipated, at the time of first contact, about a third (29-32%) of responding consumers were focused on housing (permanent housing, help with rent, emergency or temporary shelter), mental health or treatment services (38%), with about one-fourth seeking counseling (26%), tangible needs such as food, clothing or hygiene items (26%), or health/medical care (24%). Others were seeking employment or training (15%), transportation (15%), getting reconnected with family or friends (12%), legal assistance (6%), and other miscellaneous needs (9%).

Although 74% indicate that they got at least something they wanted, responses indicate that 21% remain homeless. For services needed most now, permanent housing (32%) and help paying rent (29%) dominated the responses with tangible needs such as food, clothing and miscellaneous

unique requests such as to needing repairs to their housing each representing 21% of responses. Regarding the length of time it took to get housing or services, 53% report it took more than two months (in one case more than a year) and 15% are still waiting to receive services while 12% indicated it took 4 – 6 weeks. Reasons associated with not getting what they requested include lack of resources or available space especially for people who lack income, not having the required documentation, housing providers who don't care, or personal attributes such as stubbornness.

Respondents addressed their overall experience in seeking help, and their perception of how they were treated, and if they felt they were treated fairly. Over one-half of the respondents rated their overall experience as either "good" (29%) or "really good" (24%); 18% reported the experience as "Ok" and 18% reported their experience as "terrible" (9%) or "not very good" (9%). Similarly, responses indicate that 65% felt they were treated well or very well by the persons assisting them, 18% felt they were treated "OK", and 12% reports being treated "terribly". The majority (76%) report being treated fairly, while 3% felt they were only treated fairly sometimes, and 12% did not feel they were treated fairly. Several of the reasons related to the reports of not being treated fairly were centered on resources they were referred to not being available; or eligibility issues such as income or having dependents; a complex system that it not easy to navigate even with the help of a social worker.

Consumers offered a number of narrative comments many of which reflect both gratitude for the assistance received as well as issues with the system.

Positive comments include:
"Were those angels in police uniforms that helped me?" "Appreciate all the help". "Grateful for services." "The workers go above and beyond." "The team that helped me was great!"
Along with many comments thanking specific workers and programs, such as, "Thanks to *this* program, I have a place, almost divorced, and I have my children!"
"I'm working my best to keep my neighborhood clean and safe. I'm going to keep my house up!"

Unfavorable comments include:
"Homeless people do not get help right away. We suffer on the streets. Agencies are overwhelmed with clients. Emergency response doesn't exist."
"Getting an answer if you're going to qualify for the help takes too long, and it's difficult to keep getting paperwork over again."
"There are (lots of physical issues with the current housing)"
"I need to move but I don't know how."
"From my evaluation I think that you have staff who maintain an unethical buddy system to demote homeless and mental health patients. The system or legal staff not good!"
"Your San Bernardino County housing rules are a joke. They ain't the same for everybody."
"Drug dealers and tweekers are allowed and some people can move in all their friends and family while others can't. Get rid of criminals and you can have more places for homeless people. It is scary here."

In summary, with respect to system usage and demand, the Consumer Feedback Survey indicates that at the time of their first service requests, the general composition is adults ages 35-64, who are literally homeless, located in a variety of cities, seeking shelter or housing assistance, or treatment or counseling resources.

Most respondents report a relatively good experience overall, being treated fairly, yet still needing services. Responses indicate that although it can take two months or more, most receive assistance, however, assistance did not necessarily resolve their homelessness or need for additional housing support, such as subsidies or help with remedying physical housing conditions (plumbing, fumigation, etc.). Tangible supports, such as food, clothing hygiene items or transportation were often cited as needs as well.

Resource and Demand Data

The Ad Hoc CES Review Committee completed a general review of the homeless housing resources available in each subregion. The intent was to compare this information with available data about demand, for example, the Point-In-Time count and annual assessment data from HMIS, and call volume information from 2-1-1.

Housing Inventory Count Data

The initial review of the Housing Inventory Count data revealed that many resources were either listed as 'region wide' or were identified by the sponsoring agency's location. Because the intent of the Committee was to assess services and demand at subregional levels, program sponsors were asked to further identify service locations. Each set of data reviewed by the Committee leads to the same basic conclusion: There are insufficient housing options with available vacancy to provide households with quick access to the type of housing that may be indicated by CES assessments.

Based on the data reviewed, it appears that the available resources are not equally distributed throughout the CoC geography. An accurate portrayal of the distribution, however, is hampered by the way the data is collected and reported. For example, rapid rehousing programs operate region-wide. While resources, such as rapid rehousing, or permanent housing vouchers may be technically available for use throughout the CoC, detailed data reporting the physical location of resources currently being used is needed to be able to effectively provide data-driven recommendations to implement a centralized CES with sub-regional access that was called for by community input.

Overall, data currently point to a substantial gap in emergency shelter resources overall. For example, the HIC reflects an inventory of 743 beds to serve an unsheltered population of more than three times that many reflected in the Point-In-Time Count (2,333). With an occupancy rate of 82%, the expectation that the CoC would offer quick access to Emergency Shelter in response to unsheltered persons experiencing housing crises is infeasible unless there are additional emergency resources dedicated to homeless persons appropriately distributed throughout the region.

The HIC also indicates that permanent supportive housing options are the primary composition of the inventory. The HIC data shows nearly equal numbers of rapid rehousing beds (RRH) and permanent supportive housing beds (PSH), however, only the RRH that are occupied on the night of the PITC are counted. The majority of the RRH options (71%) and 50% of the PSH beds were represented as in the City of San Bernardino. It is noted that the location of housing resources, such as rapid rehousing, may be identified as located in a certain city but that the physical location of the housing may be through scattered sites administered from an entity within the jurisdiction. Persons seeking assistance may access services from the location but reside in another area of the CoC.

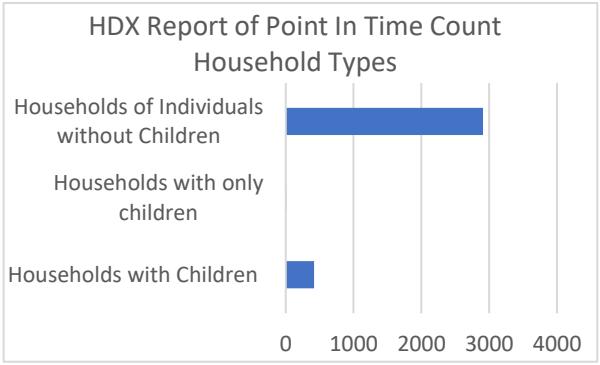
Point-in-Time Count Data

The 2022 Point in Time Count (PITC) findings include:

1. The number of adults and children counted as homeless increase by approximately 7% when the 2022 point-in-time homeless count of 3,333 is compared to the 2020 point-in- time homeless count of 3,125.
2. The number of adults and children counted as unsheltered in 2022 was nearly identical-- 2,389 in 2022 and 2,390 in 2020.
3. The number of adults and children counted as sheltered increased by 28% when the 2022 sheltered count of 944 is compared to the 2020 sheltered count of 735.
4. More than three-fourths (79.2%) or 2,640 of the 3,333 homeless adults and children were counted within seven cities that include Barstow, Colton, Fontana, Ontario, Redlands, San Bernardino, and Victorville. These seven cities accounted for 1,822 or more than three-fourths (76.2%) of the total unsheltered population and 818 or 86.6% of the 944 persons counted in shelters and transitional housing.
5. Nearly three-fourths (72.6%) or 2,270 of the 3,125 homeless adults and children counted in 2020 were counted within eight cities that include Barstow, Colton, Fontana, Ontario, Redlands, Rialto, San Bernardino, and Victorville. These eight cities accounted for three-fourths (74.5%) of the total unsheltered population as well as nearly three-fourths (70.2%) of persons counted in shelters and transitional housing including a safe haven program.
6. Nearly half (47%) of unsheltered adults who agreed to be surveyed stated that the city in which they first became homeless was San Bernardino (47%) and Victorville (6%).
7. More than one-fourth (27%) of adults and children counted as homeless in 2022 became homeless for the first time during the 12 months prior to the homeless count.
8. Nearly one-fourth (22%) of adults stated “yes” when asked if they were released from prison or jail during the past 12 months, which was also the case during the 2020 unsheltered homeless count (23%) and the 2019 homeless count (22%).
9. Nearly half (43.5%) of unsheltered adults were chronically homeless, which is defined as being homeless for one year or more and having a disabling condition such as mental illness, chronic health condition, and a physical disability.
10. The point in time measures reported in the HUD Data exchange show 416 persons in 131 households containing adults with children, 8 people in 5 households comprised of children only, and 2,909 individuals not in households with children.

Comparing the 2022 PITC with the other data collected and reviewed during the 2022 review of the CES indicates:

- Potential increase in demand as the result of the 7% increase in overall homelessness;
- Increased success in housing persons but with negligible net impact on unsheltered homelessness;
- The seven cities comprising the majority of unsheltered persons are identified as hosting 77% of the total housing capacity reported on the HIC;
- The dominance of RRH and PSH beds occupied at the PITC are reported as located in San Bernardino, however could include scattered sites administered from that location;



- 47% of those surveyed in the PITC indicate they first became homeless in San Bernardino;
- A significantly higher number of individuals in households without children (2,909) compared to the number of persons in households with children (416);
- A substantial, measurable gap between the number of beds available for emergency response and the PITC unsheltered count (743 emergency beds for 2,333 persons)
- According to the HUD HDX report on the Point In Time Count, the percentages of sheltered vs unsheltered persons by household type differ: 93% of the households with children and 100% of child-only households are sheltered, while only 19% of individuals in household without children were sheltered.

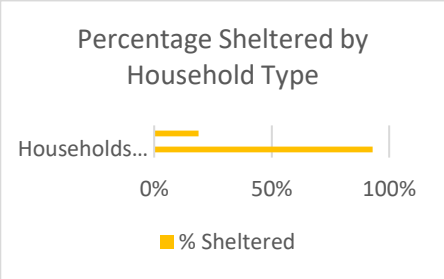
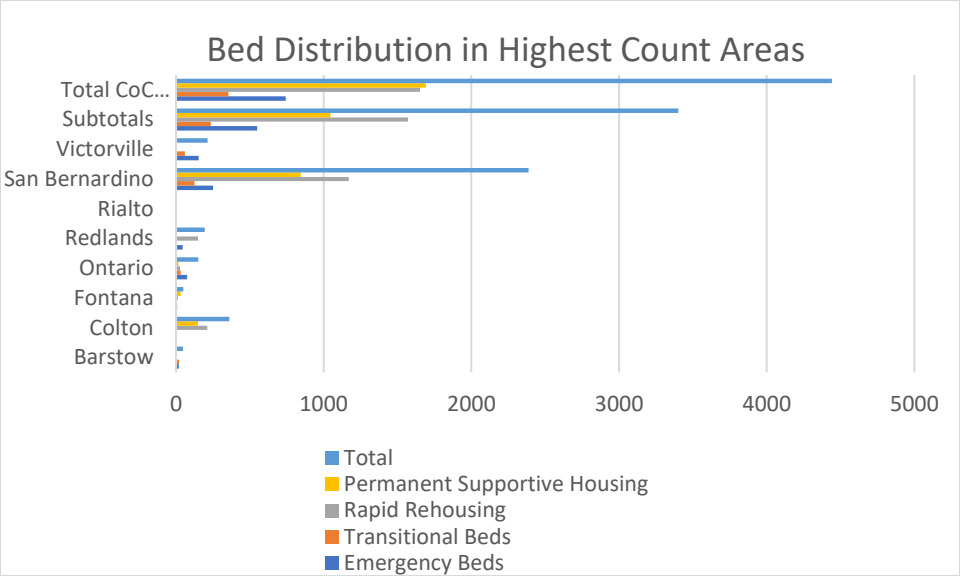


Table 7: Homeless Housing Capacity in Areas Identified in 2022 PIT count as having a High Concentration of Unsheltered Homeless Persons*

Location	**Emergency Beds**	**Transitional Beds**	**Rapid Rehousing**	**Permanent Supportive Housing**	**Total**
Barstow	19	21	0	6	46
Colton	0	0	212	148	360
Fontana	7		11	31	49
Ontario	75	31	28	17	151
Redlands	45		148	0	193
Rialto	0	0	0	0	0
San Bernardino	251	124	1169	844	2388
Victorville	153	59	2		214
Subtotals	**550**	**235**	**1570**	**1046**	**3401**
Total CoC Capacity	743	355	1653	1691	4442
% of Total Available	74%	66%	95%	62%	77%

- These numbers represent the location as reported however, it is again noted that locations may be listed by the sponsoring organization's location but physically located in another area, such as rapid rehousing or permanent housing offered through scattered sites.



2022 HMIS Data

The summary reports for 2022 data in the HMIS[10] reflect the distribution of 4,288 beds with 3,340 permanent housing (PH) options comprising the majority of the inventory. The PH resources have nearly equal numbers dedicated to individuals (1,674) vs. households with children/'families' (1,666). The numbers of unsheltered homeless individuals vs. families, however do not reflect this balance.

The number of beds in HMIS for Emergency Shelter show 423 beds for Individuals and 240 beds available for households with children. Transitional housing comprise the smallest category of housing options, totaling only 355 beds on the HIC and 273 in HMIS. When comparing HMIS data with HIC data, it is important to note that beds offered by programs dedicated to domestic violence survivors are to be maintained in a comparable data base, not in the central HMIS.

Housing summary statement

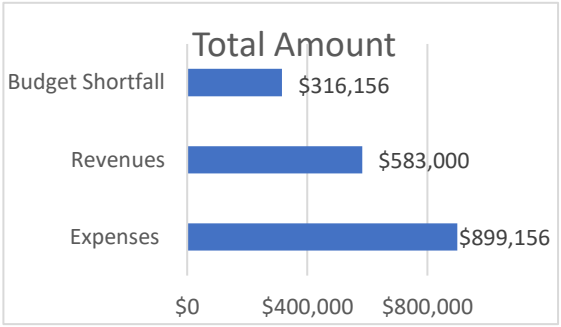
Each set of data reviewed by the Committee leads to the same basic conclusion: There are insufficient housing options with available vacancy to provide immediate access to the type of housing indicated by CES assessment. Additionally, the available resources do not appear to be equally distributed throughout the CoC geography. Determining particularly areas lacking housing and emergency resources and clear, data-driven priorities must be part of the CES assessment and referral protocols. With only 19% of individuals in households without children being sheltered according to the HDX PITC data, expansion of resources for individuals appears warranted. It is noted, however, that the data did not report how many of those individuals had requested housing.

[10] Note: not all beds on the 2022 HIC report data in the HMIS.

Current Demand and Funding

The Committee requested and received information from the CES Lead, United Way 2-1-1, about the current CES call demand, work flow, funding, and expenditures. The data indicate that 2-1-1 responded to approximately 17,200 calls related to homeless housing in the first quarter of 2022. This does not include calls that dropped while waiting to be served. Review of the 2-1-1 workflow chart and associated information pointed to specific challenges in the current system. COVID restrictions changed the rhythm of many system components. Enhanced risk protections limited on-site provision of services in many service provider organizations, causing outreach and CES staff to carry a heavier burden in verifying the homeless status of people requesting services; reducing alternate non-system resources (such as living double-up); and increasing the number of persons experiencing trauma and needing housing assistance to accommodate health-mandated isolation or quarantine.

A staffing projection chart based on 2-1-1 data concluded that over 6,200 hours monthly are needed to fulfill the essential CES services including call response, triage, diversion, determining eligibility, assessment and scoring, data collection and HMIS entry, case conferencing, matching housing/services referral, follow-up, and administrative tasks such as coordination and reporting. This does not include street outreach and 24-hour call center coverage.



United Way 2-1-1 provided a preliminary budget[11] for current operating costs/ expenditures utilizing approximately 6 FTE staff (3.5 full time coordinators, 2 part time management staff, and 1.25 community resource personnel). The budget shows revenues slightly over $583,000 (HUD CoC, HDAP, and required match) with expenses at $899,136 (including $416,000 in call center utilization; and approximately $41,000 in program administration, legal services, subrecipient oversight, and accounting and auditing services; $299,000 in outreach and transportation costs; $43,000 in operating costs, and $100,000 in subrecipient expenses.) The estimated annual shortfall in budget is approximately $316,000.

General Analysis Demand and Funding Data

The CES has been attempting to function in a high-demand but restricted environment with limited staffing with a budget originally proposed when there were few mandated requirements from HUD and virtually no state-funded programs requiring use of CES. Expanded system criteria and new funding source requirements have largely been implemented as 'unfunded mandates'. The 2022 CES review encountered a repeated message: the CES is not functioning well, is seriously underfunded, and the emergency response system affords few opportunities for immediate access to housing options throughout the region.

Comparison of Evaluation Reports Survey

The Technical Assistance Collaborative (TAC) 2020 report on Coordinated Entry, a description of and highlights from a community brainstorming session held in the fall of 2020 subsequent to the release of the TAC report, and 2022 survey results were compared. The Committee found

[11] See budget in Appendices. This is the data reported to the Committee by the United Way-2-1-1.

that the information from these sources align well with respect to findings and recommendations of the 2022 CES Review. Findings common to the reports include:

- The CES structure lacks the capacity and resources to perform its primary functions in an effective way.
- The limited number of dedicate CES staff at 2-1-1 has not been able to handle the volume of calls in a timely or efficient manner.
- CES staff took on the burden of conducting assessments and homeless status verification assessments in the field, stretching resources beyond reasonable expectations.
- Consumers report a response time of several weeks or more from the initial request for services.
- A need for increased access points and assessment capacity beyond the Call Center.
- Outreach staff and a wider group of providers should have the ability to perform and upload assessments in HMIS (including outreach).
- A desire to implement a phased assessment approach that includes triage or 'lighter touch' assessment. (Do not require VI-SPDAT to receive services for all types of requests).
- There are concerns about the current implementation of the VI-SPDAT and a desire to incorporate additional factors in assessment.
- A concern that households that score lower on the VI-SPDAT scale were stuck waiting in the system without an opportunity to receive any services outside CES.
- Case conferencing is an important tool in facilitating optimal response to individuals seeking care and should occur regularly and should incorporate multi-disciplinary teams.
- The current structure does not allow for a clear oversight role or separation of duties within the overall CES structure.
- There is a need to update written policies, procedures, and work flow, and to clearly articulate roles and responsibilities for each component of the system.
- There is a need to institute an oversight committee or other mechanism within the CoC to ensure coordination with ESG programs and compliance with existing/changing regulations.

Provider Focus Group

HUD's requirements call for an annual assessment of the CES that includes feedback from stakeholders, specifically referencing provider agencies. The 2017 Notice identifies forums or focus groups in the series of feedback mechanisms that could be used. A group of service providers, the Non-Profit Leadership Caucus (NPLC), met four times during the CES review period. The group framed their work by looking at a series of questions exploring topics such as: What does the service provider community need to make CES work for the CoC? What does the CES Lead need to make CES work for your organization? What would the CES look like if it is working? The NPLC brainstorming included discussion of workflow, funding, and next steps in reimaging/rebuilding the CES. The comments, detailed recommendations, and next steps coming from these sessions are included in the Appendices for consideration.

Summary of Input from NPLC Sessions

The notes from the NPLC meetings speak to many of the same issues identified in other data gathered during the review process. For example, like other sources, the NPLC envisions:

- a system with multiple access points and a "no wrong door" philosophy;
- involving partners throughout the CoC;
- including subregional considerations in system design, access and assessment;
- a phased assessment process using tools beyond the VI-SPDAT;
- a "By Name List" to assist in prioritization;
- employing electronic/virtual means to improve efficiency;
- regular case conferencing;
- the capacity to respond to requests in a time frame significantly less than the current two months;
- a central administrative body with multiple support organizations;
- clearly defined roles and responsibilities;
- an ongoing oversight committee or task force charged with ensuring compliance with HUD requirements and the CoC CES policies and procedures;
- additional dedicated resources to support the regulatory and service demands of the daily operations from commitment of federal, state, and local resources;
- broad stakeholder involvement in the development and implementation of a transition plan to shift from the current CES design to the reimagined one as adopted by the CoC and ICH.

The NPLC sessions also touched on potential procedural and funding components, and looked to the next steps in transition between the current CES and the re-imagined one.

Findings from the Collective Data Sources

The 2022 CES review data was drawn from multiple sources: Interagency Council on Homelessness member and community stakeholder input, Ad Hoc CES Review Committee Provider and Consumer surveys, Housing Inventory Count (HIC), Point-in-Time Count (PITC), Homeless Management of Information System (HMIS) data, data provided by the United Way as the CES contracted Lead agency, the 2020 TAC report and subsequent provider input session, and U.S. Department of Housing and Urban Development (HUD) regulations. Recently, the Committee received input from the Non-Profit Leadership Caucus meetings which offers additional detail and insight from the provider perspective.

When considered together, the analysis of the results from the various data gathering efforts collectively point to the following:

1. Current CES operations do not meet all the HUD mandated criteria for CES for approximately half of the 15 CES mandates from the 2017 HUD expanded requirements;
2. No one organization can fulfill all the HUD mandates for administration, evaluation, and daily operations;
3. Current resources are not allocated, or are insufficient to support, all of the HUD expanded requirements particularly the administrative, evaluation, and selected operational tasks such as general call center activities, outreach, and verification of homelessness status;
4. Current emergency response resources dedicated to CES are insufficient to fulfill consumer demand; specifically with emergency housing resources at 743 beds to serve an

unsheltered population of more than 3 times that (2,333) on any given night means lack of immediate access to emergency shelter for most persons seeking immediate shelter;
5. The response time between initial contact, assessment, and referral is too prolonged to be effective (often two months or more);
6. The need for substantive system revision that involves more collaboration among community stakeholders;
7. A desire for a centralized system that incorporates capacity to respond to subregional needs;
8. A preference for an overall CES design that: includes phone access and multiple sub-regional entry points, offers phased assessment, an assessment protocol that includes a standardized tool as only one component of the assessment, integrates HMIS usage;
9. A CES daily implementation system that: involves multiple stakeholders; fully engages outreach teams; includes regular, interdisciplinary case conferencing; has clear written policies, procedures and prioritization and tracking mechanisms; provides regular training for CES-involved organizations;
10. CES oversight that provides regular monitoring and evaluation; identifies resources to support CES operations; and
11. Current permanent housing dedicated to homeless households are not proportionally allocated. According to HMIS data, the current inventory does not reflect the composition of the unsheltered homeless populations per PITC 2022 data and other sources.

The review also acknowledged mitigating conditions impacted the performance of the CES. These include:
1. Substantially expanded HUD mandates without associated changes in protocols or funding;
2. COVID-19 restrictions on in-person contact and associated risks;
3. Expansion of state-funded programs requiring CES and HMIS use; and
4. Limited direction/review/oversight by the CoC.

The Vision for a Re-imagined CES

The vision for a re-imagined CES is one of a region-wide, vibrant, collaborative, well-resourced system that incorporates multiple organizations in order to offer quick response to requests for assistance and information as well as assist with assessment, identifies emergency response to housing crises, and many desired features noted throughout this report.

Functionally, the in the re-imagined CES, would:
1. Offer people seeking housing and services opportunities for initial contact 7 days per week, and include ‘after-hours’ response;
2. Involve multiple, collaborative partners in a clearly-defined, coordinated system;
3. Have multiple service agencies that participate throughout the process with "CES-trained” or certified staff;
4. Use subregional ‘anchor’ organizations and outreach teams in addition to Call Center services as initial points of contact that can provide immediate triage, diversion, and emergency services referrals;
5. Allow the same initial points of contact to continue phase 2 triage with persons who are apparently homeless and would help document their status and create an HMIS record;
6. Allow more in-depth eligibility verifications (such as disability, chronic, veteran status) to happen at a later phase in the process;

7. Once diversion is ruled out, the CES more in-depth assessment process would start;
8. Use an assessment process that includes the applicable version of the VI-SPDAT but includes other factors;
9. Utilize HMIS records in creation of a central "By Name List" of persons seeking assistance that can be sorted to identify lists of persons in groups eligible to access specific services (such as veterans, youth, seniors, or being located in an area with resources restricted to that area, such as an ESG entitlement area);
10. Provide regular, comprehensive case conferencing for persons assessed as needing permanent housing interventions: rapid rehousing, permanent supportive housing, or other permanent subsidized housing dedicated to the homelessness response system;
11. In accordance with the mandates to lower barriers and to ensure access for persons least likely to be served, the outreach/access system and CES response must be able to address those with the most severe service needs (such as co-or tri-morbidities) in multiple locations;
12. Adhere to guidelines regarding prioritization needs as established by HUD and/or adopted by the CoC outreach/service providers and CES entry points; and
13. Provide clear guidelines for circumstances when 'reverse –referral' is allowed on a case by case basis and require case conferencing or alternate CES.

Input for a revised CES also noted desires for enhanced system resources:

1. Offer sufficient shelter/services to be able to offer rapid response in housing crises;
2. Develop a database/mechanism that provides real-time information about housing vacancies and available emergency services; and
3. Incorporating use of electronic systems for case conferencing, documenting outreach, and tracking.

Recommendations

The CoC Ad Hoc Coordinated Entry System Review Committee recommends that the Interagency Council on Homelessness (ICH) adopt the recommendations outlined below and take subsequent action to facilitate improvements to the CES to meet federal requirements and to enhance effective operations of the CES for the San Bernardino City and County Continuum of Care (CoC) in five areas.

System design

Revise the CES basic design to incorporate elements in nine areas as described in Table 1 such that the CES:

1. Implements a regional approach that covers the full CoC geography but includes subregional components;
2. Combines phone access and partner agencies for regional coverage and a "No-Wrong Door" approach;
3. Addresses all homeless populations with special provisions for victims of domestic violence and the unique needs of five subgroups as allowed by the regulations;
4. Increases access points by incorporating a diversity entities: Outreach teams, HOPE team, Law Enforcement, CES Anchor staff, or Hotline, ESG providers, and potentially selected health care and domestic violence response system services;
5. Leverages HOPE Team and partner with community based organization in outreach, assessment, documentation, case conferencing, etc.;

9. Uses phased assessment, including diversion; uses the SPDAT or other tested screening and triage tool that is embedded as only one part of the assessment; takes into consideration special needs and customized consumer response on an as-needed basis;
10. Does not require CES participation or full assessment to access emergency shelter or services;
11. Bases prioritization, matching, and referral on priorities reflected in the screening tool scores plus case conference information, and availability of resources in a particular Subregion (participant preference);
12. Uses HMIS initiated from the 'first touch' with system: outreach/ engagement, enrollment, through assessment, referral and placement. Data is all transactional; domestic violence comparable database used as appropriate to comply with HUD VAWA mandates;
13. Identifies and commits resources beyond the CoC project award to support CES operations, coordination, oversight, and management; and
14. Clearly describes administrative and structural components and roles: CoC Membership, Interagency Council on Homelessness, CES Oversight Committee/Task Force, Collaborative Applicant, the central or lead CES organization, and participating agencies.

Planning and System Transition

Recognizing that the recommendations encompass significant change to the current CES, there need to be mechanisms and processes for accomplishing system transition.

1. At a minimum, involve the CoC membership, the ICH, the Collaborative Applicant, the HMIS Lead, the CES Lead, and ESG entitlement areas in the CES system transformation and transition.
2. To strengthen governance, the ICH should establish a CoC CES standing committee responsible for oversight of the CES operations and the ongoing development of policies and procedures for evaluating regulatory compliance.
3. Assess the current level of demand reflected in Call Center data and referral outcomes and analyze to evaluate sub-regional need.

4. Determine which interventions will or will not be included in the CES. For example only longer-term interventions including transitional or joint housing, rapid rehousing, and permanent supportive housing would require full assessment and use of the "By Name List"; emergency shelter, domestic violence, or diversion would not.
5. Consider the optional features highlighted in 2022 survey responses for inclusion in the revised CES.

Operations

As soon as feasible, the CoC, CES Lead/Managing Agency, ICH, and Collaborative Applicant and will:

1. Identify potential agencies to engage as partners in the CES.
2. Institute and utilize a phased triage and assessment approach and incorporates cultural and linguistic competency for assessment staff.
3. Use progressive engagement and trauma-informed approaches that foster empowerment.
4. Engage a multi-disciplinary team structure to re-engage regular case conferencing and ensure that all households prioritized for housing and services are reviewed.

5. Utilizes a By Name List in the prioritization and tracking processes.
6. Initiate regular entry of case information into the HMIS (or alternate data base for survivors of domestic violence) beginning with the "first touch" (which may be outreach).
7. Document the criteria and procedures for matching the deepest housing resources with persons with the most severe housing and service needs.
8. Allow flexible housing placements decisions that consider both assessment data and case conferencing information.
9. Require participating organizations to provide regular reports concerning the demand for service and service utilization and housing outcomes.
10. Consider implementation of mobile or virtual assessments/communications to improve system efficiency and ensure full geographic coverage.
11. After adoption of revisions to the CES, update or develop detailed procedures/workflows for each aspect of CES operations.
12. Provide initial and ongoing training to partners and stakeholder community to enhance consistent operations of the CES components.

Policies and Procedures

To ensure consistent implementation of the CES system, revise the CoC Policies and Procedures guide for CES to:

10. Articulate the roles and responsibilities of CES administration, Lead and partner agencies, and invested stakeholders in operationalizing the regional CES.
11. Establish an Oversight Committee in the CoC structure responsible for oversight of CES, and ongoing policy development, and system evaluation.
12. Establish an annual calendar to ensure ongoing review of and updates to CES as required by HUD.
13. Establish policies to ensure adequate, ongoing funding to support the CES design and activities as approved.
14. Amend policies to ensure evaluation and distribution of current resources and development of new resources, as appropriate, to meet the geographic and subpopulations needs of persons experiencing homelessness as evidenced in system data (service requests, HMIS, PITC, HIC,).

15. Clarify operational procedures: outreach and access, assessment, prioritization, evaluation, referral, and coordination.
16. Establish policies to ensure comprehensive training of staff participating in the CES daily operations.
17. Describe guidelines for coordination and consultation with key stakeholders including ESG representatives and persons with lived experience.
18. Ensure inclusion of all policies required by the HUD Community Planning and Development Notice, 17-01 and outline a process for managing future changes in requirements.

Funding

4. Recognize that CES is used by an array of funding sources, and to the extent possible, dedicate available resources or identify new to CES such as: potential expansion of CoC Competitive, youth-dedicated, special unsheltered, or domestic violence bonus funds; State resources including HHAP, ESG; local resources;
5. Request entities receiving funds from programs that call for the use of CES, or with homelessness-dedicated funds to participate in funding the CES.

Specifically request to the CoC and ICH Board to identify and allocate funding in addition to the CoC Renewal funds; request that ICH initiate a request to the County Board of Supervisors to advise departments receiving state and federal funding for homelessness to identify and allocate funds or in-kind resources to support the CES; request Cities that are recipients of CoC, ESG, HHAP to identify and allocate funds for the CES.

6. Request that the CES Oversight Committee/Task Force (if adopted) work cooperatively with community stakeholders to identify funds or in-kind resources for CES operations.

Next Steps

The Ad Hoc CES Review Committee System Review has summarized the 2022 CES Review and work of the committee. Findings and recommendations are being reported to the Interagency Council on Homelessness (ICH) for their consideration. Ensuring ongoing operation of essential CES services is critical to ongoing funding from the State of California as well as HUD. The initial phase of the annual CoC NOFO has begun and a request for renewal funds for CES will need to be included in the local rating and ranking process. Incorporation of revisions to the CES and subsequent implementation will require efforts extending into the 2022-2023 project operating year. As a result, transition planning is essential.

The findings and recommendations contained in the CES are offered to the ICH and CoC for consideration and adoption or alternate action. Once ICH/CoC actions determine which recommendations and features are intended for implementation, resources to support the revised design will need to sought, and CES policies, procedures and training will need to be updated to reflect the changes.

Conclusion

There is both an urgent need to, and substantive community investment in, revising the current CES system. System structure and governance and funding are main issues that underlie the CoC's ability to meet the regulations. There are immediate actions needed to comply with the minimum HUD requirements. Absent compliance with the HUD basic mandates and the requirements tied to state homelessness program funding, the community risks losing more than $25 million dollars in current homeless funds between 2023-2027. Applications for additional funds of approximately $15 million dollars also require use of CES, making a potential negative impact of over $40 million if the CoC fails to take action to remedy the current CES compliance issues.

To be successful, many partners in the community will need respond to the call to action over the next several months. Identification and dedication of funding must be sought to accompany any actions adopted.

At the most basic level, the CES review points to what needs to be in place to be compliant with HUD requirements, describes what we see as local priorities for a revised CoC, and gives a call to adequately fund the re-imagined CES. To be effective, we need the appropriate governance and oversight structure in place to ensure that CES executes well, and to remedy issues when it doesn't. We need a clear roadmap to help guide us to the re-imagined system while ensuring we meet at least minimum compliance at all times in the journey.

Acknowledgements

Members of the Ad Hoc CES Review Committee volunteered to assist for a three-month period, however served for nearly six months. Their work was essential to completion of this 2022 CES Review activities and bringing forth the findings and recommendations included in this report. Please thank them for their service.

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Greg Coffos, Step Up
Shirli Driz, Inland So Cal United Way, 2-1-1
Sharon Green, Victor Valley Family Resource Center, Interagency Council on Homelessness Board Member and Homeless Provider Network Countywide Chair
Kameron (Kami) Grosvenor, Inland Valley Hope Partners
Daniel Herrera, Searchlight Society
Michael Jones, County Sheriff Department, HOPE Team
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Appendix A: Provider Survey

Copy of Survey
Provider Survey Results

COORDINATED ENTRY SYSTEM (CES)
ACCESS and ASSESSMENT SURVEY

Invitation

Community input is often a key to success in implementing systems to be used in that community. This brief survey requests your input in critical areas related to the Coordinated Entry System (CES) for the San Bernardino Continuum of Care (CoC). The survey focuses on two areas: 1) Access to Housing and Services and 2) Assessment Design. For each area there are two sections. One section asks for input on the current system, the second section asks if you would support certain optional features. Your brief, candid responses to the items below will help inform the review and planning of the CES system. There is space at the end of the survey questions for additional comments.

Access to Housing and Services

Current System – Access to Housing and Services

Regulations mandate that access to the CES system include certain features. The core mandates for access to housing and services are identified below. Please rate how well you think the current CES system meets the mandate by entering a rating from 1-4 in the box next to the item. The ratings are described as:

1 = does not meet the criteria at all
2 = meets only part of the criteria
3 = meets criteria at a basic level
4 = meets criteria well
Blank = no score for this item

Mandate	Rating	Note(s)
1. Cover the entire geographic CoC area		
2. Be easily accessed by homeless persons		
3. Use comprehensive and standardized assessment tool(s)		
4. Offer the same assessment approach at all access points		
5. Use a standardized decision-making protocol for all		
6. Provide access to emergency shelter and services outside of hours of CES intake/assessment		
7. Address safety planning for households fleeing violence		
8. Provide auxiliary services and aids as necessary to ensure effective communication		
9. Provide information in multiple languages, as needed		
10. Ensure accessibility of any physical access point		
11. Street outreach funded by ESG or CoC is linked to CES		
12. Include prevention services funded by ESG as resources		
13. Ensure access to those least likely to connect to services		
14. clearly identify which interventions will not be included in CES and which will		

1

Optional Features for Access to Housing and Services

Below is a series of recommendation and optional practices that could be part of the CES Access system.

Please rate the following optional features, using the following scale:

1 = I object to including this option
2 = I am neutral about this option (I neither object nor support)
3 = I support including this option
Blank = no score for this item

Optional Feature	Rating	Note(s)
1. Dispersed access points (in subregions; or by subgroup), "anchor agencies"		
2. Access point located near public transportation		
3. Alternate access points for safety (DV)		
4. Access points designed to facilitate information gathering for each of the 5 allowed subgroups (youth, DV, individuals, families, at-risk)		
5. Knowledge of CES allows for 'no wrong door' response		
6. Connection to mainstream and other community- based resources provided at CES access points		
7. Virtual entry and initial screening; direct connection to crisis housing/services		

Assessment Design

Effective assessment is a key to the success of the CES system. This section asks for your input on the current assessment component of the CES.

1 = does not meet the criteria at all
2 = meets only part of the criteria
3 = meets criteria at a basic level
4 = meets criteria well
Blank = no score for this item

Current System - Assessment

Mandate	Score	Note(s)
1. Standardized tools and processes achieve fair, equitable, and equal access for all		
2. Written policies and procedures ensure standardization and uniform use across access points, staff (all agencies / assessors)		
3. Written policies ensure low-barrier approach, equity and equal access		
4. Assessors are trained at least annually		
5. Must be client-centered (person-centered)		
6. Allows participant autonomy and choice		

2

7. Protects Privacy of participant		
8. Written policies establish housing referral protocols		
9. Able to determine and prioritize who will be referred to which housing intervention or service		

Optional Features for Assessment

Below is a series of recommendation and optional practices that could be part of the CES Assessment system.

Please rate the following optional features, using the following scale:

1 = I object to including this option
2 = I am neutral about this option (I neither object nor support)
3 = I support including this option
Blank = no score for this item

Optional Feature	Rating	Note(s)
1. Use valid, tested, and reliable processes and tools		
2. Employ a Housing First orientation		
3. Use a phased approach (triage, diversion, crisis intervention, initial assessment for immediate needs, comprehensive assessment, reevaluation and revised action)		
4. Collect only enough information to refer to available resources (further assessment can occur in phases)		
5. Assessment questions are logically adjusted for subpopulations, as allowed. (ie. persons under 18 years are not asked about veteran status or military service but may be asked questions about eligibility for dependent benefits.)		
6. Assessment process relies on a person-centered approach that empower the participant - includes questions that are easily understood; based on trauma-informed practices; offer choice; respect lived-experience.		
7. Incorporate cultural and linguistic competency in assessment		
8. Build safety planning into the process and the assessment environment		
9. Referrals for housing or services are clear and understood by participant (know what to expect)		

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10. Relevant Mainstream Resources are included in system (formally)		
11. Allow Veteran Affairs and Street Outreach partners to participate in assessment		

Other Input / Comments

Please offer additional input /comments that you feel are important to the review and planning of the local CES system.

Provider Survey Results, continued

Table 2: Current System Performance –Mandated Access Features

Mandated Features – ACCESS Range 1-4	Average	Mode	Range
1. Cover the entire geographic CoC area	2.55	2.00	1 to 4
2. Be easily accessed by homeless persons	2.55	2.00	1 to 4
3. Use comprehensive and standardized assessment tool(s)	2.91	3.00	1 to 4
4. Offer the same assessment approach at all access points	2.45	2.00	1 to 4
5. Use a standardized decision-making protocol for all	2.33	3.00	1 to 4
6. Provide access to emergency shelter and services outside of hours of CES intake/assessment	1.82	1.00	1 to 3
7. Address safety planning for households fleeing violence	2.33	3.00	1 to 3
8. Provide auxiliary services and aids as necessary to ensure effective communication	2.25	3.00	1 to 3
9. Provide information in multiple languages, as needed	2.13	3.00	1 to 3
10. Ensure accessibility of any physical access point	2.00	3.00	1 to 3
11. Street outreach funded by ESG or CoC is linked to CES	2.50	3.00	1 to 3
12. Include prevention services funded by ESG as resources	2.10	2.00	1 to 3
13. Ensure access to those least likely to connect to services	1.90	2.00	1 to 3
14. Clearly identify which interventions will be included in CES and which will not	1.91	1.00	1 to 3

Table 3: Current System Performance –Mandated Assessment Features

Mandated Features ASSESSMENT Scale 1-4	Average	Mode	Range
1. Standardized tools and processes achieve fair, equitable, and equal access for all	2.30	2.00	1 to 4
2. Written policies and procedures ensure standardization and uniform use across access points, staff (all agencies / assessors)	2.40	3.00	1 to 4
3. Written policies ensure low-barrier approach, equity and equal access	2.20	3.00	1 to 4
4. Assessors are trained at least annually	1.50	1.00	1 to 3

5. Must be client-centered (person-centered)	2.70	3.00	1 to 4
6. Allows participant autonomy and choice	2.40	2.00	1 to 4
7. Protects Privacy of participant	3.10	4.00	1 to 4
8. Written policies establish housing referral protocols	2.44	3.00	1 to 4
9. Able to determine and prioritize who will be referred to which housing intervention or service	2.10	3.00	1 to 4

Optional System Features

Table 4: Survey Results Optional Features - Access

Optional Features – ACCESS	Average Score	Mode	Range
1. Dispersed access points (in subregions; or by subgroup), "anchor agencies"	3.00	3.00	2 to 4
2. Access point located near public transportation	2.36	3.00	0 to 3
3. Alternate access points for safety (DV)	2.80	3.00	2 to 3
4. Access points designed to facilitate information gathering for each of the 5 allowed subgroups (youth, DV, individuals, families, at-risk)	3.09	3.00	3 to 4
5. Knowledge of CES allows for 'no wrong door' response	2.91	3.00	2 to 3
6. Connection to mainstream and other community-based resources provided at CES access points	2.82	3.00	2 to 3
7. Virtual entry and initial screening; direct connection to crisis housing/services	2.73	3.00	1 to 3

Table 5: Survey Results – Optional Features - Assessment

Optional Feature – ASSESSMENT	Average Score	Mode	Range*
1. Use valid, tested, and reliable processes and tools	2.91	3.00	1 to 4
2. Employ a Housing First orientation	2.82	3.00	1 to 4
3. Use a phased approach (triage, diversion, crisis intervention, initial assessment for immediate needs, comprehensive assessment, reevaluation and revised action)	2.91	3.00	2 to 3
4. Collect only enough information to refer to available resources (further assessment can occur in phases)	2.55	3.00	1 to 4
5. Assessment questions are logically adjusted for subpopulations, as allowed. (i.e. persons under 18	3.09	3.00	3 to 4

years are not asked about veteran status or military service but may be asked questions about eligibility for dependent benefits.)			
6. Assessment process relies on a person-centered approach that empower the participant - includes questions that are easily understood; based on trauma-informed practices; offer choice; respect lived- experience.	2.90	3.00	2 to 3
7. Incorporate cultural and linguistic competency in assessment	2.90	3.00	2 to 3
8. Build safety planning into the process and the assessment environment	2.70	3.00	0 to 3
9. Referrals for housing or services are clear and understood by participant (know what to expect)	2.73	3.00	0 to 3
10. Relevant Mainstream Resources are included in system (formally)	2.36	3.00	0 to 3
11. Allow Veteran Affairs and Street Outreach partners to participate in assessment	2.45	3.00	3.00

Appendix B: Consumer Survey

Copy of Consumer Survey

CONSUMER FEEDBACK INTRODUCTION

Helping people in our area who are homeless or about to become homeless to get shelter or housing and services is important to our community. If you are homeless, or were recently homeless, we would like your feedback on how we are doing. We need your honest feedback. It will help us understand what people who are trying to use the housing and services experience – both good and bad. It could help us improve how we connect people with the help they want or need.

We are not asking for your name or other information that would identify you. Your feedback is sent to a person who does not run shelters or services in this area. Your feedback will be added to the information from each person who chooses to respond. You can skip any question you do not feel comfortable in answering. We hope you will help us by sharing your experiences with us.

Here is a link to provide your feedback online:

https://www.surveymonkey.com/r/RFZYSHB

CONSUMER FEEDBACK QUESTIONS

Are you willing to give your feedback?

- ☐ No
- ☐ Yes
- ☐ I already did but I want to say more

What community were you in when you first tried to get help for shelter, housing or services?

☐	Adelanto	☐	Grand Terrace	☐	Redlands
☐	Apple Valley	☐	Hesperia	☐	Rialto
☐	Barstow	☐	Highland	☐	San Bernardino
☐	Big Bear Lake	☐	Loma Linda	☐	Twenty-nine Palms
☐	Chino	☐	Montclair	☐	Upland
☐	Chino Hills	☐	Needles	☐	Victorville
☐	Colton	☐	Ontario	☐	Yucaipa
☐	Fontana	☐	Rancho Cucamonga	☐	Yucca Valley
		☐	No Answer	☐	Other

What was your housing situation when you tried to get help?

- ☐ Staying on the street, park, or in a vehicle or encampment
- ☐ Staying in shelter or other temporary housing
- ☐ Living inside with family or friends
- ☐ Leaving a facility like a hospital or other treatment center
- ☐ In a hotel paid for by me or my family

- [ ] In a hotel paid for by an agency or church
- [ ] Other: _____

Were you together with family members when you first asked for help?

- [ ] No – I was by myself
- [ ] Yes – only with other adult(s)
- [ ] Yes – with a child or children

How old were you when you asked for help?

- [ ] Years

When you asked for help, did you complete a long interview that asked lots of questions about you?

- [ ] Yes
- [ ] No
- [ ] Unsure – I completed something but don't know what it was called
- [ ] Unsure – I was told I had to go through something called CES

On a scale from 1-10 how difficult was it to get to talk with someone about what you needed? (1 means it was easy, 5 means not too hard, and 10 means it was really hard)

- [ ] Number

What was your overall experience when trying to get help?

1) Terrible 2) Not very good 3) Ok 4) Good 5) Really Good

How do you feel you were treated by the person or agency you tried to get help from?

1) Terrible 2) Not very well 3) Ok 4) Well 5) Really Well

Were you able to get the help you wanted?

- [ ] Yes

How long did it take between when you asked and when you got help?

A week or less about 2-3 weeks 4-6 weeks 6 weeks – 2 months more than 2 months

- [ ] No

What do you believe is the reason you were not able to get the help you wanted?

What kind of help were you able to get?

- [ ] Emergency Shelter
- [ ] Temporary Housing
- [ ] Counseling
- [ ] Employment
- [ ] Legal
- [ ] Mental Health or other treatment

- ☐ Permanent Housing Help with Rent
- ☐ Help paying my rent
- ☐ Get reconnected with family or friends
- ☐ Food, Clothing
- ☐ Transportation
- ☐ Health or medical care
- ☐ Other: _____
- ☐ Nothing: _____

Are you still homeless after getting connected to someone who was going to help?

- ☐ *Yes*
- ☐ *No*

Do you think you were treated fairly?

- ☐ Yes
- ☐ No – Why do you think you were treated unfairly?

What do you need most now?

- ☐ Emergency Shelter
- ☐ Temporary Housing
- ☐ Permanent Housing
- ☐ Help paying rent
- ☐ Get reconnected with family or friends
- ☐ Counseling
- ☐ Employment/Training
- ☐ Food, Clothing
- ☐ Transportation
- ☐ Health or medical care
- ☐ Legal
- ☐ Mental Health or other treatment
- ☐ Other: _____
- ☐ Nothing in particular

What else would you like us to know?

THANK YOU FOR TAKING TIME TO GIVE YOUR FEEDBACK!

CONSUMER FEEDBACK INTRODUCTION

Appendix C: Workflow Diagrams

Current 2-1-1 work flow

Example of re-imagined system workflow

Appendix D: Non-Profit Leadership Caucus Session Notes

Reimagining/Rebuilding Our CES from the Ground Up
Summary Notes from CES Brainstorming Sessions I & II

What does ISCUW need to make the CES work for your organization?

- Sufficient funding to meet system objectives
- Designated stream of funding resources (CES carve out from all CoC and designated County funding sources)
- Stronger alignment and collaboration with system service partners throughout the county

What does the service provider community need to make the CES work for our CoC?

- Clear buy-in to the partnership, sense of ownership and responsibility to the process
- Clearly defined roles, responsibilities, and system procedures
- Easy access to the process with timely responsiveness
- Clearly defined objectives with demonstrated results/outcomes

If we were to start from scratch, what would our coordinated entry system look like?

If CES is working –

- Everyone would want to be a part of it
- Service provider partners would feel a sense of ownership and responsibility
- Clear process to facilitate prioritization over cherry picking
- Demonstration of our collective impact on homelessness and housing solutions

- Central lead agency with regional and target population access points
  - Lead agency partners with designated community-based service providers to function as system access points
    - Designated CES access point in each region (more than 1 in central?)
    - Designated CES access point for Veterans, Youth, DV, others?
  - Clearly defined, well-coordinated role and responsibilities for lead agency and access partners
  - Sufficient level of system funding identified for lead agency to subcontract with access point partners to perform designated system-level activities
  - Regional Steering Committees establish CES Advisory Committees

- CES virtual platform / technology-driven system access-process
  - System access point for consumers, service agencies and other community partners
  - Facilitate service partner coordination, communications, cross agency referrals, etc.
  - Electronic form submission; access to universal service tools and instruments
  - Integration with HMIS; Built in “feedback loops”

- Clearly defined, well-coordinated, easy-to-access, user friendly system
    - Well-defined, published system procedures (system flow chart posted in every agency)
    - Defined scope of system coverage
        - What activities/service interventions to be covered by CES?
        - Focused on path to stable housing outcomes
        - Defined system response to type and level of consumer service needs
        - Limited role in facilitating "crisis response" intervention and activities
    - Universal system access, triage assessment tool (virtual/paper versions; not VI-SPDAT)
        - Designed to connect consumers with appropriate providers and interventions
    - Clearly defined, phased assessment, prioritization, and referral process
    - Phased assessment approach designed to
        - prioritize most vulnerable for limited, deep subsidy resources
        - connect target populations to specialized service activities
        - steer majority of consumers toward "self-resolve" resources
    - By Name List, case conferencing by region(?), target populations
    - Ongoing, regularly scheduled education, training, professional development activities/resources for all participating partners
        - Regularly scheduled orientation/onboarding training for service provider staff and community partners

- Funding & Budget considerations / Capacity building
    - Stable designated CES funding streams
        - CoC funding base plus designated CES carve out from all CoC funding sources and designated County funding sources
    - Funding designated to CES Lead with defined, sufficient funding for access point, subcontract agencies
    - System capacity and service coverage defined by/limited to funding capacity
    - Define leverage and linkage with participating service partners and other service systems

Summary Notes from CES Brainstorming Sessions III

Reimagine/Rebrand - Pathways Home Collaborative - build around ISCUW "San Bernardino County Coordinated Entry System Staff Infrastructure" Short-Term Plan

- CES Central Administrator – ISCUW (include creating, hosting CES Virtual Platform)
- Subcontracts with
    - CES Regional Entry Points – Lead Agency in each region (2 in Central?)
    - CES Subpopulation Access Points – Youth, DV, Veterans

CES Workflow

- CoC System Access – "No Wrong Door"

- All shelter locations and other participating service partners
  - Universal Screening & Triage instrument (Virtual Platform)
  - Diversion & Prevention strategies employed
  - Shelter-interim housing placement, as appropriate and available, before next stage CES Assessment
- Referral/Schedule CES Assessment (not necessarily VI-SPDAT) within 3 days, as needed and appropriate (assigned to Central, Regional or Subpopulation. Entry Points)
  - Next stage CES Assessment based on screening profile, immediate needs, available resources
  - Access Point leads coordinate with Central to conduct CES assessment, plug into a centralized By Name List, prioritize for available resources, secure requisite documentation, connect to providers, assist with diversion strategies as appropriate
- Central Administrator manages and coordinates "By Name Lists", case conferencing activities, CES designated program referrals and enrollments, system-wide housing navigation, data and reporting functions
- Access Point lead partners manage and coordinate CES assessment, follow-up, verifications, and documentation gathering, referrals & service connections, system liaison, regional or subpopulation case conferencing.

CES System Funding Support –

Suggestion: Adopt ICH Resolutions committing to a minimum of 5% funding allocation for CES infrastructure from all CoC controlled funding sources. (push County to make the same commitment)

FY 2022/23

- HUD CoC - $14,825,115; **CES $741,255** (currently $403k)
  - CoC Planning dollars $100k?
- CoC CESH funds - **$653,000 allocated to CES** (where is this money?)
- HHAP 2 (carryover) $72,656
- HHAP 3 – CoC $3,901,874; **CES $195,093** / County $3,641,749; **CES $182,087**
- Federal & State ESG funding
- Other possible sources
  - Project Roomkey & Rehousing Strategy - $11,409,117; **CES $570,455**
  - Encampment Resolution - $1,787,998; **CES $89,399**
  - CalWORKS Housing Support Program - $13,930,407; **CES $696,520**
  - Home Safe - $3,112,629; **CES $155,631**
  - Bringing Families Home - $2,940,882; **CES $147,044**
  - Housing & Disability Advocacy Program - $3,857,169; **CES $192,858**
  - Emergency Housing Vouchers?
  - Homekey projects – San Bernardino, Victorville, Redlands

Appendix E: Demand and Resource Data

Quarterly demand and staff projection

Budget

Appendix F: Resource Material

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Technical Assistance Collaborative.2020. San Bernardino County Coordinated Entry Evaluation. Boston. MA.

U.S. Department of Housing and Urban Development. 2012. 24 CFR part 578. Office of the Federal Register, July 31, 2012.

U.S. Department of Housing and Urban Development. 2016. Office of Community Planning and Development. CPD 16-11 Notice Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. https://www.hudexchange.info/resource/5108/notice-cpd-16-11

U.S. Department of Housing and Urban Development. 2017. Office of Community Planning and Development. 17-01 Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System. https://www.hud.gov/sites/documents/17-01CPDN.PDF

U.S. Department of Housing and Urban Development. 2017. Coordinated Entry Self-Assessment Tool. https://www.hudexchange.info/resource/5219/coordinated-entry-self-assessment/

Appendix G: Basic CES Design Recommendations

Community Input – Basic CES Design							
Geographic Area	**Type of System**	**Populations**	**Entry Points/Initial Contact**	**Assessment Tools/Process**	**Matching, Referral, Prioritization**	**Use of HMIS**	**Staffing and FundingSources**
SB CoC Region wide	Accessible through centralized telephone access with and supported by subregional anchor agencies,	All, Including any DV households wanting access to a non-DV system or resource (CoC, ESG) DV Emergency Response using non-CoC resources would not be mandated / could be separate	Outreach teams, HOPE team, Law Enforcement, CES Anchor staff, or Hotline Consider selected Health care DV emergency system	Phased assessment includes Diversion SPDAT –(or other tested screening and triage tool) embedded as only one part of the assessment Special Needs Consumer custom response	Score on screening tool, + case conference + Resource availability in Subregion, participant preference	From 'first touch' Outreach/ engagement enrollment, assessment, placement, all transactional. DV alternative database as appropriate	CoC $403,000 State funds ESG / ESG-CV; HOPE Team, Up to 30 CBOs participate Structural = CoC and ICH reviews, CES/Evaluation Task Force, Collaborative Applicant

2022 CES REVIEW APPENDICES