



Berkeley Homeless  
Services Panel of Experts

## REGULAR MEETING AGENDA

May 1, 2024 – 7:00 PM

North Berkeley Senior Center, Juniper Room  
1901 Hearst Ave., Berkeley, CA 94709

**Mayor Arreguin:**  
Carole Marasovic – **Chair**

**Rashi Kesarwani:**  
Sadie Mae Palmatier

**Terry Taplin:**  
Denah Bookstein

**Ben Bartlett:**  
Paul Kealoha-Blake –  
**Vice Chair**

**Kate Harrison:**  
Mary Ann Meany

**Sophie Hahn:**  
Vacant

**Susan Wengraf:**  
Steven Segal

**Rigel Robinson:**  
Donnell Jones

**Mark Humbert**  
Vacant

Josh Jacobs, Homeless Services Coordinator, Homeless Services Panel of Experts  
*Staff Secretary, [jjacobs@berkeleyca.gov](mailto:jjacobs@berkeleyca.gov), 510.225.8035*

***All items are for discussion and possible action.***

1. Roll Call.
2. Land Acknowledgement.
3. Public comment for Items Not on the Agenda.

### **Updates/Action Items:**

4. Approval of the Agenda.
5. Approval of the April 10, 2024 Minutes. [Attachment 1].
6. Presenter on Discussion of the Homeless System and All Homes Gaps Analysis with Q and A. Discussion and possible action.
7. Chair Update.
8. Discussion on safety protocol in Berkeley shelters and other homeless services programs including presence of weapons and threats to staff, clients and the public. Discussion and Possible Action.
9. Discussion on accountability of community-based providers under contract with the City of Berkeley to provide homeless services. Discussion and possible action.
10. Staff presentation on the CES (Coordinated Entry System) and HMIS (Homeless Management Information System); information collected and nature of documentation submitted.
11. Adjourn.

***A Vibrant and Healthy Berkeley for All***

**Attachments:**

1. Minutes from April 10, 2024.
2. Alameda County Emergency Shelter Standards.
3. Newspaper Articles Regarding Gun Violence in the Shelters.
4. Coordinated Entry and Homeless Management Information System Data Collection.
5. SAMSHA Sequential Intercept Model.

***Correspondence and Notice of Decision Requests:***

Deadlines for Receipt:

- A) Supplemental Materials must be received by 5 PM the day before the meeting.
- B) Supplemental Communications must be received no later than noon the day of the meeting.

Procedures for Distribution:

- A) Staff will compile all Supplemental Materials and Supplemental Communications received by the deadlines above into a Supplemental Packet, and will print 15 copies of this packet for the Commission meeting.
- B) For any Supplemental Material or Communication from a Commissioner received after these deadlines, it is the Commissioner's responsibility to ensure that 15 printed copies are available at the meeting. Commissioners will not be reimbursed for any printing or materials expenses.
- C) Staff will neither print nor distribute Supplemental Communications or Materials for subcommittee meetings.

Procedures for Consideration:

- A) The Commission must make a successful motion to accept and receive all Supplemental Materials and Communications into the record. This includes the Supplemental Packet compiled by staff.
- B) Each additional Supplemental Material or Communication received by or before the meeting that is not included in the Supplemental packet (i.e., those items received after the respective deadlines above) must be individually voted upon to be considered by the full Commission.
- C) Supplemental Materials subject to a Commission vote that are not accepted by motion of the Commission, or for which there are not at least 15 paper copies (9 for each Commission seat, one for staff records, and 5 for the public) available by the scheduled start of the meeting, may not be considered by the Commission.

***\*Supplemental Materials*** are defined as any items authored by one or more Commissioners, pertaining to an agenda item but available after the agenda and packet for the meeting has been distributed, on which the Commission is asked to take vote at the meeting. This includes any letter to Council, proposed Council report, or other correspondence on behalf of the Commission for which a full vote of the Commission is required.

***\*\*Supplemental Communications*** are defined as written emails or letters from members of the public or from one or more Commissioners, the intended audience of which is the full Commission. Supplemental Communications cannot be acted upon by the Commission, and they may or may not pertain to agenda items.

*Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection at Health, Housing & Community Services Department located at 2180 Milvia Street, 2nd Floor.*

**Public Comment Policy:**

*Members of the public may speak on any items on the Agenda and items not on the Agenda during the initial Public Comment period. Members of the public may not speak more than once on any given item. The Chair may limit public comments to 3 minutes or less.*

**COMMUNITY ACCESS INFORMATION**

*ADA Disclaimer "This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the ADA Program Coordinator at 510-981-6418 (V) or 510-981-6347 (TDD) at least three business days before the meeting date. Please refrain from wearing scented products to this meeting."*

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Berkeley Homeless  
Services Panel of Experts

## MEETING MINUTES

April 10, 2024

1. **Roll Call:** 7:00 PM  
**Present:** Meany, Marasovic, Kealoha-Blake, Jones, Segal and Palmatier.  
**Absent:** Bookstein (excused).  
**Staff:** Jacobs, Radu.  
**Council:** None.  
**Public:** 6.
2. Comments from the Public: 2.
3. Land acknowledgement.

### Update/Action Items

4. Approval of Minutes from March 13, 2024.  
**Action:** M/S/C Kealoha-Blake/Marasovic move to approve the minutes as written.  
**Vote:** Ayes: Meany (but was absent after 9:00 pm so only approving until then), Marasovic, Kealoha-Blake, Jones, and Palmatier.  
Noes: None. *Abstain:* Segal. *Absent:* Bookstein.
5. Agenda Approval.  
**Action:** M/S/C Marasovic/Meany move to approve the agenda as written.  
**Vote:** Ayes: Meany, Marasovic, Kealoha-Blake, Jones, Segal and Palmatier.  
Noes: None. *Abstain:* None. *Absent:* Bookstein.
6. Chair Update.  
Discussion; no action taken.
7. Discussion of the of the Measure P Funding Forecast and Recommendations.  
**Action:** M/S/C Jones/Meany HSPE does not recommend funding the 5150 transport out of Measure P monies.  
**Vote:** Ayes: Meany, Marasovic, Kealoha-Blake, Jones, and Palmatier.  
Noes: Segal. *Abstain:* None. *Absent:* Bookstein.

*A Vibrant and Healthy Berkeley for All*

**Action:** M/S/C Marasovic/Meany the HSPE align with all of the city manager’s recommendations except for the \$1.3 million for 5150 transport.

**Vote:** Ayes: Meany, Marasovic, Kealoha-Blake, Jones, and Palmatier.  
Noes: None. Abstain: Segal. Absent: Bookstein.

**Action:** M/S/C Marasovic/Jones HSPE will incorporate in the report that the reasoning behind not recommending the allocation for the \$1.3 million in 5150 transport is that the city should look toward alternative methods for funding and Measure P monies should be used for homeless services. This rationale is due to the diminished revenue needed for homeless services which do not make 5150 transport a priority for this stream of funding.

**Vote:** Ayes: Meany, Marasovic, Kealoha-Blake, Jones, and Palmatier.  
Noes: Segal. Abstain: None. Absent: Bookstein.

Adjourn.

Meeting adjourned at 8:56 PM.

Minutes Approved on: \_\_\_\_\_

Josh Jacobs, Commission Secretary: \_\_\_\_\_



# Homelessness Solutions in Alameda County

## Office of Homeless Care and Coordination

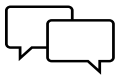
### Alameda County Coordinated Entry Policies

<i>First approved</i>	<i>February 22, 2022</i>
<i>Last reviewed/Last revised</i>	<i>March 31, 2023</i>
<i>Author of policy/ policy revision</i>	<i>Office of Homeless Care and Coordination</i>
<i>Approved by</i>	<i>System Coordination Committee</i>
<i>Effective date</i>	<i>February 22, 2022</i>
<i>Next review required by</i>	<i>March 31, 2024</i>

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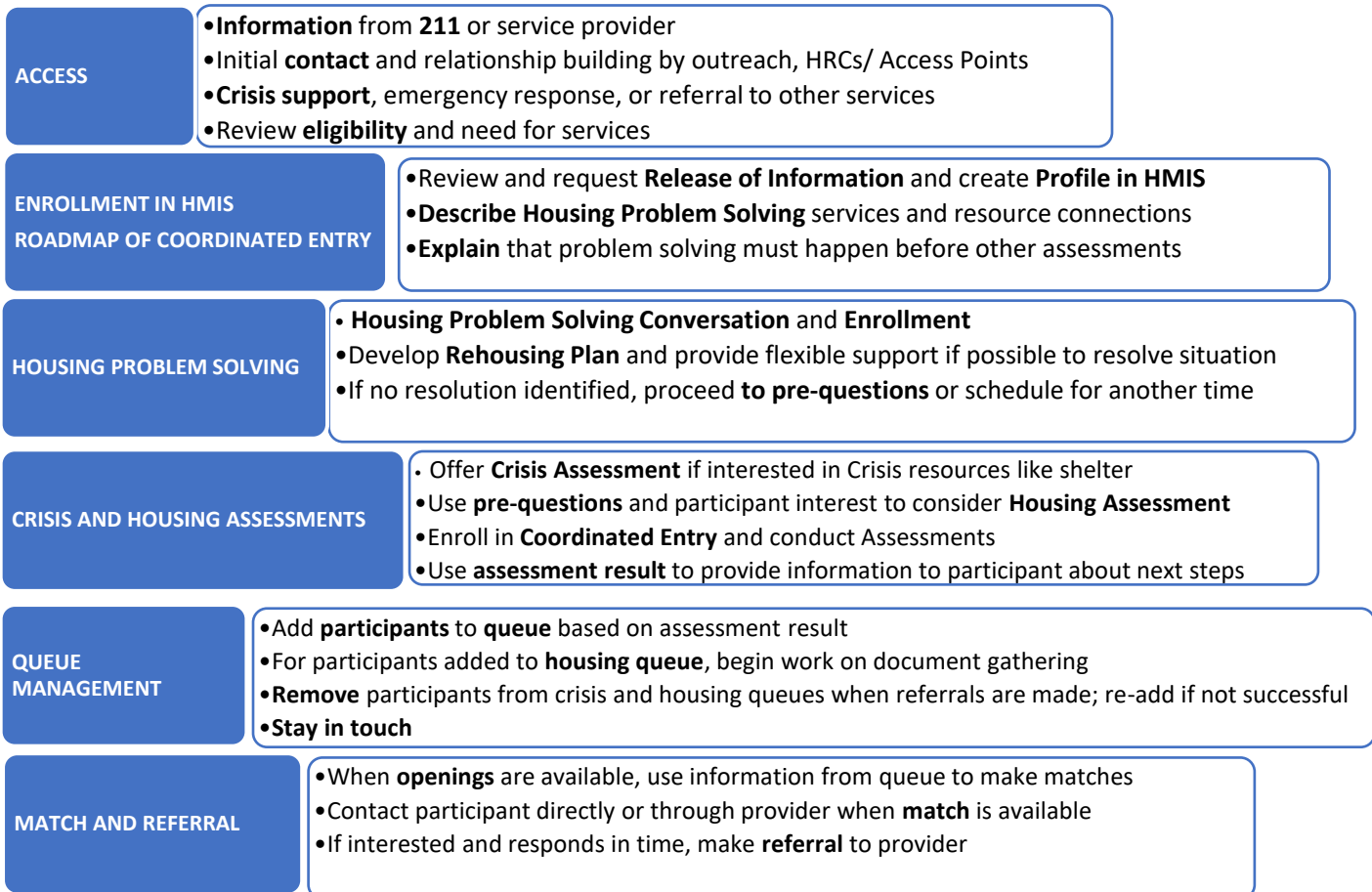
## 1. INTRODUCTION AND OVERVIEW

### Why Coordinated Entry?

At its best, coordinated entry allows our community to match people who are homeless quickly to the best pathway to housing that will meet their needs. It allows us to ensure that decisions and referrals will uphold our commitment to racial equity and to serving our most vulnerable county residents. We aspire to making coordinated entry all about access that is open, clear, and useful.

Alameda County's Coordinated Entry has the following key elements:

### Coordinated Entry Process Overview





## **1.1 Purpose of Coordinated Entry**

Alameda County defines Coordinated Entry as the approach to coordinate and manage the Housing Crisis Response System’s resources to enable providers to make equity-consistent decisions to best connect people experiencing homelessness to interventions to end their homelessness based on available information and resources.

The Coordinated Entry *process* serves to ensure that all persons experiencing homelessness have fair and equal access to the same set of resources and services regardless of where they present for assistance, and that resources for households with greater service and housing needs are targeted to those who need them most.

The Coordinated Entry *system* refers to the whole of the public and non-profit agencies and programs that participate in Coordinated Entry in any of the ways defined in and governed by these policies.

## **1.2 Coordinated Entry Policy Requirements**

The U.S. Department of Housing and Urban Development (HUD) requires Continuums of Care (CoCs) to develop and maintain policies and procedures covering a wide variety of Coordinated Entry (CE) practices including, but not limited to, geographic coverage and access including for specific populations; the assessment, prioritization and referral process and criteria/factors used to prioritize; privacy protections, appeals, marketing, outreach, prevention, and evaluation. This Coordinated Entry Policy document, along with procedures established for specific areas of Coordinated Entry and memorialized in other policy documents referenced herein (such as the HMIS Privacy and Security Policies, Housing Problem Solving Policy, Coordinated Entry Grievance Policy and others) constitute the required Policies and Procedures for Coordinated Entry.

## **1.3 Scope of Coordinated Entry**

Coordinated Entry is a required process for all communities that receive funding from the U.S. Department of Housing and Urban Development.

### **1.3.1 Programs Required to Participate**

Programs and projects that receive funding from the HUD CoC and ESG programs, from the State Homekey programs, and from County of Alameda homelessness-specific funding (including but not limited to general fund, HHAP, MHSA, CDBG and EHV and some programs funded by HOPWA targeted for people experiencing homelessness and living with HIV) including shelters and dedicated homeless housing units or resources, must use the HMIS system and participate in Coordinated Entry.

Programs funded by other sources *may* be required to participate as part of an agreed to funding structure, such as having received additional points or priority in a competitive bidding process such as a Request for Proposals (RFP) based on a commitment to participate in CE.

Required participation may look differently depending on the design of the program and whether access to it depends on prior enrollment in another CE program. For example, a

CoC-funded Rapid Rehousing program serving specific target populations and people staying in specific shelters does not have to be filled using the CE Housing Queue, *if* the initial match to shelter was a result of use of the Crisis Queue, and if the program maintains clear, standard, and objective criteria for subsequent enrollment.

### 1.3.2 Programs Encouraged to Participate

In order to make available the widest possible array of resources to people experiencing homelessness, other programs such as shelters and housing that do not receive any of the above funding are strongly encouraged to participate. Efforts to engage such programs will be made regularly, and non-participating programs are invited to share their rationale or concerns for not participating to allow them to be addressed, if possible.

### 1.3.3 Participation by Domestic Violence programs

The Federal government prohibits programs that specifically serve survivors of domestic and/or gender-based violence from entering client data into HMIS. Such programs in Alameda County will use a comparable database and will participate in Coordinated Entry through one or more dedicated Access Points, utilizing separate and non-shared data collection and the use of unique identifiers that protect participant privacy while allowing survivors enrolled in domestic violence (DV) programs access to the resources managed by Coordinated Entry.

## 1.4 Guiding Principles

The following guiding principles reflect key values and features of the current CE design and a commitment to implement and evaluate the system in alignment with these principles.

1. Coordinated Entry will embody in all steps of the process a commitment and practice of direct communication and transparency with participants about the process, limitations on resources and the likelihood of and timing of any assistance.
2. The Coordinated Entry system will operate similarly in each place the services are offered so that participants have equal access to support and resources regardless of where they seek assistance or their circumstances.
3. Historic and current racial inequalities will be considered in the design, implementation and evaluation of the CE process and system, and accountability for reducing disparities and increasing equity within the housing crisis response system will be part of the required results.
4. The CE process will be trauma-informed and personal information will be collected from participants only as needed and when relevant to a determination or decision needed to help meet the participant's self-reported needs. Efforts will be made to ensure that participants do not need to repeat information.
5. The Coordinated Entry system and the programs to which it refers will be low barrier and operate consistent with the core practices of harm reduction and Housing First.

6. Participants are experts in their own lives and will make choices about what is right for them. Such choices may be constrained by the availability of resources but will not prevent the participant from being served.
7. The reality of limited resources means that participants may not receive the most desirable or appropriate resources for their needs. All participants will retain the ability to engage continuously with the system and seek and receive support for a self-directed resolution.
8. Training, monitoring, and evaluation will be consistent with the above principles.

## **1.5 Governance**

### **1.5.1 Required Roles**

The Coordinated Entry system and process require ongoing day-to-day management as well as community participation in design, implementation, evaluation, and improvement of the process. HUD requires that the entity charged with management of operations and the entity charged with oversight be distinct and that both be appointed by the HUD recognized Continuum of Care (CoC).

#### **1.5.1.1 Policy Oversight Entity**

The CoC serves as the Policy Oversight Entity which reviews policy and establishes participation expectations, and data collection, quality and sharing protocols. The CoC has designated primary responsibility for this function to the System Coordination Committee.

#### **1.5.1.2 Management Entity**

The Alameda County Office of Homeless Care and Coordination (OHCC) is the Management Entity designated by the CoC to implement day-to-day workflow of the Coordinated Entry process. Management Entity responsibilities include establishing day-to-day management structures, promoting standardized screening and assessment processes, developing and delivering training, and conducting monitoring.

Further information about the Governance and roles and responsibilities of the Policy Oversight and Management Entity can be found in HUD's [Coordinated Entry Management and Data Guide](#) and in the Memorandum of Understanding between the CoC and the Office of Homeless Care and Coordination.

## **1.6 Use of HMIS**

The County-wide Homeless Management Information System (HMIS) is the data system that is used for all Coordinated Entry activities including Housing Problem Solving, enrollment, assessment, prioritization, queue management, posting openings in shelter programs, and matching. The Management Entity maintains a separate database for tracking and matching to housing openings.

#### 1.6.1 HMIS Training and licensing

All Access Point staff and all receiving entities for referrals must be trained and licensed to use the HMIS system and follow all requirements in the HMIS policies.

#### 1.6.2 Privacy and Security

All Access Points will follow HMIS protocols for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the Coordinated Entry process. This includes all rules regarding the capture, transmission, and storage of Personally Identifying Information.

#### 1.6.3 Comparable Database

Victim Service Providers are prohibited from entering data into HMIS and may be required to use a comparable database to participate in CE. A comparable database is a relational database that meets all HMIS Data Standards and does so in a method that protects the safety and privacy of survivors.

#### 1.6.4 Right to Abstain from Disclosing or Sharing Information

Coordinated Entry participants may freely abstain from disclosing and sharing information without fear of denial of services resulting from the refusal. However, participants may be unable to qualify for consideration for specific programs or services that require disclosure of specific information for purposes of establishing or documenting program eligibility.

### **1.7 Non-discrimination and Affirmative Marketing**

#### 1.7.1 Applicable Civil Rights and Fair Housing Law

All programs that receive referrals from CE are permitted and expected to comply with all applicable State and Federal civil rights and fair housing laws and requirements, including, but not limited to:

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance; and
- Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and

referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

- HUD’s Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

### 1.7.2 Affirmative Marketing

Housing providers participating in CE must affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach and maintain records of those marketing activities. Housing assisted with CoC funds must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2).

## 2. ACCESS

### 2.1 Full Coverage

Alameda County’s Coordinated Entry approach provides full coverage of the entire geography of the County, which is the same as the Continuum of Care boundaries, through a variety of methods which include physical Open Access Points known as Housing Resource Centers (HRCs) distributed across the county, as well as street outreach which covers all regions of the County, and phone line access.

### 2.2 Access Points

Access Points are the virtual or physical places or programs where an individual or family experiencing homelessness or at imminent risk of homelessness seeks and receives assistance to connect to resources from the Housing Crisis Response System that are available through Coordinated Entry. An Access Point may be Open or Limited.

#### 2.2.1 Open Access Points

An Open Access Point provides all of the services associated with CE to any eligible person in its target population group(s) regardless of whether they receive any other services from the Access Point provider.

#### 2.2.2 Housing Resource Centers (HRC)

Housing Resource Centers are Open Access Points at physical sites located across the County offering in-person and virtual services. Housing Resource Centers must offer the full range of Coordinated Entry activities including outreach, triage, Housing Problem Solving,

assessment and matching to regional resources. HRCs may be targeted to specific populations and geography but must be open to all eligible persons.

### 2.2.3 24/7 Call Center

Alameda County Coordinated Entry will also utilize a 24/7 Call Center to connect potential participants with HRCs and/or outreach teams and to refer to other resources including prevention and crisis resources. The Call Center will act as an Open Access Point conducting initial screening (Triage), provide referrals to other resources outside of the CE system and carry out warm transfers to HRCs during business hours. Outside of business hours the Call Center will refer to crisis resources and provide households seeking CE services with information about where to access these services and/or when to expect to hear from an HRC.

### 2.2.4 Limited Access Points

Limited Access Points provide CE services to eligible participants with whom they have an existing service relationship or who must meet additional criteria in order to receive services. Examples of Limited Access Points may include mental health clinics, schools, hospitals, or other settings and certain outreach teams. Limited Access Points must be trained, provide the entire range of CE services, and must use HMIS (unless provider is a Victim Service Provider). Limited Access Points that do not receive funding from a CE-dedicated source will sign an MOU with the Management Entity.

### 2.2.5 Access through Outreach Teams

Trained and designated outreach teams may serve as either Open or Limited Access Points. Such teams include the County's Street Health teams, which serves as a Limited Access Point serving designated encampments and outdoor locations by region and provides CE services to eligible and enrolled clients.

An outreach team that does not provide the full range of Coordinated Entry activities may refer a participant to an HRC or another outreach team that is able to provide full CE services but must ensure that such connections are easily made and do not delay or deny service to any eligible participant. Examples of such a link may be an outreach team that performs all functions of CE including Housing Problem Solving but refers to an HRC for flexible financial assistance to support an identified problem-solving resolution.

## **2.3 Access Points for Designated Subpopulations**

In order to ensure that access is both convenient, comfortable and appropriate to the range of potential persons and households needing assistance in Alameda County, certain subpopulations of people experiencing homelessness may access the Coordinated Entry system through designated Access Point providers with specialty services designed for this population. One or more designated Access Points may be established for:

1. Transition Age Youth
2. People fleeing domestic or gender-based violence

### 3. Veterans of the U.S. Military (*proposed*)

Members of subpopulations are not required to use a designated Access Point and may seek and receive services at any Open Access Point.

#### **2.4 Weekend and Evening Access**

##### 2.4.1 Access to Emergency Resources

To ensure that persons experiencing a housing crisis or homelessness can be served during times that HRCs are not open and/or street outreach teams are not operating, the CoC has designated the 2-1-1 line to serve as 24/7 Call Center. The call center will have information about resources such as shelter beds that may be open and accepting referrals over a weekend or in the evenings.

##### 2.4.2 Access to Coordinated Entry process

The 2-1-1 call center provides a portion of the Coordinated Entry workflow and can conduct Triage, make referrals to crisis resources, and refer to HRCs for additional services and to conduct assessments. HRCs must make an effort to respond to such a referral within 24 hours if during the work week, or up to 72 hours over a weekend or holiday period. CE Assessments are not required for short-term referrals to crisis resources during times that HRCs and street outreach teams are not operating.

#### **2.5 Non-discrimination and accessibility**

##### 2.5.1 Non-discrimination

The Coordinated Entry system including all Access Points and other participating programs may not discriminate against any populations or subpopulations in Alameda County in the Coordinated Entry process. This includes people experiencing chronic homelessness, veterans, adults with children, transitional aged youth, and survivors of domestic violence, regardless of the location or method by which they access the crisis response system.

##### 2.5.2 Language Access

The Management Entity and Access Points must take steps to ensure equal Access for speakers of other languages. At a minimum this means that telephone interpretation in the County's threshold languages will be available via a County-sponsored interpretation line. The Management Entity will also arrange for translation of public facing documents that are key to the CE process. Access Points are encouraged to hire staff who speak languages other than English, and which are widely spoken within the population and/or geography of the Access Point.

##### 2.5.3 Physical Accessibility

When selecting HRC's the County will contract with agencies proposing locations that are physically accessible or are able to make modifications such as adding ramps or elevators for persons who require them. The County will also consider the availability of public

transportation and the proximity of Access Points to other frequently used resources such as local emergency shelters, drop-in centers, free food resources, and other crisis response service locations.

### 3. ASSESSMENT AND PRIORITIZATION

#### 3.1 Overview of Assessment and Prioritization

The Coordinated Entry process uses specific Assessments to obtain information about both the immediate and long-term needs of persons and households seeking services. Portions of these assessments are weighted and assigned points leading to a score which is used, along with eligibility information, for placing participants on to prioritized queues for referral to crisis and housing resources.

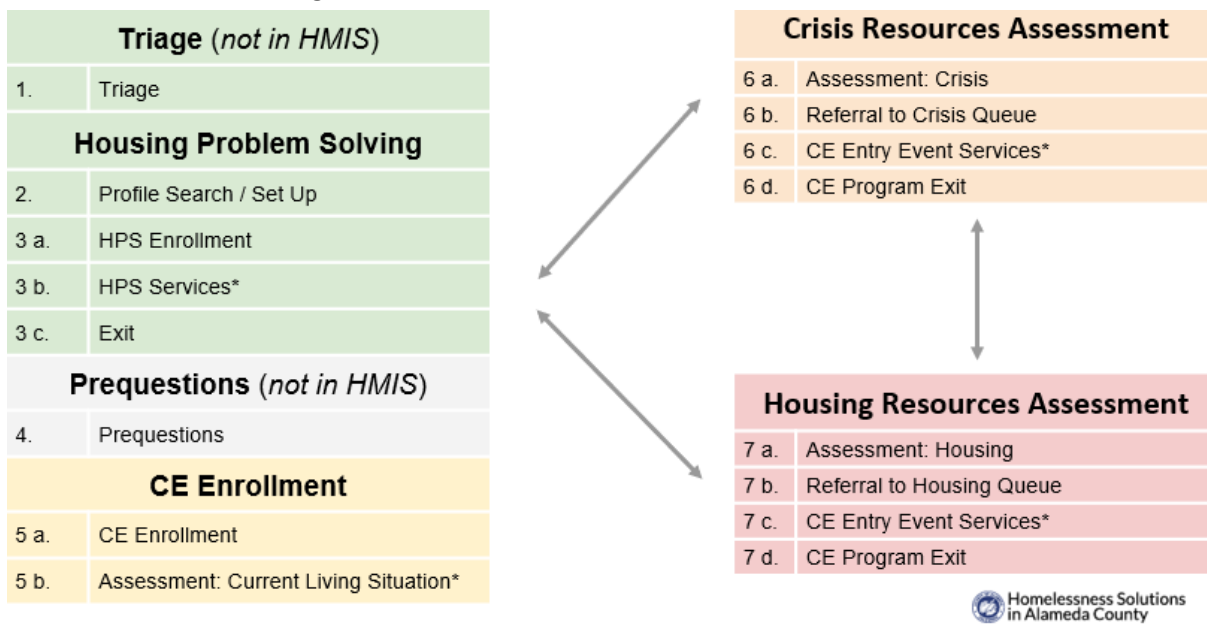
#### 3.2 Overview of Assessment and Prioritization Workflow

The workflow for the phased assessment approach is intended to only collect the information that is needed at each step and to avoid misleading expectations of certain types of assistance.

##### 3.2.1 Steps in Workflow

The Assessment and Prioritization workflow has seven steps. These steps include:

1. Triage
2. Client Profile
3. Conduct Housing Problem Solving
4. Assessment pre-questions
5. Enrollment in Coordinated Entry
6. Crisis Assessment
7. Housing Assessment





### 3.2.2 Timeframes

While the seven steps of the Assessment and Prioritization process must occur in the order listed above, not all steps must occur at the same time. Access Point staff will determine with a participant whether there is time and interest in proceeding through the steps in one interaction or whether to schedule additional time to complete a step or move on to another step in the process.

### 3.2.3 Requirement to Follow Workflow

All Access Points must follow the order of the Workflow for the smooth and fair functioning of the Coordinated Entry process. Skipping steps in the workflow may result in some households getting access to resources ahead of others who are eligible and prioritized. It may also result in Housing Problem Solving resolutions that could meet a participant's needs being overlooked or lost.

Access Points or specific Access Point staff which repeatedly fail to follow the workflow may lose their ability to conduct assessments or their access to the Coordinated Entry agency in HMIS.

## 3.3 Triage

Triage is the first step in the Coordinated Entry process. This step consists of a set of initial questions and steps to determine that the person presenting qualifies for and needs the services of Coordinated Entry. This step also screens for any emergency response needs. It includes three topics areas: urgent needs, safety planning, and eligibility.

### 3.3.1 Urgent needs

Prior to any other services, an Access Point will assess whether the participant is expressing or displaying any urgent needs such as a health or mental health emergency. In such situations Access Point staff will call crisis services or 911.

### 3.3.2 Safety Needs and Safety Planning

Questions designed to determine if someone may be a fleeing or attempting to flee domestic violence or human trafficking or is a survivor of the same. Anyone who at this point is identified as a survivor should be offered DV resources. If the person who is a survivor declines these resources, and continues to the next step in the workflow, a Housing Problem Solving conversation, safety considerations and any safety planning should be addressed in the resolution plan.

### 3.3.3 Housing Status Determination

Participants will be eligible for the services and potential resources of Coordinated Entry if they are currently experiencing homelessness. Questions to determine whether the participant meets the definition of "literal homelessness" will be asked prior to proceeding with the rest of the workflow

- 3.3.3.1 If the above steps result in a participant being eligible for and in need of Coordinated Entry services, the Access Point will proceed to create or update a Client Profile in HMIS
- 3.3.3.2 If the household is not eligible for Coordinated Entry services and could benefit from homelessness prevention, the Access Point will refer to the 2-1-1 line to determine where prevention resources are currently available or may refer the household directly to a homelessness prevention program.
- 3.3.3.3 When prevention resources are available in HRCs and Access Points they are prioritized for people who are at imminent risk of homelessness and/or have previous homelessness, especially those who are completing a rapid re-housing program and remain at high risk for returning to homelessness.

### **3.4 Housing Problem Solving**

#### 3.4.1 Definition of Housing Problem Solving

Housing Problem Solving (HPS) is an engagement approach that is versatile and utilizes empowering engagement to identify and explore options through creative, strengths and resources-focused interaction. The goal is to determine options and participant action toward safe housing solutions outside of the formal housing crisis response system as soon as possible and without need for ongoing support.

#### 3.4.2 Key components of Housing Problem Solving

Housing Problem Solving consists of three key components: an effective HPS conversation, a Housing Resolution Plan if a resolution is identified, and connections to other services and supports which may include:

1. Referrals to other programs and resources
2. Conflict resolution and mediation support
3. Housing search and housing location assistance
4. Flexible funds to help secure a temporary or permanent housing resolution

#### 3.4.3 Continuous Availability of Housing Problem Solving

All Coordinated Entry participants will be offered Housing Problem Solving prior to any Assessment. Housing Problem Solving is also continuously available to anyone who qualifies for services from the Coordinated Entry System. Based on available inventory and whether a household is added to one or more queues, Housing Problem Solving may be the primary service that a person or household is offered.

#### 3.4.4 Housing Problem Solving Policies

Access Points and other programs that offer Housing Problem Solving services as part of the Coordinated Entry process must follow the Housing Problem Solving Policies adopted by the CoC.

### **3.5 Assessment Pre-Questions**

Consistent with the principle that participants should not be asked unnecessary questions or misled as to the likelihood of receiving assistance, pre-questions are used to know if the next steps (enrollment and assessment) are necessary due to the participant's desired services and their likelihood to be prioritized for a resource. These questions will be different depending on the subpopulation to which the participant belongs and the assistance they are seeking, given that anticipated available resources vary by subpopulation.

Pre-questions may change from time to time based on eligibility and prioritization criteria for resources and changes in resource inventory

Pre-questions are not in or recorded in the HMIS system. Access Points will be furnished with the pre-questions and notified if the questions change.

### **3.6 Coordinated Entry Enrollment**

All Coordinated Entry participants that proceed from Housing Problem Solving to an Assessment must first be enrolled in the Coordinated Entry program in HMIS. An enrollment in the CE program allows the CoC to report as required on the operations and outcomes of Coordinated Entry.

#### **3.6.1 Current Living Situation**

Current Living Situation is a single-question assessment required by HUD that is part of the HMIS system. Upon enrollment in the Coordinated Entry program, regardless of the agency completing the enrollment, this assessment must be conducted.

In general, this assessment should be updated at every encounter as current living situation may change frequently. However, for programs that may see participants daily, such as street outreach and drop-in programs, a current living situation assessment must be done not less frequently than once per calendar month and at any time that a staff person becomes aware that a participant's living situation has changed.

#### **3.6.2 Disenrollment**

A participant is disenrolled from Coordinated Entry if:

1. They are referred to and enroll in another resource, or
2. They have no Coordinated Entry "events" (an HMIS term for any contact with Coordinated Entry) over a six-month period.

Participants who are disenrolled from Coordinated Entry may be reenrolled at any time but must go through the prior steps on the workflow to determine that they remain in need of and eligible for Coordinated Entry services. Disenrollment from Coordinated Entry is a separate step from removal from a queue which is covered below.

### 3.7 Crisis Assessment

#### 3.7.1 Purpose of Crisis Assessment

The purpose of the Crisis Assessment is to ascertain the household's interest in emergency shelter, transitional housing, or safe parking and to determine the household's relative priority for crisis resources which are currently or anticipated to become available.

#### 3.7.2 Brevity

The Crisis Assessment will be brief and rely primarily on information that can be quickly determined and is of a minimally personal nature.

#### 3.7.3 Crisis Assessment Prioritization Factors

The Crisis Assessment incorporates factors from the participant profile and the Coordinated Entry enrollment, as well as additional questions for determining relative priority. Questions associated with the following factors are used to establish a Crisis Assessment score.

- Prior Living Situation
- Household Information – number and ages of members of the household
- Income – combined household income
- Health – whether one or more members of the household has a condition, disability (including HIV+) or health need that increases their priority for crisis resources

#### 3.7.4 Conducting the Assessment

Access Points will ensure that the time and privacy needed to conduct a Crisis Assessment are available and that the participant is comfortable proceeding before beginning a Crisis Assessment. Access Point staff should explain the process and purpose and the potential outcomes before beginning, though the questions in the assessment should be asked as written.

#### 3.7.5 Active Timeframe for a Crisis Assessment

A Crisis Assessment is considered valid and active for 90 days, *if* nothing in the participant's situation changes. After such time, or if the participant has had a change in circumstances or housing status, the Assessment should be updated.

#### 3.7.6 Messaging after Crisis Assessment

After completing a Crisis Assessment, an Access Point worker can immediately see the participant's score in HMIS. The Access Point worker will refer to the relevant Crisis Assessment Threshold Score for the population group of the participant, if any, in use at the time and will inform the household whether they are being added to the Crisis Queue and what they can anticipate as next steps. The Access Point worker should utilize guidance regarding scores most likely to get matched to a crisis resource to discuss the likelihood and

likely wait time for the desired resource. Guidance will be included in trainings and made available to Access Points.

### **3.8 Housing Assessment**

#### **3.8.1 Purpose of Housing Assessment**

The purpose of the Housing Assessment is to ascertain the participant household's interest in and eligibility for time-limited housing subsidies (such as Rapid Rehousing) or permanently subsidized housing and the participant's relative priority for permanent housing that is currently or anticipated to become available.

#### **3.8.2 Scope of Housing Assessment**

The Housing Assessment is a more in-depth assessment than the Crisis Assessment. It contains additional questions and questions that are considered to be more personal or sensitive in nature. For this reason, and to avoid creating expectations that are misleading regarding the likelihood of receiving a housing referral, Access Points will seek to minimize the number of persons assessed with the Housing Assessment who, based on the pre-questions, are unlikely to achieve the Threshold Score.

#### **3.8.3 Housing Assessment Prioritization Factors**

The Housing Assessment incorporates factors from the participant profile and the Coordinated Entry enrollment, the Crisis Assessment questions, if completed, as well as some additional questions. Questions associated with these factors are used to establish a score.

- Crisis Assessment questions including household size and ages, length of time homeless, disabilities (including HIV+) and health related questions
- Additional questions about health conditions and wellbeing
- Questions regarding housing history and housing barriers
- Questions regarding exposure to violence and risk of violence

#### **3.8.4 Conducting the Housing Assessment**

Access Points will ensure that the time and privacy needed to conduct a Housing Assessment are available and that the participant is comfortable proceeding before beginning a Housing Assessment. Access Point staff should explain the process and purpose and the potential outcomes before beginning, though the questions in the assessment should be asked as written.

If the participant has previously completed the Crisis Assessment the Access Point staff will review the recorded responses to these questions as part of the Housing Assessment.

### 3.8.5 Active Time Frame of Housing Assessment

A Housing Assessment is considered valid and active for 180 days as long as nothing has changed. After such time, or if the participant has had a change in circumstances or housing status, the Housing Assessment should be updated.

### 3.8.6 Messaging after Housing Assessment

After completing a Housing Assessment, an Access Point worker can immediately see the participant's score. The Access Point worker will refer to the Housing Assessment Threshold Score for all household types and subpopulations that the household is included in and will inform the household whether they are being added to the Housing Queue, what they can anticipate and what they should do as a next step, such as gathering identifying documents and staying in touch.

If the participant is not being added to the Housing Queue the Access Point worker should make clear that it is not likely there will be a long-term housing resource available for the participant and that they may continue to engage with Housing Problem Solving to seek a resolution. They should also share information about other resources that may be available to them, such as getting on affordable housing waitlists, funds for move in costs and potential flexible funding. The participant may remain on the Crisis Queue if they have completed the Crisis Assessment.

## 4. QUEUES AND QUEUE MANAGEMENT

### 4.1 Overview of Queues

Queues are ordered lists of eligible and prioritized households used to match and refer to a specific set of corresponding resources available through the Coordinated Entry process. Queues are established and maintained in the HMIS system.

### 4.2 Crisis Queue

The Crisis Queue is a list of households that have indicated an interest in crisis resources including shelter, transitional housing, and safe parking, and that have been assessed using the Crisis Assessment and prioritized for such resources. The Crisis Queue contains key information about the household that is used to match clients to available crisis resources.

### 4.3 Housing Queue

The Housing Queue is a list of households that have indicated an interest in one or more types of housing resources and been assessed and prioritized for such resources. The Housing Queue contains key information about the household that is used to establish an order and to match clients to available and anticipated housing resources.

#### 4.4 Threshold Scores

A Threshold Score refers to the score on an assessment that qualifies a participant household to be added to the corresponding queue and to be considered *prioritized* for one or more of the resources available to persons on that queue.

##### 4.4.1 Establishing threshold scores

A threshold score is established by the Management Entity reviewing the current and anticipated inventory over a specified period of time, the anticipated number of qualifying households and estimates of how many referrals may be necessary to fill openings in a timely fashion while not adding participants to queues who are extremely unlikely to receive a referral.

##### 4.4.2 Threshold variation by subpopulation

Because resources for certain subpopulations are more plentiful relative to the population group, such as families with children, Veterans and people living with HIV/AIDS, threshold scores may be different or there may be no threshold score required for certain household types. Information about how to apply thresholds scores will be made available to Access Points through frequent communication and training and will be updated as needed to reflect changes in inventory.

##### 4.4.3 Adjusting threshold scores

Because thresholds scores are established based on available and anticipated inventory and on the number of referrals that are typically needed to fill an opening, the Management Entity can and should adjust thresholds when:

1. A significant increase in inventory occurs or is anticipated that could result in resources being unused or underused if more households are not prioritized for those resources.
2. A significant decrease in inventory occurs that could result in many more households being prioritized than can be anticipated to be served.
3. The ratio at which referrals result in enrollments changes such that more or fewer households should be prioritized in order to fill openings in a timely fashion.

##### 4.4.4 Frequency of adjusting threshold scores

The Management Entity will review all threshold scores for confirmation or adjustment not less than annually, and more frequently if warranted by one or more of the three conditions described above. However, very frequent changes in thresholds are not desirable as this may cause confusion and could result in persons with similar needs getting unequal access to resources.

#### **4.5 Responsibility for Queue Management**

- 4.5.1 Authorized Access Point staff have the ability to add participants to queues. Access Points may only add someone to a queue who has expressed interest in that queue, completed the corresponding assessment fully and received a score which meets or exceeds the threshold required to be placed on that queue.
- 4.5.2 Access Points may view in HMIS whether a participant on the queue has been assessed and whether they received the Threshold Score. Access Points are expected to review the queues frequently to ensure that they are not adding participants to queues prematurely or inappropriately.
- 4.5.3 Access Points or specific Access Point staff who repeatedly add participants to queues that do not qualify to be on that queue may lose their ability to conduct assessments.

#### **4.6 Removal from a Queue**

##### **4.6.1 Removal from the Crisis Queue**

A participant that has received and accepted a referral to a long-term stay shelter, transitional housing program or safe parking site should be removed from the Crisis Queue. Participants who indicate they are no longer interested in a crisis resource should be removed from the Crisis Queue. Participants in a night-to-night shelter or in a respite care shelter bed can be placed on the Crisis Queue if not already on it and may remain on the queue if on it already.

Participants who are removed from the Crisis Queue may and should remain on the Housing Queue unless referred to a program that includes a connected and guaranteed housing resources (such as a TH to RRH program).

##### **4.6.2 Removal from the Housing Queue**

A participant should be removed from the Housing Queue when they have been referred to a permanent housing resource within the crisis response system or if they are connected to and enrolled in a mainstream housing resource such as a Housing Choice Voucher, even if they are still engaged in housing search. Participants with a housing referral may remain on the Crisis Queue until they move into housing if they continue to want crisis housing.

##### **4.6.3 Removal from All Queues**

A participant should be exited from the Coordinated Entry program in HMIS and removed from all queues, if not already done, when they move into any type of permanent housing including on their own without assistance, if they leave the county without the intention to return within 90 days, are in institutional care for longer than 90 days, if they are deceased, or are no longer interested in being considered for any resource within Coordinated Entry.



#### 4.6.4 Re-referral to Queue

If a participant is automatically or manually removed from either queue they may be reinstated through an updating of the corresponding assessment. The queue entry, however, will be updated with any new information, any change in score and will include the date of the re-referral to the queue.

## 5. MATCHING

### 5.1 Overview of Matching

Matching and Referral are the steps used by Coordinated Entry to identify open and available resources for participant households on the Crisis or Housing Queues that fit their eligibility and expressed preferences.

#### 5.1.1 Regional Matching

Regional matching is the process of matching participant households to available or anticipated resources based on the region in which they have sought services. Regional matching is used for Crisis resources and for most Rapid Rehousing and is conducted by Housing Resource Centers. Some Rapid Rehousing programs may be matched to by Alameda County Health Care Services Agency (HCSA) staff in conjunction with HRCs.

#### 5.1.2 County-wide Matching

County-wide matching is the process of matching participant households to available or anticipated resources anywhere in the County based on their eligibility and preferences. County-wide matching is primarily used for non-time limited permanent housing resources such as Permanent Supportive Housing and Dedicated Affordable Housing and is conducted by the Management Entity.

### 5.2 Matching for Crisis Resources

Participants seeking crisis resources consisting of Emergency Shelter, Transitional Housing and Safe Parking are matched from the Crisis Queue by Housing Resource Centers. Housing Resource Centers generally will match participants on the Crisis Queue from their region to programs within their region. An HRC may match clients from other regions to a crisis resource if there is not an eligible and interested participant from the region, or if another HRC has communicated that a client in their region has a critical need for a placement in another region because that need cannot be met within the region (i.e. safety, proximity to critical care, unusual family size, or need for specific accessibility).

Households are matched and referred to Crisis resources using the following criteria (in this order):

1. Meets the eligibility criteria for the program or opening
2. Meets specific project preferences, such as geographic targeting, as stated in MOUs and/or contracts
3. Score on the Crisis Queue
4. Date of referral to queue

Programs such as TH to RRH programs which combine crisis and housing resources in a single program may, in consultation with the Management Entity, elect to use the Housing Queue to fill the TH slots in lieu of the Crisis Queue (see below).

#### 5.2.1 Denial of Shelter Admission

Any household matched to year-round emergency shelter or transitional housing program through Coordinated Entry can only be denied admission for reasons outlined in the Emergency Shelter Standards for Year-Round Shelters. In addition, if shelter is denied, the shelter operator must inform the referring HRC immediately, so that the household may remain eligible to be matched to another available resource.

### 5.3 Matching for Rapid Rehousing

Rapid rehousing is matched from the Housing Queue and considers prioritization, participant interest and the likelihood of a household being able to successfully resolve their homelessness with a rapid rehousing intervention (i.e., ability to pay rent independently after the temporary subsidy ends, which is covered by unscored questions in the pre-question phase). Most rapid rehousing resources are regional and are matched at a regional level by HCSA staff in coordination with Housing Resource Centers or directly by Housing Resource Center staff who coordinated closely with HCSA staff.

Some Rapid Rehousing is connected to other programs such as CoC-funded TH to RRH programs which begin with a transitional housing stay and then connect households in the TH program to RRH subsidy and services. In these cases, the RRH portion of the programs do not have to be filled using the CE Housing Queue, *if* the prior enrolling program was matched using either the Housing or Crisis Queue, and if the program maintains clear and objective criteria for enrollment in the RRH portion if such enrollment is not offered to all participants in the connected program.

### 5.4 Matching for Permanent Housing

Non-time limited permanent housing resources including Permanent Supportive Housing (PSH) and Dedicated Affordable Housing are matched county-wide by dedicated staff at the Management Entity. Countywide matching does not mean that a program or an individual may not have stated geographic preferences.

#### 5.4.1 PSH Pool

The Housing Queue is used for matching to PSH, by focusing on a band of the highest scoring households on the Housing Queue. This group is considered to be in the PSH Pool.

The size of the PSH Pool is determined by:

1. Estimating the number of PSH vacancies in the upcoming year, including from turnover and from new projects leasing up, and
2. Determining a threshold score which targets a number of households that is roughly two times the anticipated PSH vacancies in the next 12 months.

Once a household is in the PSH pool their order or score on the queue is no longer primarily used for matching or for order of referral. Instead, any household in the pool may be matched to an available resource based on the Matching Factors.

#### 5.4.2 Matching Factors for PSH

Households in the PSH Pool are matched to PSH based on the following factors, in this order:

1. Households meets eligibility criteria for the program or opening
2. Household meets PSH project preferences, as stated in regulatory agreements, MOUs and/or contracts
3. Households has all of the documents that are required for enrollment in the housing program (document readiness status)
4. Date of Housing Assessment
5. Participant preferences such as location or housing type
6. Housing Assessment score (used as tiebreaker if needed)

If there is not a household in the PSH Pool that can be connected to the opportunity after all eligible PSH pool participants have been matched, then households below the threshold score will get screened for matching in order of their score.

Households with medical necessity for an ADA unit will be prioritized for these units when available. Matching will follow the above prioritization criteria with this filter added.

### 5.5 Document Readiness

In order to receive a referral to a housing resource, participants must be “document ready.” This means that they have documentation needed to prove their identity, and their eligibility for the unit or resource available. Typically, this includes photo identification, homeless verification, proof of disability (if an eligibility requirement) and verification of a valid Social Security Number if an eligibility requirement.

#### 5.5.1 Assistance with Document Readiness

Because document readiness is a factor in the order in which participants are offered access to housing resources, assistance with getting and storing necessary documents is a critical aspect of Coordinated Entry services. HRC’s should determine whether a participant desires and needs such assistance, and whether they have an existing service relationship (for example with a shelter or street health case manager) that can assist with this task. High priority participants without such assistance will be prioritized for Navigation (see below). However, if a participant is not assigned to a Navigator and does not have another source of this assistance the Housing Resource Center or the Limited Access Point provider should provide this service.

## **5.6 Matching to Other Permanent Housing**

Other Permanent Housing such as Dedicated Affordable Housing will be matched from the Housing Queue based on a modified version of the PSH matching process, with consideration to the following factors:

1. Households meets eligibility criteria for the program or opening
2. Household meets project preferences, such as geographic targeting, as stated in MOUs and/or contracts
3. Housing Assessment information
4. Participant preferences such as location or housing type

## **5.7 Matching for Navigation services**

Navigation services provide persons who are either matched to a housing resource or likely to be matched to a housing resource by virtue of their placement on the queue with assistance gathering documents, applying, searching for housing, and moving in. They also provide support with referrals and service connections for other needs of the participant. When ample resources are available, Navigation will be offered to any prioritized participant when placed on the Housing Queue that wants these services and does not have a relationship with a service provider able to perform the navigation function.

As Navigation resources are not currently adequate to meet the need, Navigation is matched to and provided in two ways

- 1) Based on availability it is offered to participants in the PSH Pool based on time on the queue
- 2) If not previously matched to a Navigator, Navigation services may be offered when referred to a specific housing resource (such as EHV) that has dedicated Navigation attached to that pathway.

## **6. REFERRAL**

### **6.1 Referral**

A referral is the formal connection by Coordinated Entry of a participant who has been matched to a resource to an entity managing the resource, such as a shelter or housing program.

### **6.2 Match**

Prior to a formal referral being made for any resource, one or more matches may be identified. A match is based on the information in HMIS, if a participant meets the criteria for an opening and they have been prioritized highly enough that they are either going to be referred to an opening directly upon confirmation of interest (such as for shelter) or they are being asked to submit documents for that program.

A match is the first step toward a referral but does not guarantee that a participant will be referred, or if referred that they will be accepted to the program. Typically, with housing programs multiple participants are matched for each opening.

### **6.3 Matching and Referral for Crisis Resources**

When a participant is matched to an open crisis resource, the HRC will attempt to notify the participant, if reachable, and any service provider that is associated with their Coordinated Entry enrollment and/or any other service provider contact such as a Navigator, identified case manager or someone else designated by that participant. Once the participant is reached and confirms interest a referral may be made.

#### **6.3.1 Number and timing of eligible referrals**

Crisis resources are referred to one at a time, with one eligible participant referred to each opening.

#### **6.3.2 Confirmation of a Referral**

Because it is imperative to fill crisis resources quickly and not leave available beds open, a participant or their representative must respond to the offer of a referral as quickly as possible and within 1 business day.

#### **6.3.3 Acceptance of the Referral and Arrangements for Move in**

If a referral is accepted by the participant, the crisis bed operator will notify the HRC. The crisis resource provider will support the participant to prepare for occupying the unit or bed as quickly as possible.

#### **6.3.4 Denial of Referral**

If an applicant is denied by the program to which they have been referred, they are eligible to be re-referred to the queue.

#### **6.3.5 Refusal by Participant**

In order to allow for participants to exercise choice, a participant may refuse a referral to a crisis resource up to three times before being removed from the Crisis Queue.

### **6.4 Matching and Referral to Permanent Housing Resources**

When a participant is matched to a potential housing resource the Management Entity notifies the provider associated with their Coordinated Entry assessment, and/or any other service provider contact such as a Navigator, identified case manager or someone else designated by that participant and listed in the contact tab in HMIS. The service provider has five (5) business days to respond.

#### **6.4.1 Number of eligible referrals**

Depending on the program type and the number of openings, the Management Entity may provide more than one eligible referral.

When an entire building or portion of a building is first leasing up, Coordinated Entry will send 1.5 referrals for each opening.

When there is a single opening within an operating site, Coordinated Entry will make one to two referrals. For a scattered site program in which the applicant will receive a voucher or certificate for subsidy, Coordinated Entry will typically send only one referral at a time.

Housing operators are expected to process referrals in the order referred by Coordinated Entry.

#### 6.4.2 Confirmation of a Housing Referral

The housing operator must confirm receipt of a referral to OHCC. If the applicant appears eligible, the housing operator must contact the applicant and/or their service provider within 10 business days to arrange for any further steps such as an application review or interview. Initial acceptance of the referral may be one step in the process and does not mean that the person has been confirmed as eligible by the housing provider or will be approved for the housing opportunity.

#### 6.4.3 Acceptance of the Referral and Arrangements for Move in

If a referral is accepted the housing operator will notify the service provider, the participant and OHCC. The service provider will support the participant to prepare for move in, including applying for funds for move in costs when applicable. The existing service provider may begin to coordinate a warm hand off to services associated with the housing program or may continue to provide services temporarily or long term if there are not identified services associated with the housing program.

#### 6.4.4 Denial of Referral

If the housing operator reviews the initial referral and the applicant appears ineligible, they will notify OHCC.

Denials after an accepted referral will be communicated to OHCC, the applicant, and their service provider. If an applicant is denied the housing operator will provide documentation of the denial, along with information about how to appeal, to the participant, the service provider and OHCC. If the participant chooses to appeal and their appeal is denied the service provider will support the individual to be re-referred to the Housing Queue if still eligible. The participant may choose not to appeal, in which case the service provider will support the participant to be re-referred to the Housing Queue if still eligible.

#### 6.4.5 Refusal by Participant

A participant may refuse a referral or may, after accepting a referral, determine not to accept the housing unit or resource offered. To allow for participant choice, a participant may refuse two referrals or offers of housing. Upon refusal of a third offer for which they qualify they may be removed from the Housing Queue. For some resources this policy may be changed to reduce the number of offers to two.

6.4.6 Expiration of a Match or a Referral

If a period to respond to a match (5 days) or a referral (10 days) has expired, a participant may still be considered if there are still available units or slots in the program. The participant’s service provider should reach out to OHCC to determine whether they can still submit documents.

**7. TRAINING**

**7.1 Access Point Trainings**

All Access Point staff that conduct assessments and carry out Housing Problem Solving must be trained in the Coordinated Entry Workflow and the use of HMIS. This includes having had Privacy and Security training and a valid license for use of HMIS and participating in all introductory level trainings before performing Coordinated Entry work.

All Access Point staff including front line staff and managers must participant in the overview training. Staff conducting Housing Problem Solving and Assessments must participate in all modules related to the participant-facing and queue management work flow, while matchers are provided with training related specially to matches and referrals.

The following chart indicates the training modules and for whom they are suggested or required.

**Who takes this course?**

**CE 2.0 Training by Roles Chart:**

ROLE	COURSE	1: Overview	2A-B: System Entry & HPS	3A-B: Prequalifiers & Enrollment	4: Crisis Assessment & Queue	5: Housing Assessment & Queue	6A-C: Matching & After	7: HMIS Reports	8: Q & A
HRC/Access Points: direct service staff including outreach		Req	Req	Req	Req	Req			Req
HRC/Access Points: Program Manager, Supervisor, HMIS Liaison, QA staff		Req	Req	Req	Req	Req		Req	Req
Shelter, Outreach, Housing Navigators, Other non-HRC/Access Points staff		Req	Req	Req (3A)			Req (6A, 6C)		Sug
HRC staff that does matching		Req			Sug	Sug	Req (6A, 6B, 6C)		Sug

Req = Required. Sug = Suggested

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**7.2 Annual Trainings and Refreshers**

The Management Entity will make all required training available through recordings and self-guided modules so as not to delay the start of work for new hires. All Access Point staff are expected to participate in at least one training annually which will be made available by the Management Entity. Access Point staff and supervisors are also expected to use the recorded

trainings and accompanying materials to refresh their knowledge as needed and may be directed by the Management Entity to review an existing training prior to proceeding with work.

### **7.3 Learning Collaborative**

The Management Entity will convene one or more Learning Collaboratives of HRC's and other organizations engaged with Coordinated Entry. Learning Collaboratives will include training and reinforcement of training. Access Points must participate in the Learning Collaborative, and representatives should communicate to their staff information that is provided in the Collaborative meetings related to the appropriate delivery and recording of Coordinated Entry services.

## **8. DATA AND EVALUATION**

### **8.1 Data Collection and Management Reports**

The Management Entity uses information collected in the HMIS system to prepare periodic and regular CE Management reports that reflect on the operations and outcomes of the CE system and its components.

#### **8.1.1 Report content**

The set of management reports will be determined in conjunction with the CoC. Such reports will contain data available and considered to be reliable about

- number of calls received by the call center seeking housing assistance and number of callers referred by the call center to an HRC
- numbers and characteristics of participants in Housing Problem Solving, services delivered, financial assistance expended, and outcomes achieved
- type and number of assessments administered, and the numbers and characteristics of participants placed on queues
- matches and referrals made including numbers and characteristics of those matched and referred and the success rates of such referrals
- data about the time elapsed between various steps in the Coordinated Entry process such as HPS, Assessment, match, referral and successful program entry.

All Coordinated Entry reports, to the extent feasible, will provide information about the functioning of system as a whole and about the process and results for participants based on race and ethnicity to fully be able to analyze and address racial and ethnic disparities and create racial equity.

#### **8.1.2 Reporting Frequency**

Management reports will be provided according to a calendar agreed to by the Management Entity and the CoC.



## **8.2 Evaluation**

### **8.2.1 Annual Evaluation**

HUD requires that CoCs solicit feedback at least annually from participating projects and from households that participated in Coordinated Entry during that time period. Solicitations must address the quality and effectiveness of the entire Coordinated Entry experience for both participating projects and households. This activity may be undertaken by the CoC Board, the Policy Oversight Entity or another entity designated by the CoC Board but may not be undertaken by the Management Entity.

The Management Entity will participate in the annual evaluation by providing information to the CoC, which may include data such as in the reports mentioned above, a self-evaluation using a tool such as the HUD Self-Evaluation format or such form as the CoC may prescribe, and other information as requested and feasible depending on time.

### **8.2.2 Third Party Evaluator**

The CoC does not have to but may choose to engage a third-party evaluator. If such a determination is made, the CoC and the Management Entity will work together to develop a scope for outside evaluation work. The Management Entity will not have a vote in the selection process for an Evaluation Entity if one is to be selected through a competitive process but is able to participate in review and discussion. The Management Entity must provide access to a selected Third-Party Evaluation Entity as needed to conduct its work, including to Management Entity staff and materials.

## **9. Grievances and Complaint Tracking**

### **9.1 Right to File a Grievance**

Participants and potential participants in Coordinated Entry have the right to file a grievance, receive a response and, if they desire, appeal the determination regarding any aspect of their experience or treatment regardless of where or from what Access Point they receive services.

The [Coordinated Entry Grievance Policy](#) includes a requirement that all Access Points have a program or agency Grievance Policy that meets the requirements of the Policy and that they make a copy of the grievance policy and their procedure available to all participants.

### **9.2 Tracking and Reporting**

The Management Entity requires all Access Points track and log complaints and grievances and share the log no less than annually with the Management Entity. The Management Entity shall review the logs and the dispositions of all grievances and present a summary of the findings to the CoC as part of any annual evaluation process.

## APPENDIX A: GLOSSARY

**Access:** The method by which people experiencing a housing crisis learn that Coordinated Entry exists, access crisis response services, and are connected to the process to determine through *assessment* which intervention might be most appropriate to rapidly connect those people to housing.

**Assessment:** The use of one or more standardized assessment tool(s) to determine a household's current housing situation, housing and service needs, risk of harm, risk of future or continued homelessness, and other adverse outcomes.

**Access Point:** Access Points are the virtual or physical places or programs where an individual or family experiencing homelessness or at imminent risk of homelessness seeks and receives assistance to connect to resources from the Housing Crisis Response System that are available through Coordinated Entry. An Access Point may be Open or Limited.

**Client:** Client is a term used within the HMIS system for a participant or potential participant in Coordinated Entry that has a record in HMIS. This term may be used when specifically referring to HMIS but for Coordinated Entry the terms potential participant, participant and participant household are preferred.

**Comparable Database:** A comparable database is a relational database that meets all HMIS Data Standards and does so in a method that protects the safety and privacy of a survivor.

**Continuum of Care (CoC):** A geographically based group of representatives that carries out the planning responsibilities of the Continuum of Care program pursuant to HUD regulations. These representatives come from organizations that provide services to the homeless or represent the interests of the homeless or formerly homeless.

**Countywide Matching:** The process of matching eligible participants to available or anticipated openings across the entire County.

**Crisis Assessment:** The Crisis Assessment is a short set of questions recorded in HMIS which are used to ascertain the participant's eligibility for and interest in emergency shelter, transitional housing or safe parking and the household's relative priority for crisis resources currently or anticipated to be available. It is used to determine whether a participant is placed on the Crisis Queue.

**Crisis Queue:** The Crisis Queue is a list of households that have indicated an interest in crisis resources including shelter, transitional housing and safe parking, and that have been assessed using the Crisis Assessment and prioritized for such resources. The Crisis Queue contains key information about the household that is used to match clients to available crisis resources.

**Homeless Management Information System (HMIS):** A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care (CoC) is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

**Housing Assessment:** The Housing Assessment is a set of questions recorded in HMIS which are used to ascertain the participant's eligibility for and interest in emergency shelter, transitional housing or safe

parking and the household's relative priority for crisis resources currently or anticipated to be available. It is used to determine whether a participant is placed on the Crisis Queue.

**Housing Crisis Response System:** The set of programs, funding, activities, and coordination that is specifically intended to address the needs of people experiencing homelessness.

**Housing Problem Solving:** Housing Problem Solving is an engagement approach that is versatile and utilizes empowering engagement to identify and explore options through creative, strengths and resources-focused interaction. The goal is to determine options and participant action toward safe housing solutions outside of the formal housing crisis response system as soon as possible and without need for ongoing support.

**Housing Queue:** The Housing Queue is a list of households that have indicated an interest in one or more types of housing resources and been assessed and prioritized for such resources. The Housing Queue contains key information about the household that is used to establish an order and to match clients to available and anticipated housing resources.

**Housing Resources:** Housing resources that clients are matched to through Coordinated Entry including Permanent Supportive Housing, Dedicated Affordable Housing, and Rapid Re-Housing (RRH) resources.

**Limited Access Point:** Limited Access Points provide CE services to eligible participants with whom they have an existing service relationship or who must meet additional criteria to those for CE in order to receive services.

**Match:** Matching is the process of identifying one or more participants who are eligible for an available or anticipated resource and making a connection between them which begins the process which may lead to a referral.

**Open Access Point:** An Open Access Point provides all of the services associated with CE to any eligible person in its target population group(s) regardless of whether they receive any other services from the Access Point provider.

**Participant:** A person who for themselves, or on behalf of a household experiencing homelessness, receives services from the Coordinated Entry system.

**Potential Participant:** A person who for themselves, or on behalf of a household experiencing homelessness, seeks services from the Coordinated Entry system.

**Prioritization:** The Coordinated Entry-specific process by which all persons in need of assistance who use Coordinated Entry are assessed using standard and consistent information and given a priority rank, score or status relative to other eligible persons.

**Queue:** A list of clients that have been assessed and prioritized for a resource.

**Referral:** The process by which persons who are prioritized for available resources within the Coordinated Entry process are connected to the resource(s) for which they are prioritized and eligible. Referral process includes eligibility screening, monitoring project availability, enrollment coordination, managing referral rejections, and tracking the status of the referral throughout the referral process.

**Regional Matching:** The process of matching eligible participants to available or anticipated openings within a specific region.

**Resource:** Refers to any program opening that is filled used the Coordinated Entry process. A Housing resource is an opening in a housing-related program. A crisis resource is an opening in emergency shelter, transitional housing or safe parking.

**Subpopulation:** A subset of people experiencing homelessness or at risk of homelessness who share certain characteristics of household type, age or status and may be served based on their membership in the subpopulation. Subpopulation categories in Coordinated Entry include Adult Only households, Family Households with Minor Children, Transition Age Youth (TAY) ages 18-24, Seniors ages 62 and older, Veterans of the U.S. Military, People living with HIV or AIDS, and Survivors of Domestic Violence.

**Threshold Score:** The score on an assessment needed to qualify the participant to be placed on the corresponding queue.

**Victim Service Provider (VSP):** A Victim Service Provider is a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. Providers include rape crisis centers, domestic violence shelter and transitional housing programs, and other programs.

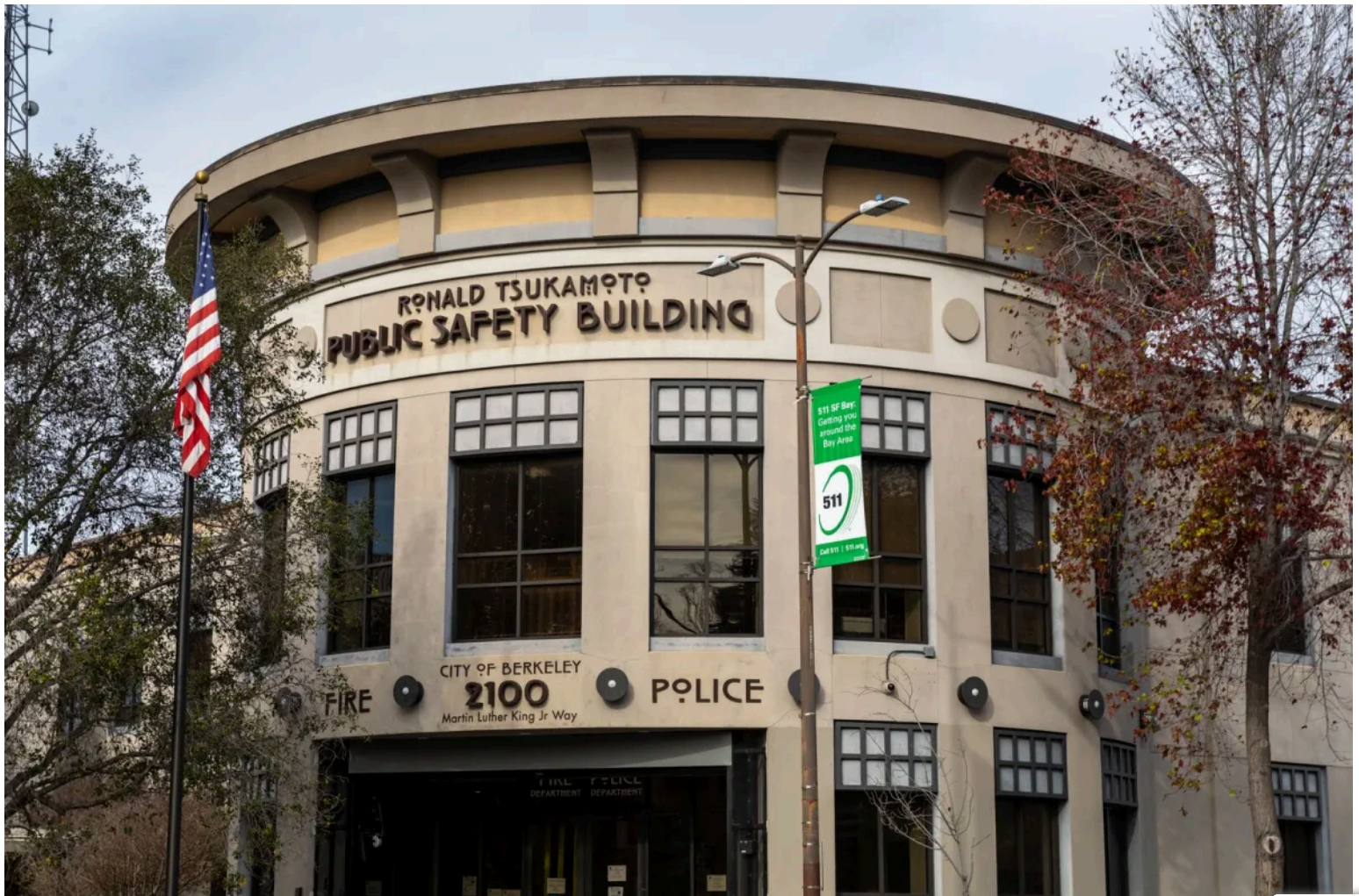
CRIME & SAFETY

# Man charged in shooting this week at Northwest Berkeley shelter

The man, charged with unlawful possession of a firearm, says he didn't shoot anyone. A witness said otherwise. Police are also searching for another person after the Sunday morning shooting.

By Alex N. Gecan

Jan. 11, 2024, 4:15 p.m.



Berkeley police are still seeking one person in connection with a shooting Jan. 7, 2024, in the 700 block of Harrison Street

Credit: Kelly Sullivan

**Update, Jan. 11:** The man Berkeley police arrested after a shooting Sunday morning had a gun on him but insisted it was not he who had shot someone in the legs, according to court records.

The Alameda County District Attorney's Office charged 27-year-old Walter Jamariaylee Mitchell Wednesday with a single count of possession of a firearm by someone with previous felony convictions. According to the complaint against Mitchell, he was twice convicted of felony reckless evading, once in Alameda County and once in San Joaquin County, both in 2021.

Berkeley police first went to the Ursula Sherman Village shelter, also called Harrison House, on Harrison Street, shortly before 6 a.m. after someone reported that a man had been shot and there was "a possible active shooter" there, according to a declaration of probable cause in the case.

When officers arrived, a witness told them that someone had shot a person just outside the shelter and that another man who lived at the shelter "was seen hovering over the victim," according to the declaration.

A witness told police Mitchell was the shooter.

Berkeley Fire Department medics took the person who had been shot several times in the legs to Highland Hospital for treatment, according to police. Officers found several spent and live 9mm rounds at the scene.

Officers compared descriptions of the two men they believed to be involved to descriptions of recent residents at the shelter, identifying Mitchell and another resident, police said. Mitchell returned to the area while police were still there and, after officers detained him, "admitted to having a firearm," an unserialized or "ghost gun" 9mm pistol, according to the declaration. The gun had no magazine or bullets, police said.

"The victim advised he did not know the suspect in this case and he did not identify Mitchell during an in-field show up" via FaceTime, according to the declaration.

Mitchell told police that the victim and the third man had been in a fight, and that Mitchell had seen the pistol fall to the ground and had picked it up, putting it in his waistband, police said. Mitchell "then observed muzzle flashes and heard three gunshots while (the third man) and the victim were fighting," according to the declaration. "He did not know who shot the victim. He believed there was potentially a second firearm. He was adamant that he did not shoot anyone."

Mitchell remained in custody without bail at the Santa Rita Jail in Dublin Thursday. He is scheduled for arraignment Tuesday.

**Original story, Jan. 8:** Berkeley's first shooting of 2024 ended with one person in a hospital, one in jail and police seeking one more.

Police first received word that someone had been shot shortly before 6 a.m. Sunday in the 700 block of Harrison Street, police said.

Officers found one person who had been shot and provided first aid until Berkeley Fire Department medics took the victim to a hospital, police said.

Police searched the area but found no other victims nor any possible shooters, they said, but later arrested a 27-year-old Oakland man shortly before 11 a.m. on suspicion of assault while in possession of a firearm, illegal possession of a concealed firearm, possession of a firearm by a felon and drug crimes, according to jail records and police. That man remained in custody Monday in lieu of \$180,000 bail.

Police are still looking for a second person related to the case but did not release any details on that person.

Police said they did not know if the two people they believe are tied to the shooting knew the victim. Police also said that precise information on the location of the shooting was not available Monday. A skate park, athletic fields, housing and treatment shelter, and several industrial parcels are nearby.

The Alameda County District Attorney's Office had not formally charged the man arrested as of midday Monday. Berkeleyside does not typically name criminal defendants until they face serious criminal charges. The man is scheduled for arraignment Wednesday, according to jail records.

Authorities from Albany, Emeryville and Kensington and the University of California Police Department also responded, police said.

## RELATED STORIES

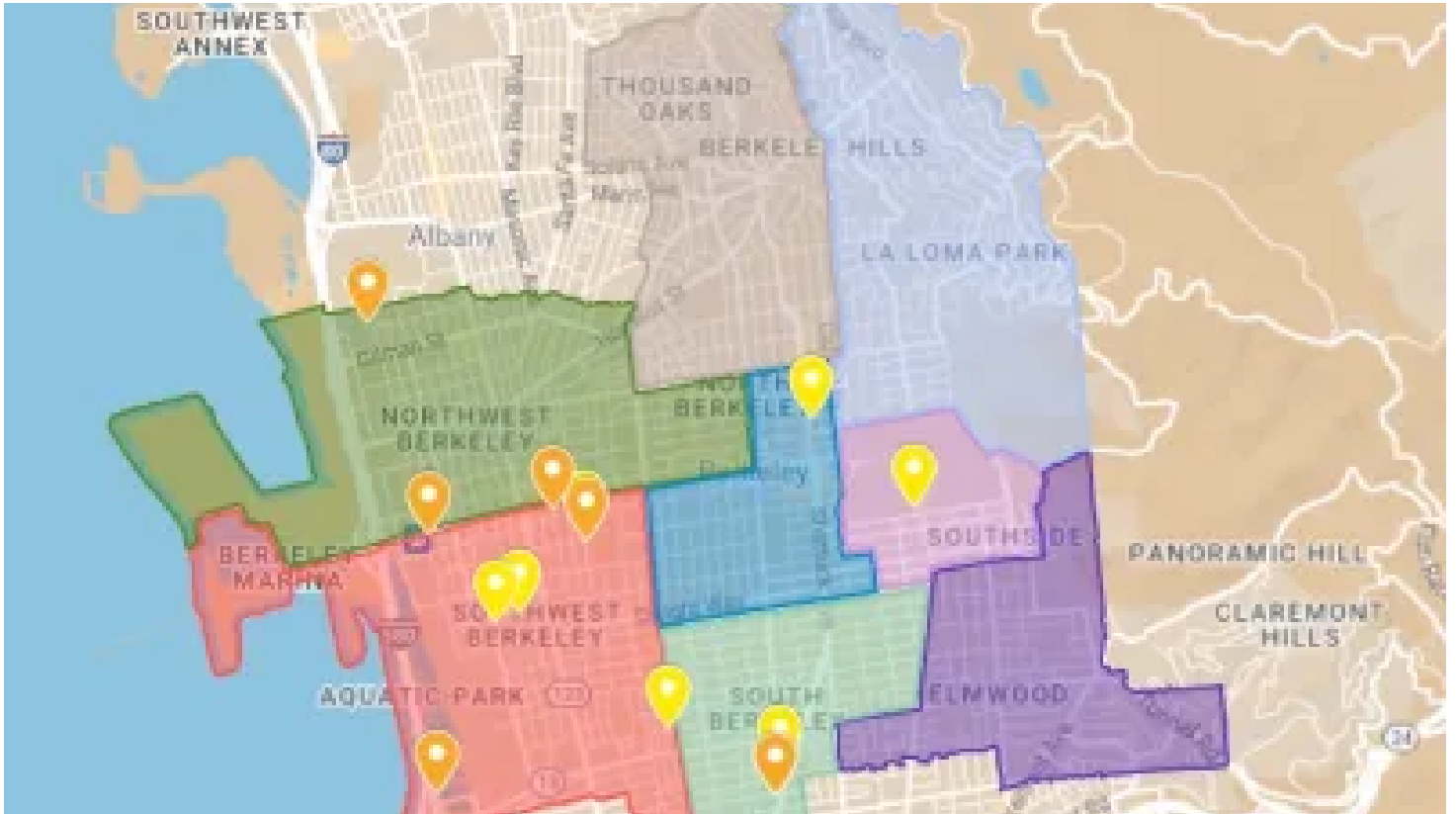


**Catalytic converter thefts went down in Berkeley this year, but robberies went up**



**Missing woman's boyfriend arrested after a body is found in Tilden**





**The 2024 Berkeley gunfire map**

8 comments

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SHOOTINGS

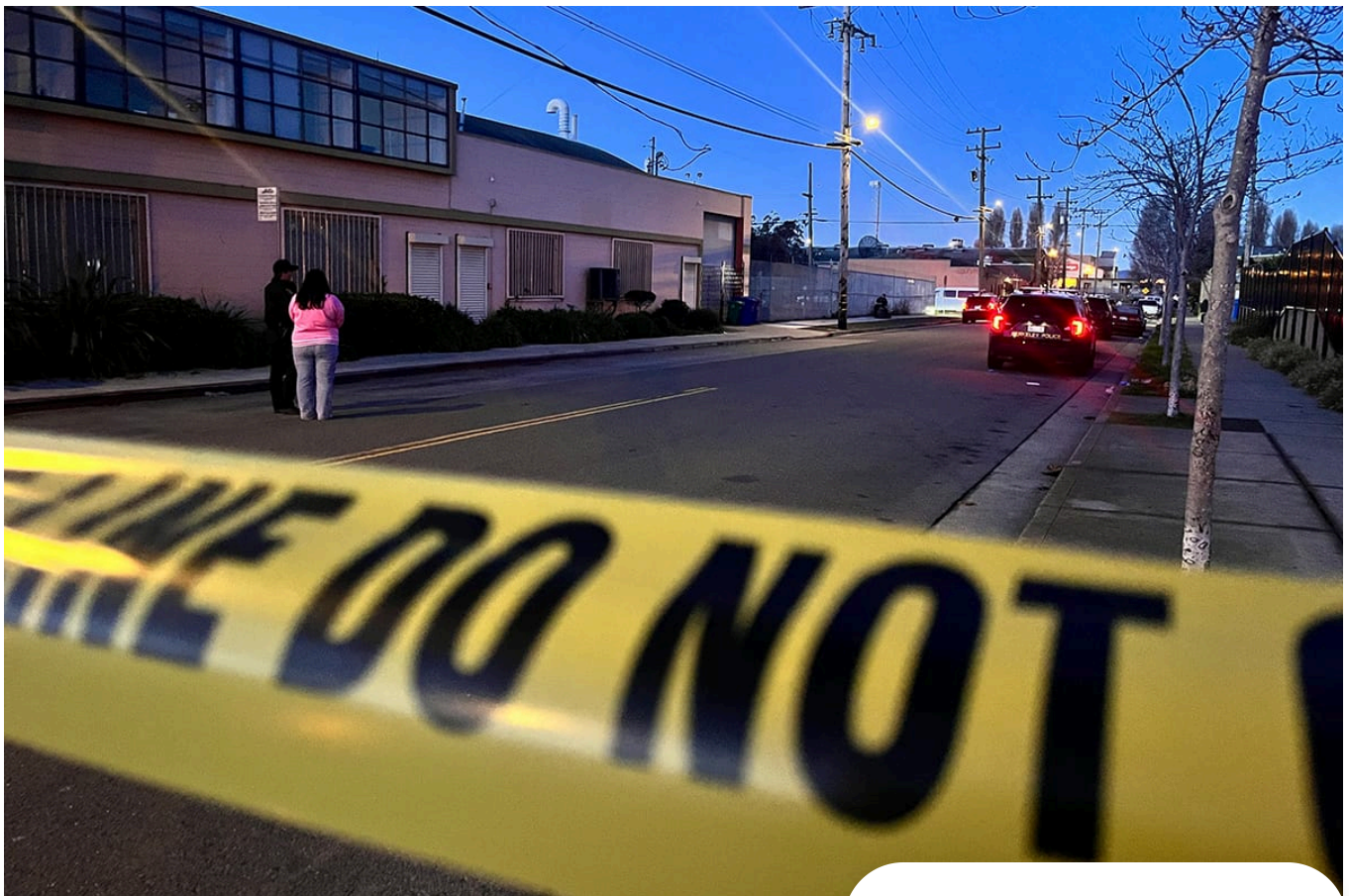
# Man shot on Harrison is first Berkeley shooting of the year



**Emilie Raguso**

JAN 7, 2024 12:42 PM 13

The call initially came in as an active shooter situation. Authorities ultimately determined that was not the case.



Police investigate a shooting on Harrison Street, Jan. 7, 2024. Paul Ke...



We can't do it without you

One man was taken to the hospital Sunday morning and another has been arrested in Berkeley's first shooting of the year, authorities report.

The call, which came in as an active shooter report, prompted a shelter-in-place warning and brought officers from multiple agencies to the neighborhood.

Police ultimately determined there was no active shooter situation but they did find a victim at the scene.

In the hours that followed, BPD arrested a man in connection with the case. They said an accomplice remains outstanding.

BPD got a call just before 6 a.m. that a man had been shot in the 700 block of Harrison Street in [West Berkeley](#), the [Berkeley Police Department](#) said.

A BPD supervisor requested help from other agencies because the report was described as an active shooter call.

At 6:08 a.m., UCPD, which oversees University Village student housing just north of Harrison Street, put out a [WarnMe](#) alert advising of a "Critical incident at 711 Harrison St."

The brief alert said only that "police activity is occurring" and advised residents to shelter in place for safety.

Arriving officers "immediately took steps to secure the scene and rescue any victims," BPD said.



Police investigate a shooting on Harrison Street, Jan. 7, 2024. *Paul Kealoha Blake*

Police found an adult male victim with a gunshot wound just outside the homeless shelter at 711 Harrison St.

BPD officers provided emergency first aid and the Berkeley Fire Department took the man to the hospital for treatment.

No further information about the victim was immediately available.

Berkeley police searched the area for shooters and other victims but did not initially find anyone.

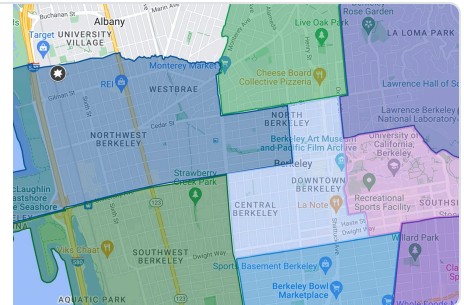
They ultimately arrested a man in connection with the shooting at 10:45 a.m., BPD said.

No details about him or his arrest were immediately available.

### Berkeley shootings in 2024: The definitive gunfire map

As of Jan. 7, Berkeley has had one shooting in 2024 with one person wounded. Last year, no one was wounded until March.

 The Berkeley Scanner • Emilie Raguso



The Berkeley Police Department said what led to the shooting remains under investigation.

Officers from UCPD, Albany, Emeryville and Kensington all came to Berkeley to assist in Sunday morning's response.

There had been one non-injury shooting in Berkeley [as of this time last year](#). Berkeley did not have an injury shooting until March 2023.

This story will be updated when additional information is available.



Readers asked us about this incident, which resulted in this report. Have questions about crime in Berkeley? [Alert The Berkeley Scanner.](#)

SHOOTINGS WEST BERKELEY GUNS ARRESTS CRIME

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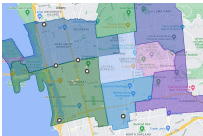
**Berkeley man arrested after gunfire during parking dispute**

APR 23, 2024 14



**Intruder fires gun during event Sunday morning in Berkeley**

APR 8, 2024 8



**Berkeley shootings in 2024: The definitive gunfire map**

APR 5, 2024 5

13 comments



↑ Show 2 previous comments

PC **Public Citizen**

3 months ago · Edited

Melanie , It's not a matter of blame it's a matter of life & death. 482 people were badly injured as they walked /drove bicycles in Berk. between 2018 / 2020. Berk. has an average rape a week since 2017. BPD can't fight crime .No adequate Staffing or money. . Gun to the head carjackings , assaults , occur nightly , ask BPD . Elderly women are being beaten / assaulted / chased home , the perps. are never [found. nor are fatal hit & run drivers ,no](#) police patrols . In Colo. attack somebody over 64 , it's 12 years min . Arreguin & CCM Robinson led the campaign to cut \$9.2 M/yr from BPD . No probationary searches / traffic stops They said Saddam didn't have weapons of mass destruction ( WMD). He would boil enemies in acid / rape TV anchor women. Send bodies of enemies to their families in suitcases . G.W. Bush was blamed for removing him after 9/11 because he allegedly "didn't have" WMD. Sadamm himself was a WMD & so is the mayor / city government .Crime before it took over was nothing like it's been since . 8 pedestrians killed in 2022. .Mother's, Fathers , Children. Gone forever. It's not about blame .It's about removing a criminally negligent regime so more won't die or be s sex trafficked like the minor girl rescued at the Section 8 apts. next to the Library downtown. Nobody's waiting to recall the mayor of Oak. with her Charming Persona & bio. of being a single mother living in her car & rising to become the mayor in her nice mascara , hair & makeup , but my dear Sheng Thao , people are dying everyday in Oak. No police chief or state of emergency. No one can wait for more to die like the woman in her 20s shot to to death in Oak. yesterday. What was her biography? No one will ever know or ever care. The situation in Berk. is the same as Oakland's. Recall the city government. " If not now , when ? "

♡ 2

D **Doug**

East Bay resident since '71 · 3 months ago

Well, that was quick for the new year. I wonder whether it was a dispute between homeless guys, or someone terminally fed up with them.

♡ 0

AJ **Andrew Johnson**

3 months ago

I may not be a Paranoid Crackpot, but it's silly to lay blame for any single firearms

discharge at the feet of the Mayor.

♡ 2

**G** **GhostOfCornelius**

3 months ago

Agreed. But he is the chief executive of our city. A city that under his tenure has basically halved the number of cops on patrol at any time. With the expected result both in terms of crime as well as traffic safety. For that, he deserves credit, IOW to be voted out.

♡ 3

**PC** **Public Citizen**

3 months ago · Edited

Andrew , they're not to blame for a single Firearms discharge they are responsible for ALL of them . Prior to 8 years ago, before they took over (2016) it was never like this !!!! they came to destroy BPD 3 yrs. before Floyds murder . they took away BPD's weapons / patrols in 2017 . Ever since folks are dying like flies as a result of their failed policies ; see a police car patrolling a route in Berk. in the last 5-6 years??? No. they used to every 15 minutes all over !!!! never to this day did this regime replace the core leadership of the BPD that quit in disgust in 2018 .Without any police in Berk. who's patrolling???? the drug cartels , sex traffickers , fentanyl dealers , car jackers + rat packs ! To this day the mayor won't allow BPD to carry pepper spray / tasers , k9s / billy clubs !!! If they shoot wannabe killers Aunt(ifada) Price will charge police with murder. Sex traffickers & fentanyl dealers laugh . the mayor says that "pepper spray is a weapon of War" what is this if it's not a war???? the police patrols were replaced by the criminals patrols ! You hear a lot about the wait times on 911 calls in Oak. what about the long wait times in Berk? The acorn doesn't fall far from the tree. . w/ 100 officers short , if there was 2 active Shooters the de funded, de staffed , weaponless BPD would be lucky to respond to one. The police budget has been transferred to swiss bank accounts and building million dollar creek beds on Ohlone walkway and traffic calmers. Recall now.

♡ 1

**PC** **Public Citizen**

3 months ago · Edited

Reply to Max: there's no reply under your name so I'll reply here. I can't take up this entire thread but policy change? Still no police patrols / traffic enforcement? . The Streets Are Pitch Black at night , a violation of law / there's a lawsuit vs. Berk. It



includes charges of illegally dim st.lights causing the death of a black woman/ mother who was run over by a doordash driver who couldn't see at night.no one can . that's why people 8 peds. died in 22 . Do you drive at night? ; the people see through their lies & see through thier brains like they see thru the water that runs down thier drains. Every nano sec. somebody's doing 150 mph. They haven't replaced a red cent of the \$9.2 million dollars /yr. from BPD & they're planning to cut 50% more ! Gaza? How freeing Berk. from criminals? It's not about what words you use to describe them it's about saving lives. Recall now!

♡ 0



**Emilie Raguso**

Scanner founder, editor-in-chief · 3 months ago

To reply to Max, hit reply under your original comment that Max replied to. It's not intuitive but it works.

♡ 0

PC

**Public Citizen**

3 months ago

Emilie, hit reply under MY original comment, not theirs. No wonder I am not getting it. I had a boss who used to say " left" , if I hesitated he would say "your other left".

♡ 1

---

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ARRESTS

# Felon hit with new gun case after Berkeley car stop



**Emilie Raguso**

JAN 30, 2024 4:50 AM 10

The handgun, which was loaded with 16 rounds, had been reported stolen from Las Vegas, according to BPD.



Berkeley police seized drugs and a stolen gun during a recent car stop

We can't do it without you

A Berkeley traffic stop led to new charges this month for a longtime felon caught with drugs and a stolen gun, according to court papers.

On Jan. 18, a Berkeley police officer pulled over 57-year-old Maurice Scott at Delaware and Franklin streets in [North Berkeley](#) just before 8:15 p.m., BPD wrote in charging documents.

The officer said Scott's vehicle registration had been expired for six months and he had no valid license.

Inside his vehicle, police saw "several zip lock bags and an unsealed jar of marijuana," as well as "remnants of marijuana in plain view" throughout the front of the vehicle.

Police there was about a pound of marijuana in the vehicle in total along with nearly 22 grams of psychedelic mushrooms.

During a car search, [Berkeley police](#) also found a semiautomatic handgun, loaded with 16 rounds, that had been reported stolen from Las Vegas, according to BPD.

Scott told police he'd found the gun in Berkeley "but he planned on turning it in later," police wrote in charging papers.

### Berkeley crime trends in 2023: What you need to know

Which Berkeley crimes went up last year and which went down? We pored over the 2023 data to bring you the trends...

 The Berkeley Scanner • Emilie Raguso



Scott, a resident of a northwest Berkeley homeless shelter program, was subsequently charged with possession of a firearm by a felon.

He is prohibited from owning guns due to his criminal record, authorities say.

Scott was sent to prison three times, according to charging papers: after convictions in 1996 and 2008 for drug sales and after a burglary conviction in 2006.

He was released on his own recognizance in connection with the new case and is scheduled for a plea hearing Feb. 9.

 **Have questions about crime in Berkeley? [Alert The Berkeley Scanner.](#)**

**ARRESTS NORTH BERKELEY BPD GUNS CRIME**

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**Man charged with ID theft after Berkeley yoga studio burglary**

APR 25, 2024  7



**Berkeley police: Man charged with robbery of disabled person**

APR 25, 2024  12



**Police: Woman stole thousands from REI in repeat visits**

APR 24, 2024  20

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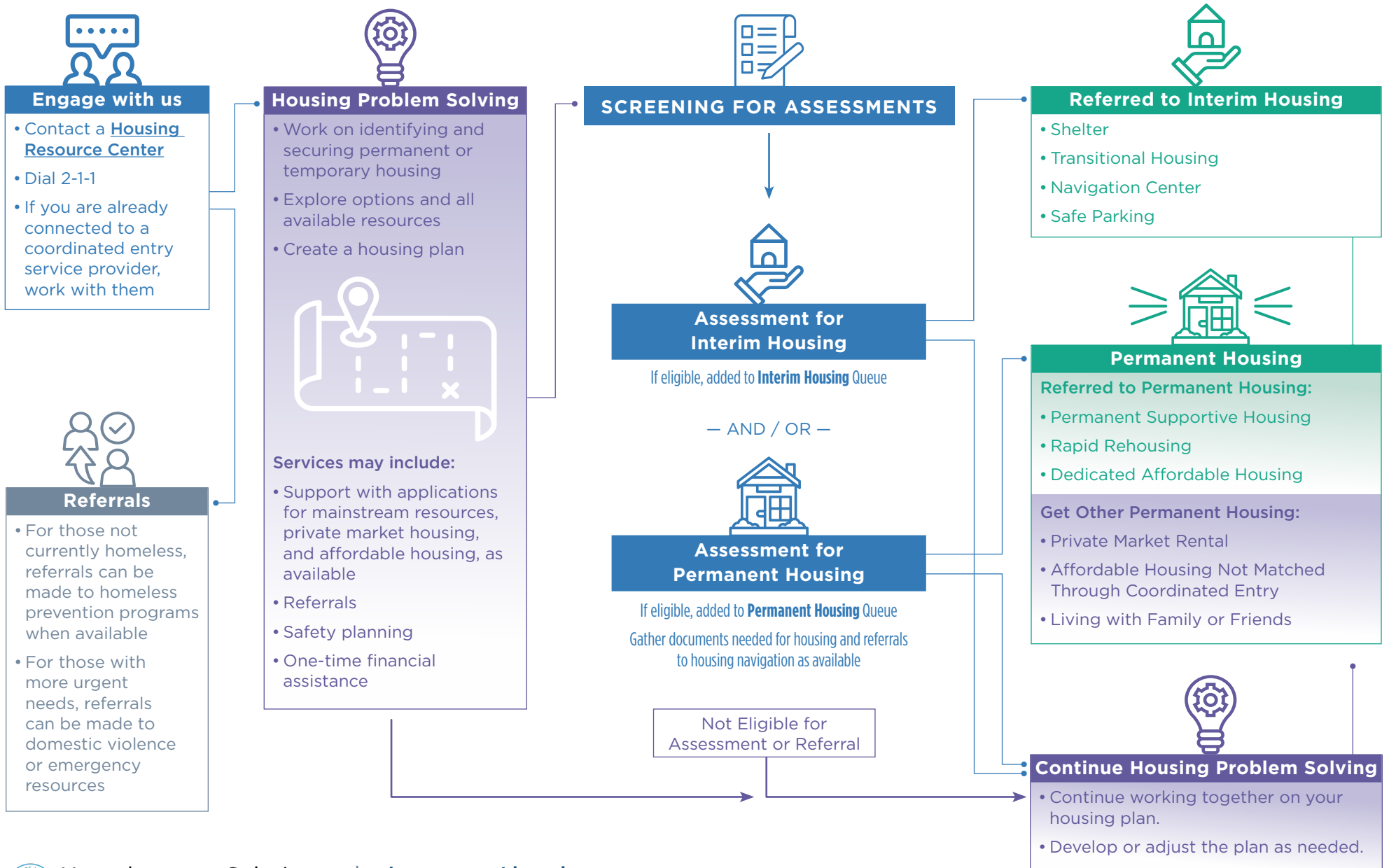
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# FROM HOMELESSNESS TO HOUSING

## Alameda County Coordinated Entry Workflow





# Alameda County HMIS

## CLARITY HMIS: PROFILE FORM

Use block letters for text and bubble in the appropriate circles.  
Please complete a separate form for each household member.

### SOCIAL SECURITY NUMBER [All Clients]

			-			-				
--	--	--	---	--	--	---	--	--	--	--

### QUALITY OF SOCIAL SECURITY

<input type="radio"/> Full SSN reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Approximate or partial SSN reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

### CURRENT NAME [All Clients]

																				N/A	
Last																					<input type="radio"/>
First																					<input type="radio"/>
Middle																					<input type="radio"/>
Suffix																					<input type="radio"/>

### QUALITY OF CURRENT NAME

<input type="radio"/> Full name reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Partial, street name, or code name reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

### DATE OF BIRTH [All Clients]

		/			/					Age:	
Month			Day			Year					

### QUALITY OF DATE OF BIRTH

<input type="radio"/> Full DOB reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Approximate or partial DOB reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

### GENDER [All Clients]

<input type="radio"/> Woman (Girl, if child)	<input type="radio"/> Questioning
<input type="radio"/> Man (Boy, if child)	<input type="radio"/> Different Identity (specify):
<input type="radio"/> Culturally Specific Identity (e.g., Two-Spirit)	<input type="radio"/> Client doesn't know
<input type="radio"/> Transgender	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Non-Binary	<input type="radio"/> Data not collected

### RACE AND ETHNICITY (Select all applicable) [All Clients]

<input type="radio"/> American Indian, Alaska Native, or Indigenous	<input type="radio"/> Native Hawaiian or Pacific Islander
<input type="radio"/> Asian or Asian American	<input type="radio"/> White
<input type="radio"/> Black, African American, or African	<input type="radio"/> Client doesn't know
<input type="radio"/> Hispanic/Latina/e/o	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Middle Eastern or North African	<input type="radio"/> Data not collected

### VETERAN STATUS [All Adults]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
--------------------------	---

<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**IF "YES" TO VETERAN STATUS**

<b>Year entered military service (year)</b>		
<b>Year separated from military service (year)</b>		
<b>Theater of Operations: World War II</b>		
<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>Theater of Operations: Korean War</b>		
<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>Theater of Operations: Vietnam War</b>		
<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>Theater of Operations: Persian Gulf War (Desert Storm)</b>		
<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>Theater of Operations: Afghanistan (Operation Enduring Freedom)</b>		
<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>Theater of Operations: Iraq (Operation Iraqi Freedom)</b>		
<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>Theater of Operations: Iraq (Operation New Dawn)</b>		
<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)</b>		
<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>Branch of the Military</b>		
<input type="radio"/> Army	<input type="radio"/> Space Force	
<input type="radio"/> Air Force	<input type="radio"/> Client doesn't know	
<input type="radio"/> Navy	<input type="radio"/> Client prefers not to answer	
<input type="radio"/> Marines	<input type="radio"/> Data not collected	
<input type="radio"/> Coast Guard		
<b>Discharge Status</b>		
<input type="radio"/> Honorable	<input type="radio"/> Uncharacterized	
<input type="radio"/> General under honorable conditions	<input type="radio"/> Client doesn't know	
<input type="radio"/> Other than honorable conditions (OTH)	<input type="radio"/> Client prefers not to answer	
<input type="radio"/> Bad Conduct	<input type="radio"/> Data not collected	

<input type="radio"/> Dishonorable	
------------------------------------	--

---

**Signature of applicant stating all information is true and correct**

**Date**



# Alameda County HMIS

## CLARITY HMIS: HUD-CoC PROJECT INTAKE FORM

Use block letters for text and bubble in the appropriate circles.  
Please complete a separate form for each household member.

### PROJECT START DATE *[All Clients]*

		/			/				
Month			Day			Year			

### TRANSLATION ASSISTANCE NEEDED? *[Head of Household]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

### IF "YES" TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE

<input type="radio"/> Albanian	<input type="radio"/> Hebrew	<input type="radio"/> Punjabi
<input type="radio"/> American Sign Language	<input type="radio"/> Hindi	<input type="radio"/> Romanian
<input type="radio"/> Amharic	<input type="radio"/> Hmong	<input type="radio"/> Russian
<input type="radio"/> Arabic	<input type="radio"/> Hungarian	<input type="radio"/> Serbian
<input type="radio"/> Armenian	<input type="radio"/> Igbo	<input type="radio"/> Sinhalese
<input type="radio"/> Bengali	<input type="radio"/> Indonesian	<input type="radio"/> Slovak
<input type="radio"/> Bosnian	<input type="radio"/> Italian	<input type="radio"/> Somali
<input type="radio"/> Bulgarian	<input type="radio"/> Japanese	<input type="radio"/> Spanish
<input type="radio"/> Burmese	<input type="radio"/> Khmer	<input type="radio"/> Swedish
<input type="radio"/> Chinese	<input type="radio"/> Korean	<input type="radio"/> Tagalog
<input type="radio"/> Croatian	<input type="radio"/> Laotian	<input type="radio"/> Tamil
<input type="radio"/> Czech	<input type="radio"/> Lithuanian	<input type="radio"/> Telugu
<input type="radio"/> Dutch	<input type="radio"/> Malayalam	<input type="radio"/> Thai
<input type="radio"/> English	<input type="radio"/> Mam	<input type="radio"/> Turkish
<input type="radio"/> Farsi	<input type="radio"/> Marathi	<input type="radio"/> Ukrainian
<input type="radio"/> French	<input type="radio"/> Navajo	<input type="radio"/> Urdu
<input type="radio"/> German	<input type="radio"/> Nepali	<input type="radio"/> Vietnamese
<input type="radio"/> Greek	<input type="radio"/> Polish	<input type="radio"/> Yiddish
<input type="radio"/> Haitian Creole	<input type="radio"/> Portuguese	<input type="radio"/> Yoruba
<input type="radio"/> Different Preferred Language <i>(specify):</i>	<input type="radio"/> Client doesn't know	
	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	

### SOCIAL SECURITY NUMBER *[All Clients]*

			-			-			
--	--	--	---	--	--	---	--	--	--

### QUALITY OF SOCIAL SECURITY

<input type="radio"/> Full SSN reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Approximate or partial SSN reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**CURRENT NAME [All Clients]**

																			<b>N/A</b>
Last																			<input type="radio"/>
First																			<input type="radio"/>
Middle																			<input type="radio"/>
Suffix																			<input type="radio"/>

**QUALITY OF CURRENT NAME**

<input type="radio"/>	Full name reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Partial, street name, or code name reported	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**DATE OF BIRTH [All Clients]**

		/			/					Age:
<b>Month</b>			<b>Day</b>			<b>Year</b>				

**QUALITY OF DATE OF BIRTH**

<input type="radio"/>	Full DOB reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial DOB reported	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**GENDER [All Clients]**

<input type="radio"/>	Woman (Girl, if child)	<input type="radio"/>	Questioning
<input type="radio"/>	Man (Boy, if child)	<input type="radio"/>	Different Identity ( <i>specify</i> ):
<input type="radio"/>	Culturally Specific Identity (e.g., Two-Spirit)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Transgender	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Non-Binary	<input type="radio"/>	Data not collected

**RACE AND ETHNICITY (Select all applicable) [All Clients]**

<input type="radio"/>	American Indian, Alaska Native, or Indigenous	<input type="radio"/>	Native Hawaiian or Pacific Islander
<input type="radio"/>	Asian or Asian American	<input type="radio"/>	White
<input type="radio"/>	Black, African American, or African	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Hispanic/Latina/e/o	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Middle Eastern or North African	<input type="radio"/>	Data not collected

**VETERAN STATUS [All Adults]**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**IF "YES" TO VETERAN STATUS**

<b>Year entered military service (year)</b>			
<b>Year separated from military service (year)</b>			
<b>Theater of Operations: World War II</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer

	<input type="radio"/>	Data not collected
<b>Theater of Operations: Korean War</b>		
<input type="radio"/>	No	<input type="radio"/>
<input type="radio"/>	Yes	<input type="radio"/>
		<input type="radio"/>
<b>Theater of Operations: Vietnam War</b>		
<input type="radio"/>	No	<input type="radio"/>
<input type="radio"/>	Yes	<input type="radio"/>
		<input type="radio"/>
<b>Theater of Operations: Persian Gulf War (Desert Storm)</b>		
<input type="radio"/>	No	<input type="radio"/>
<input type="radio"/>	Yes	<input type="radio"/>
		<input type="radio"/>
<b>Theater of Operations: Afghanistan (Operation Enduring Freedom)</b>		
<input type="radio"/>	No	<input type="radio"/>
<input type="radio"/>	Yes	<input type="radio"/>
		<input type="radio"/>
<b>Theater of Operations: Iraq (Operation Iraqi Freedom)</b>		
<input type="radio"/>	No	<input type="radio"/>
<input type="radio"/>	Yes	<input type="radio"/>
		<input type="radio"/>
<b>Theater of Operations: Iraq (Operation New Dawn)</b>		
<input type="radio"/>	No	<input type="radio"/>
<input type="radio"/>	Yes	<input type="radio"/>
		<input type="radio"/>
<b>Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)</b>		
<input type="radio"/>	No	<input type="radio"/>
<input type="radio"/>	Yes	<input type="radio"/>
		<input type="radio"/>
<b>Branch of the Military</b>		
<input type="radio"/>	Army	<input type="radio"/>
<input type="radio"/>	Air Force	<input type="radio"/>
<input type="radio"/>	Navy	<input type="radio"/>
<input type="radio"/>	Marines	<input type="radio"/>
<input type="radio"/>	Coast Guard	<input type="radio"/>
		<input type="radio"/>
<b>Discharge Status</b>		
<input type="radio"/>	Honorable	<input type="radio"/>
<input type="radio"/>	General under honorable conditions	<input type="radio"/>
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>
<input type="radio"/>	Bad Conduct	<input type="radio"/>
<input type="radio"/>	Dishonorable	<input type="radio"/>
		<input type="radio"/>

**RELATIONSHIP TO HEAD OF HOUSEHOLD** *[All Client Households]*

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child	<input type="radio"/>	Other: non-relation member
<input type="radio"/>	Head of household's spouse or partner		

**ENROLLMENT CoC** [only if multiple CoC's] \_\_\_\_\_

**WHEN CLIENT WAS ENGAGED** [Street Outreach Only or Night by Night Emergency Shelter]

<b>Date of Engagement:</b>	____/____/____
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**IN PERMANENT HOUSING** [Permanent Housing Projects, for Head of Household]

<input type="radio"/> No	<input type="radio"/> Yes
<b>IF "YES" TO PERMANENT HOUSING</b>	
<b>Housing Move-In Date:</b>	____/____/____

**PRIOR LIVING SITUATION**

**TYPE OF RESIDENCE** [Head of Household and Adults]

<input type="radio"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="radio"/> Hotel or motel paid for without emergency shelter voucher
<input type="radio"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="radio"/> Host Home (non-crisis)
<input type="radio"/> Safe Haven	<input type="radio"/> Staying or living in a friend's room, apartment, or house
<input type="radio"/> Foster care home or foster care group home	<input type="radio"/> Staying or living in a family member's room, apartment or house
<input type="radio"/> Hospital or other residential non-psychiatric medical facility	<input type="radio"/> Rental by client, no ongoing housing subsidy
<input type="radio"/> Jail, prison or juvenile detention facility	<input type="radio"/> Rental by client, with ongoing housing subsidy
<input type="radio"/> Long-term care facility or nursing home	<input type="radio"/> Owned by client, with on-going housing subsidy
<input type="radio"/> Psychiatric hospital or other psychiatric facility	<input type="radio"/> Owned by client, no on-going housing subsidy
<input type="radio"/> Substance abuse treatment facility or detox center	<input type="radio"/> Client doesn't know
<input type="radio"/> Transitional housing for homeless persons (including homeless youth)	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Residential project or halfway house with no homeless criteria	<input type="radio"/> Data not collected

**IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:**

<input type="radio"/> GPD TIP housing subsidy	<input type="radio"/> Emergency Housing Voucher
<input type="radio"/> VASH Housing subsidy	<input type="radio"/> Family Unification Program Voucher (FUP)
<input type="radio"/> RRH or equivalent subsidy	<input type="radio"/> Foster Youth to Independence Initiative (FYI)
<input type="radio"/> HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/> Permanent Supportive Housing
<input type="radio"/> Public Housing Unit	<input type="radio"/> Other permanent housing dedicated for formerly homeless persons
<input type="radio"/> Rental by client, with other ongoing housing subsidy	

**LENGTH OF STAY IN PRIOR LIVING SITUATION**

<input type="radio"/> One night or less	<input type="radio"/> One month or more, but less than 90 days	<input type="radio"/> Client doesn't know
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<input type="radio"/> Two to six nights	<input type="radio"/> 90 days or more, but less than one year	<input type="radio"/> Client prefers not to answer
<input type="radio"/> One week or more, but less than one month	<input type="radio"/> One year or longer	<input type="radio"/> Data not collected

**LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH]**

<input type="radio"/> No	<input type="radio"/> Yes
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**LENGTH OF STAY LESS THAN 90 DAYS [Institutional Housing Situations]**

<input type="radio"/> No	<input type="radio"/> Yes
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**ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults]**

<input type="radio"/> Yes	<input type="radio"/> No
<b>Approximate Date This Episode of Homelessness Started</b>	___/___/_____
<b>Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years</b>	
<input type="radio"/> One Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Two Times	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Three Times	<input type="radio"/> Data not collected
<input type="radio"/> Four or More Times	
<b>Total number of months homeless on the streets, ES, or Safe Haven in the last 3 years</b>	
<input type="radio"/> One month (this time is the first month)	<input type="radio"/> Client doesn't know
<input type="radio"/> 2-12 months (specify number of months): _____	<input type="radio"/> Client prefers not to answer
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

**DISABLING CONDITION [All Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**PHYSICAL DISABILITY [All Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO PHYSICAL DISABILITY – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

**DEVELOPMENTAL DISABILITY [All Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**CHRONIC HEALTH CONDITION [All Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
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<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

**HIV-AIDS** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**MENTAL HEALTH DISORDER** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

**SUBSTANCE USE DISORDER** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client prefers not to answer	
<input type="radio"/> Drug use disorder	<input type="radio"/> Data not collected	
<input type="radio"/> Both alcohol and drug use disorders		
<b>IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

**SURVIVOR OF DOMESTIC VIOLENCE** *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED</b>		
<input type="radio"/> Within the past three months	<input type="radio"/> Client doesn't know	
<input type="radio"/> Three to six months ago (excluding six months exactly)	<input type="radio"/> Client prefers not to answer	
<input type="radio"/> Six months to one year ago (excluding one year exactly)	<input type="radio"/> Data not collected	
<input type="radio"/> One year ago or more		
<b>Are you currently fleeing?</b>	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

**INCOME FROM ANY SOURCE** *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>	

Income Source		Amount	Income Source		Amount
<input type="radio"/>	Earned Income		<input type="radio"/>	Temporary Assistance for Needy Families (TANF)	
<input type="radio"/>	Unemployment Insurance		<input type="radio"/>	General Assistance (GA)	
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Retirement income from Social Security	
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>	Pension or retirement income from a former job	
<input type="radio"/>	VA Service-Connected Disability Compensation		<input type="radio"/>	Child support	
<input type="radio"/>	VA Non-Service-Connected Disability Pension		<input type="radio"/>	Alimony and other spousal support	
<input type="radio"/>	Private disability insurance		<input type="radio"/>	Other income source ( <i>specify</i> ):	
<input type="radio"/>	Worker's Compensation				
<b>Total Monthly Income for Individual:</b>					

**RECEIVING NON-CASH BENEFITS** [*Head of Household and Adults*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<b>IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>			
<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Child Care Services
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	TANF Transportation Services
<input type="radio"/>	Other ( <i>specify</i> ):	<input type="radio"/>	Other TANF-funded services

**COVERED BY HEALTH INSURANCE** [*All Clients*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<b>IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS</b>			
<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	Health Insurance Obtained Through COBRA
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Veteran's Health Administration (VHA)	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other ( <i>specify</i> ):	<input type="radio"/>	Indian Health Services Program

**SEXUAL ORIENTATION** [*For CoC: YHDP and PSH funded programs – Adults and Head of Household*]

<input type="radio"/>	Heterosexual	<input type="radio"/>	Other
<input type="radio"/>	Gay	<i>If Other please specify:</i>	
<input type="radio"/>	Lesbian	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Bisexual	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Questioning/Unsure	<input type="radio"/>	Data not collected

**YOUTH EDUCATION STATUS** [*For CoC: YHDP funded programs – Head of Household*]

<input type="radio"/>	Not currently enrolled in any school or educational course	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Currently enrolled but NOT attending regularly (when school or the course is in session)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Currently enrolled and attending regularly (when school or the course is in session)	<input type="radio"/>	Data not collected
<b>IF "NOT CURRENTLY ENROLLED" – MOST RECENT EDUCATIONAL STATUS</b>			

<input type="radio"/>	K12: Graduated from high school	<input type="radio"/>	Higher education: Pursuing a credential but not currently attending
<input type="radio"/>	K12: Obtained GED	<input type="radio"/>	Higher education: Dropped out
<input type="radio"/>	K12: Dropped out	<input type="radio"/>	Higher education: Obtaining a credential/degree
<input type="radio"/>	K12: Suspended	<input type="radio"/>	Client doesn't know
<input type="radio"/>	K12: Expelled	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<b>IF "CURRENTLY ENROLLED" – CURRENT EDUCATIONAL STATUS</b>			
<input type="radio"/>	Pursuing a high school diploma or GED	<input type="radio"/>	Pursuing other post-secondary credential
<input type="radio"/>	Pursuing Associate's Degree	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Pursuing Bachelor's Degree	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Pursuing Graduate Degree	<input type="radio"/>	Data not collected

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**Signature of applicant stating all information is true and correct**

**Date**



**IN PERMANENT HOUSING** *[Permanent Housing Projects, for Head of Household]*

<input type="radio"/> No	<input type="radio"/> Yes
<b>IF "YES" TO PERMANENT HOUSING</b>	
Housing Move-In Date:	___/___/___

**DISABLING CONDITION** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**PHYSICAL DISABILITY** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO PHYSICAL DISABILITY – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

**DEVELOPMENTAL DISABILITY** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**CHRONIC HEALTH CONDITION** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

**HIV-AIDS** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**MENTAL HEALTH DISORDER** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

**SUBSTANCE USE DISORDER** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client prefers not to answer

<input type="radio"/> Drug use disorder	<input type="radio"/> Data not collected	
<input type="radio"/> Both alcohol and drug use disorders		
<b>IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

**SURVIVOR OF DOMESTIC VIOLENCE** *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED</b>		
<input type="radio"/> Within the past three months	<input type="radio"/> Client doesn't know	
<input type="radio"/> Three to six months ago (excluding six months exactly)	<input type="radio"/> Client prefers not to answer	
<input type="radio"/> Six months to one year ago (excluding one year exactly)	<input type="radio"/> Data not collected	
<input type="radio"/> One year ago or more		
<b>Are you currently fleeing?</b>	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

**INCOME FROM ANY SOURCE** *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know		
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer		
	<input type="radio"/> Data not collected		
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>			
Income Source	Amount	Income Source	Amount
<input type="radio"/> Earned Income		<input type="radio"/> Temporary Assistance for Needy Families (TANF)	
<input type="radio"/> Unemployment Insurance		<input type="radio"/> General Assistance (GA)	
<input type="radio"/> Supplemental Security Income (SSI)		<input type="radio"/> Retirement income from Social Security	
<input type="radio"/> Social Security Disability Insurance (SSDI)		<input type="radio"/> Pension or retirement income from a former job	
<input type="radio"/> VA Service-Connected Disability Compensation		<input type="radio"/> Child support	
<input type="radio"/> VA Non-Service-Connected Disability Pension		<input type="radio"/> Alimony and other spousal support	
<input type="radio"/> Private disability insurance		<input type="radio"/> Other income source ( <i>specify</i> ):	
<input type="radio"/> Worker's Compensation			
<b>Total Monthly Income for Individual:</b>			

**RECEIVING NON-CASH BENEFITS** *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>	
<input type="radio"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/> TANF Child Care Services
<input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/> TANF Transportation Services
<input type="radio"/> Other ( <i>specify</i> ):	<input type="radio"/> Other TANF-funded services

**COVERED BY HEALTH INSURANCE** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
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<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>IF "NO" TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE – SPECIFY REASON</b>	
<input type="radio"/> Applied; decision pending	<input type="radio"/> Client doesn't know
<input type="radio"/> Applied; client not eligible	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Client did not apply	<input type="radio"/> Data not collected
<input type="radio"/> Insurance type N/A for this client	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS</b>	
<input type="radio"/> MEDICAID	<input type="radio"/> Employer Provided Health Insurance
<input type="radio"/> MEDICARE	<input type="radio"/> Health Insurance Obtained Through COBRA
<input type="radio"/> State Children's Health Insurance (SCHIP)	<input type="radio"/> Private Pay Health Insurance
<input type="radio"/> Veteran's Health Administration (VHA)	<input type="radio"/> State Health Insurance for Adults
<input type="radio"/> Other (specify):	<input type="radio"/> Indian Health Services Program

**ADDITIONAL INFORMATION** *[For RHY and YHDP Programs Only]*

Pregnancy Status	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
Due Date:	

**Receiving AIDS Drug Assistance Program (ADAP)** *[HOPWA Programs Only]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>IF "NO" TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) – SPECIFY REASON</b>	
<input type="radio"/> Applied; decision Pending	<input type="radio"/> Client doesn't know
<input type="radio"/> Applied; client not eligible	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Client did not apply	<input type="radio"/> Data not collected
<input type="radio"/> Insurance type N/A for this client	

**Receiving Ryan White-funded Medical or Dental Assistance** *[HOPWA Programs Only]*

**T-cell (CD4) Count Available** *[HOPWA Programs Only]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**T-cell count (Integer between 0-1500):** \_\_\_\_\_ *[HOPWA Programs Only]*



**How was the Information Obtained?**

<input type="radio"/>	Medical Report
<input type="radio"/>	Client report
<input type="radio"/>	Other (specify)

**Viral Load Information [HOPWA Programs Only]**

<input type="radio"/>	Not available	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Available	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Undetectable	<input type="radio"/>	Data not collected

**Count (Integer between 0-1500):** \_\_\_\_\_ [HOPWA Programs Only]

**How was the Information obtained? [HOPWA Programs Only]**

<input type="radio"/>	Medical Report
<input type="radio"/>	Client report
<input type="radio"/>	Other (specify)

**Has the participant been prescribed anti-retroviral drugs? [HOPWA Programs Only]**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

<b>Staff Completing (Print Name):</b>		<b>Date:</b>	
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## The Sequential Intercept Model (SIM)



The Sequential Intercept Model (SIM) details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system.

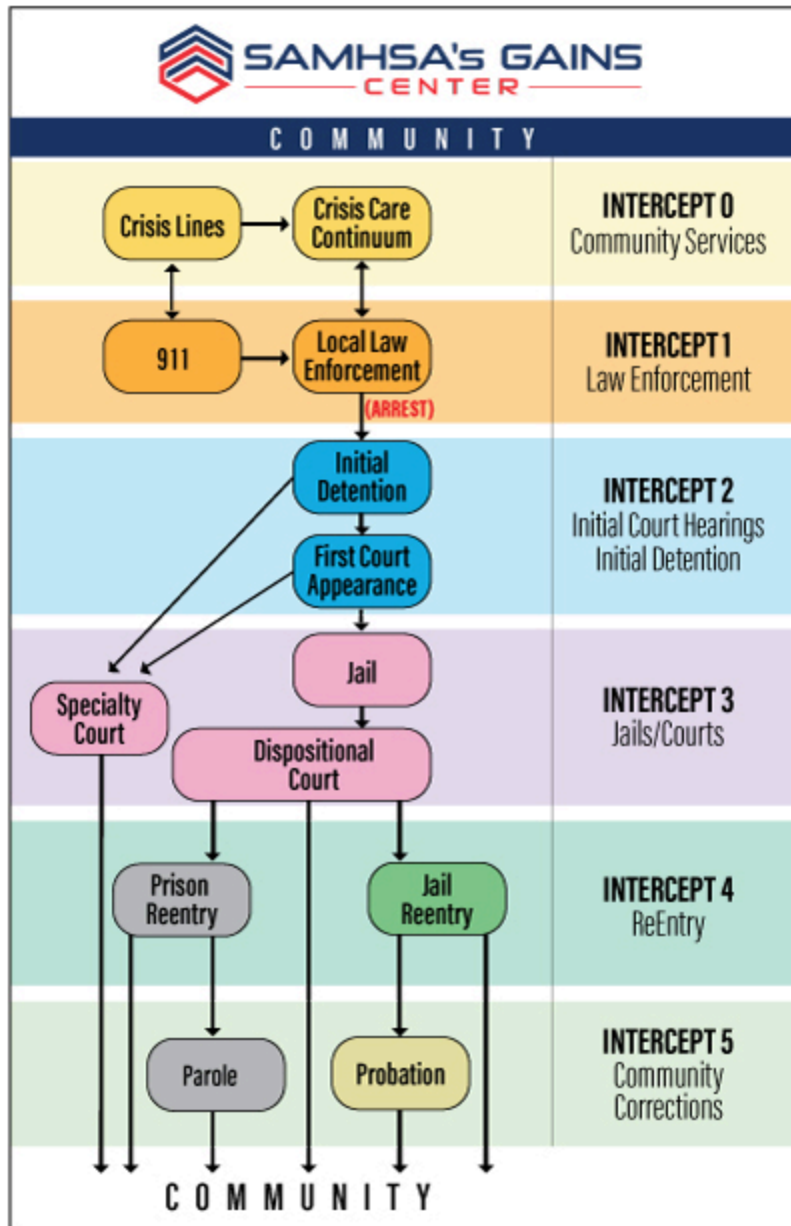
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The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans. The SIM mapping process brings together leaders and different agencies and systems to work together to identify strategies to divert people with mental and substance use disorders away from the justice system into treatment.

A SIM mapping workshop is available through SAMHSA's GAINS Center for communities to:

- Plot resources and gaps across the SIM.
- Identify local behavioral health services to support diversion from the justice system.
- Introduce community system leaders and staff to evidence-based practices and emerging best practices related to each intercept.
- Enhance relationships across systems and agencies.

- Create a customized, local map and action plan to address identified gaps.



Intercept 0: Community Services

- Involves opportunities to divert people into local crisis care services. Resources are available without requiring people in crisis to call 911, but sometimes 911 and law enforcement are the only resources available. Connects people with treatment or services instead of arresting or charging them with a crime.

Intercept 1: Law Enforcement

- Involves diversion performed by law enforcement and other emergency service providers who respond to people with mental and substance use disorders. Allows people to be diverted to treatment instead of being arrested or booked into jail.

#### [Intercept 2: Initial Court Hearings/Initial Detention](#)

- Involves diversion to community-based treatment by jail clinicians, social workers, or court officials during jail intake, booking, or initial hearing.

#### [Intercept 3: Jails/Courts](#)

- Involves diversion to community-based services through jail or court processes and programs after a person has been booked into jail. Includes services that prevent the worsening of a person's illness during their stay in jail or prison.

#### [Intercept 4: ReEntry](#)

- Involves supported reentry back into the community after jail or prison to reduce further justice involve of people with mental and substance use disorders. Involves reentry coordinators, peer support staff, or community in-reach to link people with proper mental health and substance use treatment services.

#### [Intercept 5: Community Corrections](#)

- Involves community-based criminal justice supervision with added supports for people with mental and substance use disorders to prevent violations or offenses that may result in another jail or prison stay.

Last Updated: 09/27/2022

**Source:** <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>