



FULLERTON POLICE DEPARTMENT

TRAINING BULLETIN

ROBERT DUNN, CHIEF OF POLICE

JUNE 2020, TB # 20-03

BUENA PARK NAVIGATION CENTER

The Buena Park Navigation Center (BPNC) will be open for business on Tuesday, June 30, 2020. The Center will be by referral only by the following 12 *North SPA Cities*: Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Los Alamitos, Orange, Placentia, Stanton, Villa Park, and Yorba Linda.

Referrals to the BPNC will only be by the above 12 listed North SPA Cities, including, but not limited to, outreach and engagement personnel from the County's Health Care Agency, City Net and Mercy House. When the agency makes a referral or reservation, that agency is expected to provide transportation for the individual to the BPNC.

**** Please note that the center is unable to accept individuals who are registered sex offenders and/or have an open felony warrant. ****

All referrals to the BPNC shall be completed on the *Outreach Grid* bed reservation software program. The program is available on the Outreach Grid application currently being utilized by all of the North SPA Cities. In addition, all those referred to the center must have established residency in one of these North SPA Cities. The following are some guidelines to help establish residency:

1. The last permanent residential address in a North SPA City as demonstrated by proof of any one or more of the following:
 - a. Driver's License / California Identification
 - b. Utility Bill
 - c. Rental Agreement
 - d. Bank Statements
 - e. Car Registration
 - f. Other documentation that demonstrates a last permanent address in one of the North SPA Cities

***** If the person has documentation for the above to establish North SPA residency, they may be referred to the Navigation Center *****



2. If they cannot establish their last permanent residential address in one of the North SPA Cities, they may be considered for referral if any one or more of the following are demonstrated:
 - a. Children are enrolled in a North SPA City school
 - b. They are employed in a North SPA City
 - c. They graduated from a high school in a North SPA City
 - d. They resided with an immediate family member who is a resident of a North SPA City within the past year.

3. In addition, the law enforcement Officer/Deputy/HLO and/or outreach worker described above, verifies through personal observation or internal documentation the following:
 - a. The individual has been homeless within their jurisdiction (North SPA City) for at least one year.
 - b. Documentation in the Homeless Management Information System (HMIS) that establishes the individual has resided within their jurisdiction (North SPA City) for at least one year.
 - c. Documentation in the law enforcement agency's CAD/RMS (Computer Aided Dispatch / Records Management System) that establishes the individual has resided within their jurisdiction (North SPA City) for a minimum of one year.

In addition to establishing residency, the referring party must document the answers to the following questions:

1. How long have you been homeless in the specific city?
2. Where did you grow up and in what city was the high school you attended?
3. How long have you been homeless?
4. What was the last city you lived in when you did not consider yourself homeless? (Last place of residence non-homeless)
5. What city did you stay in prior to becoming homeless in the specific city and in which type of setting (jail, hospital, on the streets, shelter, with family, with friends)?
6. In which city have you lived the most years of your life?



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BPNC staff will conduct a secondary review of this information. They will make the final determination regarding admission. If the individual does not meet the criteria, the referring agency will be responsible for transportation back to the city of referral. Navigation Center staff will then generate a report outlining the reason for denial.

In addition to completing the referral and reservation on the Outreach Grid application, the North SPA Law Enforcement Agency or outreach worker must complete ***BOTH*** a BPNC Client Referral Form and a Mercy House Partnership Agreement (BPNC Operator) upon intake. Attached you will find copies of these forms to be completed by each agency.

The Police Department will assist Mercy House in the systematic coordination of entries into the shelter for the first couple of weeks. Please contact Sergeant Dirk O'Dette at (714) 720-5102 or Corporal Chris Pimentel at (714) 920-0173 for any questions.

Source: Buena Park Police Department June 2020

This Training Bulletin can also be accessed through the Police Department Network.

- Go to & click on **COMMON** on S: Drive"
- Click on the **TRAINING** folder
- Click on **TRAINING BULLETINS** folder - **2020 TRAINING BULLETINS** folder
- Click on **TB 20-03 Buena Park Navigation Center Protocols.pdf**



Referring Staff: _____

Agency: _____

Referral Date: _____

Name and Contact Info

Name: _____ Date of Birth: _____
First M.I. Last

Last permanent residence: _____

ID Provided? Yes No State on ID: _____ ID Number: _____

Phone Number: _____ Email Address: _____

Where can we find you on a typical day? _____

Preliminary Questions

Location at time of intake (*include city*): _____

This program requires that clients engage staff and partnering agencies to transition clients from the street into housing as efficiently as possible. This engagement will include creating a housing plan with program staff and working on steps to accomplish this goal. **If accepted into this program, are you able and willing to work toward your housing plan?**

Client Initial: _____

Eligibility requirements for this program are open to all clients for which:

- Referral is for an individual with ties to the North Orange County SPA
- Referral is clear of open felony warrant or open warrant stemming from a violent crime
- Referral is not recognized by a judicial governing body as a sex offender

In order to screen for these clients agree to be screened against online warrant and sex offender databases.

Do you give your full consent for staff to run your information against these databases?

Client Initial: _____

Does this person have an animal at the time of intake (one animal per referral is allowed depending on capacity) ? _____ Referring Staff Initial: _____

Can this person handle ALL their ADL's (Activities of Daily Living, ex: feeding, toileting, transferring to or from a bed or chair, grooming, bathing walking, etc)?

_____ Referring Staff Initial: _____

If this is a PD Referral, please include the following information:

Referring Officer Name/Badge: _____ City: _____

Homeless Verification Information

I am referring _____ to the Buena Park Navigation Center for
Client Name

emergency shelter and housing assistance. I have known this person to be homeless from

_____ to _____. Currently they are homeless and has been sleeping in the city of
Date *Date*

_____, and slept at one of the following places last night (*choose one*):
City, State

- | | |
|--|---|
| <input type="checkbox"/> Place not meant for human habitation
<small>(Public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground)</small> | <input type="checkbox"/> Emergency Shelter/Motel paid with a voucher |
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Hospital (non-psychiatric) |
| <input type="checkbox"/> Jail, prison or juvenile detention facility | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Long-term care facility or nursing home | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Hotel or motel paid for <i>without</i> emergency shelter voucher AND residence will be lost within 14 days | |
| <input type="checkbox"/> In housing BUT residence will be lost within 14 days AND no subsequent residence has been identified AND the individual lacks the resources or support networks needed to obtain other permanent housing. | |

This person has minimal financial resources and/or no financial resources at this time

Staff Signature: _____ Date: _____

I certify that all of the preceding information is true to the best of my knowledge and that I am in need of emergency shelter.

Client Signature: _____ Date: _____



BUENA PARK NAVIGATION CENTER Partnership Agreement Client Referring Agencies

Welcome Referral Partners to the Buena Park Navigation Center.

These services will not only provide immediate information, but also serve as a starting point for the entry into the Continuum of Care Services that are available throughout Orange County. In order to achieve this goal, all supportive service partners are required to enter into an Emergency Shelter Program Partnership Agreement.

In order to effectively manage and operate the year round shelter program and the provision of services to clients, Mercy House is responsible for coordinating services provided by partner agencies. The Partner Agency understands and agrees to the following guidelines when providing services in support of the program.

The purpose of this agreement is to mutually agree upon a code of conduct for partnering agencies who share the same goal of serving the homeless at the Buena Park Navigation Center and to work openly and transparently with Mercy House. The goal is to ensure that proper communication lines are established and information is shared through mutual understanding.

This cooperative agreement is entered into by and between Mercy House and the Partner Agency.

AGREEMENT

Each Supportive Service Partner and Mercy House cooperatively support and agree to:

- ♦ Appoint a partner agency point person for coordination of services.
- ♦ Abide by Shelter Referral Program policies, procedures and protocols:
 1. Shelter Referral Partners will call the Bed Availability and Referral Line (XXX) XXX-XXXX (Monday-Friday between 10:00 AM and 2:00 PM) to check the current availability of shelter beds.
 2. Shelter Referral Partners are responsible for explaining the referral process and the means by which a client is selected for the program to potential clients.
 3. Partners will only refer clients whom they are certain (a) show ties to North-Orange County, (b) who do not have any active felony warrants, and (c) who are not PC 290 registrants. Clients must understand that background checks will be conducted prior to entry.
 4. Partners will fill out the Shelter Referral Form and ensure that the client initials and signs each line where required.
 5. The Partnering Agency will indicate the Date, a pre-selected pickup location and an approximated pick-up time on the Referral Form, *or* provide transportation to the shelter.
 6. This form will then be given to the client to present to Mercy House at the time of intake.
 7. Referral Partners agree not to make public these pick-up locations, except when designating one specific location for a client.

8. (Police Department Referrals) In special cases, PD Referral Partners may call the front desk outside of regular referral hours to speak to a Site Lead. Referrals outside the 10:00 AM to 2:00 PM window will only be accepted on a case-by-case basis.

- ♦ Confidentiality of Clients as it pertains to use outside of the shelter referral process.
- ♦ Client Referral Forms shall be maintained for records keeping purposes.

Term of Agreement

This partnership agreement is valid for the 2020/2021 program operating year or until such time Mercy House terminates its partnership with Partnering Agency. This Partnership Agreement will be renewed annually.

Cooperating Parties:

Mercy House Contact

Name/Title: Janiss Diaz Soto (Program Manager, Buena Park Navigation Center)

Address: P.O. Box 1905 Santa Ana CA 92702

Phone (714) 836-7188 ext. 168

Email: janissd@mercyhouse.net

Signature

Date

Partner Agency:

Name/Title:

Address:

Phone:

Email:

Signature

Date

ATTACHMENTS:

Buena Park Navigation Center Client Referral Form