ORANGE COUNTY
CONTINUUM OF CARE BOARD
Wednesday, March 23, 2022
2 p.m. – 4 p.m.

Webinar:
https://ocgov.webex.com/ocgov/j.php?MTID=m4af7c960ec147e392b75045ffc4c6a9e

Dial by Phone:
+1 (213) 306-3065

Access Code:
2462 138 2101

AGENDA

Board Members

Matt Bates, City Net [Secretary]
Judson Brown, City of Santa Ana
Nikki Buckstead, Family Solutions Collaborative
Donald Dermit, The Rock Church
Becks Heyhoe, OC United Way [Vice Chair]
Tim Houchen, Hope4Restoration
Patti Long, Mercy House
Dawn Price, Friendship Shelter
Albert Ramirez, City of Anaheim
Eric Richardson, Volunteers of America
Maricela Rios-Faust, Human Options [Chair]
Soledad Rivera, Families Together of OC
Elida Sanchez, Santa Ana Unified School District
Dr. Shauntina Sorrells, Orangewood Foundation
George Searcy, Jamboree Housing
Tim Shaw, Individual
Christina Weckerly Ramirez, Health Care Agency

Call to Order – Maricela Rios-Faust, Chair

Board Member Roll Call – Matt Bates, Secretary

Public Comments: Members of the public may address the Continuum of Care (CoC) Board on items listed within this agenda or matters not appearing on the agenda so long as the subject matter is within the jurisdiction of the CoC Board. Members of the public may address the CoC Board with public comments on agenda items in the business calendar after the CoC Board member discussion. Comments will be limited to three minutes. If there are more than five public speakers, this time will be reduced to two minutes.

To address the CoC Board, members of the public are to enter their name and agenda item number in the WebEx chat box to be placed in a queue. CoC Board staff will call your name in the order listed in the chat box.

CONSENT CALENDAR
All matters are approved by one motion unless pulled by a Board Member for discussion or separate action. The CoC Board requests that only pertinent information be discussed during this time.

1. Approve Continuum of Care Board Special Meeting Minutes from February 15, 2022.

BUSINESS CALENDAR

1. Orange County Homelessness Updates – Doug Becht, Director, Office of Care Coordination and Zulima Lundy, CoC Manager
    a. System of Care Update
    b. Continuum of Care Update

2. **Brown Act Update and Determination in accordance with Assembly Bill 361** – Zulima Lundy, CoC Manager
    a. Determination in accordance with AB 361 Section 3(e)(3) that, while the state of emergency due to the COVID-19 pandemic, as originally proclaimed by the Governor on March 4, 2020, remains active and/or state or local officials have imposed or recommended measures to promote social distancing, the Orange County CoC Board has reconsidered the circumstances of the state of emergency and has determined that the state of emergency continues to directly impact the ability of the members to meet safely in person and/or state or local officials continue to impose or recommend measures to promote social distancing.

3. 2022 CoC Board Appointments – Zulima Lundy, CoC Manager
    a. Appoint CoC Committee Chairs
        i. Appoint a CoC Board Member to the Coordinated Entry System (CES) Committee
        ii. Appoint CoC Board Member to the Transitional Age Youth (TAY) Steering Committee

4. System of Care Data Integration System (SOCDIS) and Care Plus Program Update – Natalie Dempster, Data Integration Manager

5. Policy, Procedures and Standards Committee Recommendations – Zulima Lundy, CoC Manager and Erin DeRycke, 211OC, and Matt Bates, Secretary
    a. Approve the recommended updates to the HMIS Policies and Procedures.
        i. Approve the inclusion of the Agency Access Appeals Policy and Process to the HMIS Policies and Procedures
    b. Approve the recommendation for the CES Policies and Procedures
        i. Incorporating an Emergency Transfer Request for participants who are victims of domestic violence, dating violence, human trafficking, sexual assault, or stalking to request an emergency transfer to another available, safe housing opportunity through CES.
        ii. Discontinuing the use of the VI-SPDAT assessment and utilizing data collected in the program entry screen, primarily focusing on length of homelessness and disabling condition.
        iii. Create a working group to have further discussions with a wide group of stakeholders about updating the prioritization policy to discontinuing the shelter preference.

6. Future Request for Proposals – Zulima Lundy, CoC Manager
    a. Recommend the issuance of a Request for Proposals for Emergency Shelter Operations and a Request for Proposals for Rapid Rehousing Services to be funded with Homeless Housing, Assistance and Prevention (HHAP) Program Round 1 and/or Round 3

Next Meeting: Wednesday, April 27, 2022, from 2 p.m. – 4 p.m.

ORANGE COUNTY
CONTINUUM OF CARE BOARD
SPECIAL MEETING
Tuesday, February 15, 2022
10 a.m. – 11 a.m.

Webinar:
https://ocgov.webex.com/ocgov/j.php?MTID=m1c1cafc65dfb796b95d0708dbc5e16f8

Dial by Phone:
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Access Code:
2450 710 4758

MINUTES

Board Members

Matt Bates, City Net [Secretary]
Judson Brown, City of Santa Ana
Nikki Buckstead, Family Solutions Collaborative
Donald Dermit, The Rock Church
Becks Heyhoe, OC United Way [Vice-Chair]
Tim Houchen, Hope4Restoration
Patti Long, Mercy House
Dawn Price, Friendship Shelter
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Eric Richardson, Volunteers of America
Maricela Rios-Faust, Human Options [Chair]
Soledad Rivera, Families Together of OC
Elida Sanchez, Santa Ana Unified School District
Dr. Shauntina Sorrells, Orangewood Foundation
George Searcy, Jamboree Housing
Tim Shaw, Individual
Christina Weckerly Ramirez, Health Care Agency

Call to Order – Maricela Rios-Faust, Chair

Chair Maricela Rios-Faust called the meeting to order at 10:00 a.m.

Board Member Roll Call – Matt Bates, Secretary

Present: Matt Bates, Nikki Buckstead, Donald Dermit, Becks Heyhoe, Tim Houchen, Patti Long, Dawn Price, Albert Ramirez, Eric Richardson, Maricela Rios-Faust, Soledad Rivera, Elida Sanchez, Dr. Shauntina Sorrells, Tim Shaw, and Christina Weckerly Ramirez.

Absent: Judson Brown and George Searcy.

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To address the CoC Board, members of the public are to enter their name and agenda item number in the WebEx chat box to be placed in a queue. CoC Board staff will call your name in the order listed in the chat box.

No public comments.

CONSENT CALENDAR

All matters are approved by one motion unless pulled by a Board Member for discussion or separate action. The CoC Board requests that only pertinent information be discussed during this time.

1. Approve Continuum of Care Board Meeting Minutes from January 19, 2022.

   Dawn Price motioned to approve the items on the Consent Calendar. Tim Houchen seconded the motion. Motion passed unanimously.

BUSINESS CALENDAR

1. Brown Act Update and Determination in accordance with Assembly Bill 361 – Zulima Lundy, CoC Manager

   Zulima Lundy provided a background on the Brown Act legislation as it relates to holding virtual meetings. The Orange County CoC has been conducting the Board and Committee meetings in accordance with the waivers as authorized in Executive Order N-908-21. With the waivers coming to an end and in accordance with subsection (e) to Government Code Section 54953, the Orange County CoC will be considering the circumstances of the recommended action to continue teleconferenced meetings for the next 30 days.

   Continued teleconference meetings for the next 30 days will support the Orange County CoC in continuing to meet to further the goals of the CoC and ensure continuity of CoC activities. Additionally, it will provide the CoC Board and the CoC general membership ample time to plan for the transition to in-person meetings and implementation of COVID-19 safety protocols.

   Recommended Action:
   Determination in accordance with AB 361 Section 3(e)(3) that, while the state of emergency due to the COVID-19 pandemic, as originally proclaimed by the Governor on March 4, 2020, remains active and/or state or local officials have imposed or recommended measures to promote social distancing, the Orange County CoC Board has reconsidered the circumstances of the state of emergency and has determined that the state of emergency continues to directly impact the ability of the members to meet safely in person and/or state or local officials continue to impose or recommend measures to promote social distancing.

   Becks Heyhoe motioned to approve the recommended action. Dr. Shauntina Sorrells seconded the motion. Motion passed unanimously.

2. Orange County Homelessness Updates – Doug Becht, Director, Office of Care Coordination and Zulima Lundy, CoC Manager

   a. Doug Becht provided the following System of Care Updates:
      - Orange County Cold Weather Armory Emergency Shelter Program – The Orange County Cold Weather Emergency Shelter Program provides shelter beds for individuals experiencing homelessness at the National Guard Armory in Santa Ana. The Armory is located at 612 East Warner Ave. in Santa Ana.
      - Commission to End Homelessness – The Commission to End Homelessness is holding a regularly scheduled meeting on Wednesday, February 16, 2022, at 1:00 p.m. The Commission to End

Homelessness will begin recruitment, evaluation, and recommendations for appointments and/or reappointments for six expired membership seats

- **Project Roomkey** – The County of Orange (County) continues to operate temporary isolation shelters with a total capacity of 150 beds for individuals and families experiencing homelessness who are COVID-19 sick or symptomatic. Referrals into the program are made by the Public Health Services, hospitals, shelters, street outreach teams, and law enforcement.
- **COVID-19 Vaccination Efforts** – The Office of Care Coordination is working with Public Health Services and two Federally Qualified Health Centers (FQHC) on vaccination efforts for those experiencing homelessness. The FQHCs are Families Together of Orange County in Tustin and Share Our Selves in Costa Mesa.
- **State of California's Emergency Rental Assistance (ERA) Program** – The State of California's ERA Program is referred to as CA COVID-19 Rent Relief or Housing is Key. Orange County tenants with rental arrears and/or past due utility bills are encouraged to apply for assistance.

b. Zulima Lundy provided the following CoC Updates:

- **2022 Point in Time Count Update** – Zulima Lundy provided an update on the 2022 Point in Time Count, including the new dates, deployment center locations, and the specific efforts to engage families and transitional aged youth.
- **Funding Opportunities** – Zulima Lundy reviewed the details of the City of Santa Ana and Santa Ana Housing Authority Affordable Housing Development Request for Proposals and Orange County Housing Finance Trust 2022 Notice of Funding Availability.
- **HUD Annual Homeless Assessment Report (AHAR)** – The U.S. Department of Housing and Urban Development (HUD) released its Annual Homeless Assessment Report. Zulima Lundy reviewed the key findings of the report, which can be found by clicking here.

Board Member Comments:

- Dawn Price inquired about opportunities to partner with the Office of Population and Health Equity on racial equity work. Zulima Lundy stated that the Office of Care Coordination is working closely with the Office of Population and Health Equity to ensure efforts are complimentary.

Motion to Adjourn: Meeting was adjourned at 10:41 a.m.

Next Meeting: Wednesday, March 23, 2022, from 2:00 p.m. to 4:00 p.m.

Date: March 23, 2022

Subject: Brown Act Update and Determination in accordance with Assembly Bill 361

Recommended Action:

a. Determination in accordance with AB 361 Section 3(e)(3) that, while the state of emergency due to the COVID-19 pandemic, as originally proclaimed by the Governor on March 4, 2020, remains active and/or state or local officials have imposed or recommended measures to promote social distancing, the Orange County CoC Board has reconsidered the circumstances of the state of emergency and has determined that the state of emergency continues to directly impact the ability of the members to meet safely in person and/or state or local officials continue to impose or recommend measures to promote social distancing.

Background

The Ralph M. Brown Act (Gov. Code §§ 54950-54963) requires that most deliberations and actions of public boards, committees, and commissions ("BCCs") be conducted and taken openly. Prior to the COVID-19 emergency, this required meetings of BCCs to be held in person, with teleconferencing by a member allowed only under limited circumstances. On June 11, 2021, the Governor issued Executive Order N-08-21, waiving certain provisions of the Brown Act and authorizing BCCs to hold public meetings virtually. The Executive Order specified that those waivers remain valid through September 30, 2021.

On September 16, 2021, the Governor signed into law Assembly Bill 361 (AB 361), amending the Brown Act to allow BCCs to continue virtual meetings until January 1, 2024, but with less flexibility than afforded by the Executive Order. AB 361 adds a new subsection (e) to Government Code Section 54953, laying out the requirements for such meetings.

AB 361 notes that virtual meetings must take place during a proclaimed state of emergency where State or local officials have imposed or recommended measures to promote social distancing, or during a proclaimed state of emergency where the BCC determines by majority vote that meeting in person would present imminent risks to the health or safety of attendees. If the BCC determines that holding virtual meetings is in the best interest, it shall make the following findings every 30 days thereafter:

1. Review and reconsider the circumstances of the state of emergency.
2. Find that the state of emergency continues to directly impact the ability of the members to meet safely in person. *[or]* State or local officials continue to impose or recommend measures to promote social distancing.

During the February 15, 2022, meeting, the Orange County CoC Board evaluated the state of the COVID-19 emergency and determined it continuous to directly impact the ability of the members to meet safely in person thus recommending the continuation of teleconference meeting for the next 30 days.

Analysis

The Orange County CoC has been conducting the Board and Committee meetings in accordance with the waivers as authorized in Executive Order N-908-21. With the waivers coming to an end and in accordance with subsection (e) to Government Code Section 54953, the Orange County CoC will be considering the circumstances of the recommended action to continue teleconferenced meetings for the next 30 days. This action will support the Orange County CoC in continuing to meet to further the goals of the CoC and ensure continuity of CoC activities. Additionally, it will provide the CoC membership and the Collaborative Applicant ample time to plan for the transition to in-person meetings and implementation of COVID-19 safety protocols.

Date: March 23, 2022

Subject: 2022 Continuum of Care (CoC) Committee Appointments

Recommended Action:

a. Appoint CoC Committee Chairs
   i. Appoint a CoC Board Member to the Coordinated Entry System (CES) Committee
   ii. Appoint CoC Board Member to the Transitional Age Youth (TAY) Steering Committee

Background and Analysis

The Orange County Continuum of Care (CoC) Board and its Committees are chaired by designated representatives to ensure the sustained vision and support of CoC Board initiatives. At the first meeting of each calendar year, the CoC Board will elect the Board Officers (Chair, Vice-Chair and Secretary) to serve for one-year terms, as well as appoint additional representatives to CoC Committees as needed. Following the election of the CoC Board Officers, the CoC Board Vice Chair will serve as Chair of the Policies, Procedures and Standards (PPS) Committee.

At the January 19, 2022, meeting of the CoC Board, the CoC Board membership elected new CoC Board Officers: Maricela Rios-Faust as Chair, Becks Heyhoe as Vice Chair, and Matt Bates as Secretary. Becks Heyhoe also served as Chair of the Transitional Aged Youth (TAY) Collaborative Committee and recently provided her resignation to ensure capacity to provide leadership to the PPS Committee and CoC Board. As such, the CoC Board to appoint a new Chair to the TAY Collaborative Committee.

Additionally, the CoC Board is to appoint a new Chair of the Coordinated Entry System (CES) Steering Committee. The appointment of a new Chair of the CES Steering Committee was discuss during the CoC Board on January 19, 2022, however the CoC Board determined to postpone the appointment until the next meeting of the CoC Board.

The roles and committee descriptions included in Attachment A are provided to assist the CoC Board in making informed decisions in the nomination and selection process of the CES Steering Committee and TAY Collaborative Committee Chairs.

Attachments

Attachment A – CES Steering Committee and TAY Collaborative Committee Chair Descriptions

Orange County Continuum of Care Board
Committee Representative Descriptions

Coordinated Entry System (CES) Steering Committee Chair

- The CES Steering Committee shall be chaired by a CoC Board Member appointed by the CoC Board for a two-year term, ensuring continuity and alignment with the CoC Board.
- The CES Steering Committee is responsible for the following functions:
    - Creating any workgroups necessary for the proper and efficient functioning of the CES and dissolving workgroups, if they are determined to be unnecessary for the proper and efficient functioning of the CES.
    - Vetting all proposed policies arising from workgroups to ensure adherence to the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, U.S. Department of Housing and Urban Development (HUD) Notices and regulations, and evidence-based practices. The CES Steering Committee will then determine whether proposed policies and standards will be referred for additional input and recommendation to the Policies, Procedures and Standards Committee.
    - Identifying opportunities and develop recommendations to strengthen and improve the CES core elements of access, assessment, prioritization, and referral.
    - Identifying opportunities and develop recommendations to align Homeless Management Information System (HMIS) functionality with CES policies and procedures.
    - Working with the Office of Care Coordination as the CES Lead Agency to update the CES Policies and Procedures at minimum every five years, which will include all procedures and policies needed to comply with HUD mandates and HEARTH Act regulations.

Transitional Aged Youth (TAY) Collaborative Committee Chair

- The TAY Collaborative shall be chaired by an elected CoC Board member, ensuring continuity and alignment with the CoC Board.
- The TAY Collaborative is key to enhancing collaboration and recommending policy that provides equitable and effective services to youth between the ages of 16 to 24 experiencing homelessness.
- The TAY Collaborative is responsible for the following functions:
    - Recommending best practices and policy related to preventing and ending youth homelessness
    - Utilizing data to evaluate gaps in youth homelessness response system to support the development of new policy
    - Developing a shared understanding of evidence-informed practices to address youth homelessness, current Orange County and national resources, and what interventions increase positive outcomes
    - Supporting system mapping efforts to better integrate services targeted to youth to create an effective youth homelessness response system in Orange County
    - Developing a method to effectively coordinate services and enhance collaboration among youth service providers

- Ensuring housing interventions for youth address stable housing, permanent connections, education, employment, and well-being
- Supporting the planning and implementation efforts of the Point in Time (PIT) Count, especially TAY-focused efforts
- Supporting the creation and ongoing work of the Youth Action Board (YAB)

Date: March 23, 2022

Subject: Policies, Procedures and Standards (PPS) Committee Recommendations

Recommended Action:

a. Approve the recommended updates to the Homeless Management Information System (HMIS) Policies and Procedures.
   i. Approve the inclusion of the Agency Access Appeals Policy and Process to the HMIS Policies and Procedures.
b. Approve the recommendation for the Coordinated Entry System (CES) Policy and Procedures
   i. Incorporating an Emergency Transfer Request for participants who are victims of domestic violence, dating violence, human trafficking, sexual assault, or stalking to request an emergency transfer to another available, safe housing opportunity through CES.
   ii. Discontinuing the use of the VI-SPDAT assessment and utilizing data collected in the program entry screen, primarily focusing on length of homelessness and disabling condition.
   iii. Create a working group to have further discussions with a wide group of stakeholders about updating the prioritization policy to discontinue the shelter preference.

Background and Analysis

HMIS Policies and Procedures

The HMIS Access Working Group began meeting in September 2021 in partnership with 2-1-1 Orange County (211OC) as the HMIS Lead and the Office of Care Coordination to review applications of providers requesting access to HMIS. As part of the HMIS Access Policy adopted by the Orange County Continuum of Care (CoC), the HMIS Access Working Group reviews submitted application to ensure an organization meets eligibility criteria and intends to meaningfully contribute information related to homeless assistance projects and/or homelessness prevention projects to the Orange County CoC.

Throughout the operationalization of the HMIS Access Policy, an opportunity for an application appeals process was identified. The HMIS Access Working Group, 211OC, the Office of Care Coordination and the newly elected CoC Board leadership supported the process and discussion to develop an Agency Access Appeals Policy and Process to be recommended to the Policy, Procedures and Standards (PPS) Committee.

On January 11, 2022, the revised HMIS Policies and Procedures were presented to the PPS Committee. As part of the presentation by the Office of Care Coordination and 211OC, it was noted that the Agency Access Appeals Policy and Process was forthcoming for inclusion in the HMIS Policies and Procedures. The PPS Committee membership approved the recommended revisions to the HMIS Policies and Procedures, with the caveat that the Agency Access Appeals Policy and Process would return as a recommended action for the PPS Committee for approval at a later date.

The Office of Care Coordination requested ideas and feedback from the HMIS Policies and Procedures Working Group, HMIS Agency Access, and 211OC for a potential process of appealing decisions towards agencies' applications that are denied. The newly elected CoC Board leadership were also consulted for feedback which allowed for considerations around the logistics and purpose of the policy. Attachment A includes the recommended HMIS Agency Access Appeals Policy and Process, which proposes an initial

Agency Access Process Review by 211OC if an appeal is filed by an organization. If upon initial review it appears the HMIS Access Working Group did not follow the proper steps to review criteria for access to HMIS, a secondary review will be performed by a subset of the PPS Committee to arrive at a final determination on the decision.

The HMIS Agency Access Appeals Policy and Process was presented to the PPS Committee on Tuesday, March 8, 2022. The PPS Committee took action to approve the recommended policy to proceed to the CoC Board for approval.

Approval of the recommended action will ensure fair and equitable review of agencies wishing to appeal a decision by the HMIS Access Working Group, while also allowing for agencies to submit a new application at a future date should their circumstances change related to HMIS Access needs.

CES Policy and Procedures

The Coordinated Entry System (CES) Policies and Procedures were last revised and approved by the Orange County Continuum of Care (CoC) Board on September 11, 2019. Since then, the CES has continued to evolve and improve as well as provided an opportunity to implement the adopted policies and procedures.

The Office of Care Coordination as the CES Lead contracted with Homebase, a national technical assistance provider in the field of housing and homelessness, to complete an evaluation of the CES. Homebase recommended key changes to the CES Assessment and Prioritization as well as provided some best practices for the consideration of the Orange County CoC.

The Office of Care Coordination in partnership with the three components of CES – Individuals, Families and Veterans – reviewed the evaluation findings and recommendations to develop a proposal to update the CES assessment and prioritization polices. This included:

- Incorporating an Emergency Transfer Request for participants who are victims of domestic violence, dating violence, human trafficking, sexual assault, or stalking to request an emergency transfer to another available, safe housing opportunity through CES.
- Discontinuing the use of the VI-SPDAT assessment and utilizing data collected in the program entry screen, primarily focusing on length of homelessness and disabling condition.
- Updating the prioritization policy to remove the use of the VI-SPDAT score and discontinuing the shelter preference to instead focus on length of homelessness, disability and chronic homelessness.

In November 2021, the updated draft CES Policy and Procedures were available for public review and feedback was received in writing and during multiple listening sessions. The Office of Care Coordination has worked to integrate the feedback and update the draft CES Policy and Procedures accordingly through each stage of the CES Policy and Procedures review.

An overview of the recommended changes to the CES Policy and Procedures was presented for recommended approval at the December 14, 2021, meeting of the PPS Committee. The PPS Committee members determined not to take action on this item and allow for additional feedback and engagement with stakeholders.

During the January 11, 2022, meeting of the PPS Committee, the Office of Care Coordination provided an update on the plan to meet with local jurisdictions to gather additional feedback and incorporate feedback,

as appropriate, before bringing the recommended changes back to the PPS Committee for recommended action. The Office of Care Coordination facilitated a discussion with local jurisdictions on March 3, 2022, to allow for feedback and discussion on the proposed changes to the CES Procedures and Procedures. Additional feedback received was incorporated in Attachment E.

The draft of the CES Policy and Procedures detailing the recommended changes were presented to the PPS Committee for approval during the meeting held on Tuesday, March 8, 2022. Noting the varied discussion around the revised CES Policy and Procedures, the PPS Committee determined to vote on each of the three recommended actions individually. Recommended Actions B, item i and ii, focusing on the incorporation of an Emergency Transfer Request and discontinuation of the VI-SPDAT assessment, were presented and approved by the PPS Committee. In response to discussion during the PPS Committee meeting, the PPS Committee determined not move on the recommended action to update the prioritization policy to discontinue the shelter preference. The PPS Committee Chair Becks Heyhoe motioned to create a working group to have further discussions with a wide group of stakeholders, which was approved unanimously. The recommendation to create a working group is noted in Recommended Action B, item iii

Approval of the Recommended Action B will allow the CES to operate more equitably and efficiently, ensuring people with the highest length of homelessness and disabling conditions be prioritized for housing opportunities. Additionally, this recommended action will also promote further conversation amongst community stakeholders about housing prioritization policy and process for individuals and families experiencing homelessness.

Attachments

Attachment A – Orange County HMIS Agency Access Appeals Policy and Process
Attachment B – CES Policy and Procedures – Redline Version
Attachment C – CES Policy and Procedures – Clean Version
Attachment D – Homebase Report: CES Prioritization and Assessment Best Practices & Recommendations
Attachment E – CES Policy and Procedures Feedback Received

Homeless Management Information System (HMIS)

Agency Access Appeals Policy and Process

To be included in the HMIS Policies and Procedures:

Agencies that are denied access to HMIS by the Agency Access Working Group may request an appeal. The purpose of the appeal is to ensure the integrity of the review process for the agency's application. Appeals must be submitted to the HMIS Help Desk.

Upon receipt of the request, the HMIS Lead will complete the Agency Access Process Review, and determine whether the review process was followed appropriately. If all steps of the review process were followed, the decision by the Agency Access Working Group stands. If all steps in the review process were not followed, a sub-set of the Policies, Procedures, and Standards Committee will provide a secondary review and make a final determination regarding the agency's application. This decision cannot be appealed, but agencies denied access to HMIS may re-apply in the future if they can effectively address the reasons their initial application was denied.

COORDINATED ENTRY SYSTEM POLICIES AND PROCEDURES

Date Approved by Continuum of Care Board: September 11, 2019

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GOAL

The goal of the Coordinated Entry System is to effectively connect individuals and families experiencing homelessness or at-risk of homelessness to appropriate services and housing interventions to end homelessness in Orange County through:

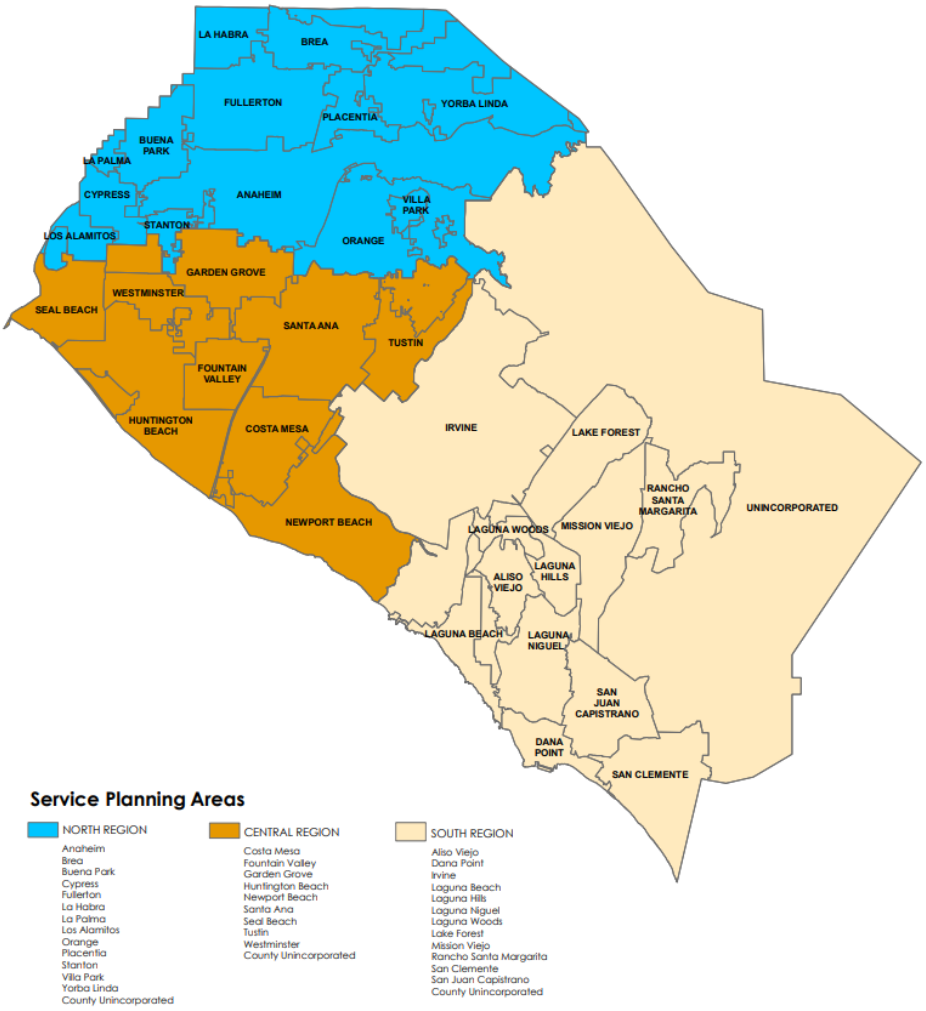
- dynamic prioritization
- collaborative coordination
- intentional resource utilization
- equitable resource distribution
- regional service planning area prioritization

CES LEAD

The CES lead agency, ~~OC Community Resources (OCCR)~~County of Orange, is empowered by the Continuum of Care (CoC) to manage the process of determining and updating the prioritization for all CoC funded permanent supportive housing (PSH) and CoC and ESG funded rapid rehousing (RRH) as well as any other housing resources that voluntarily participate in the CES. The lead agency will work collaboratively with the CES Steering Committee, a committee of the CoC Board, to develop and review CES policies and procedures every five years, at minimum.

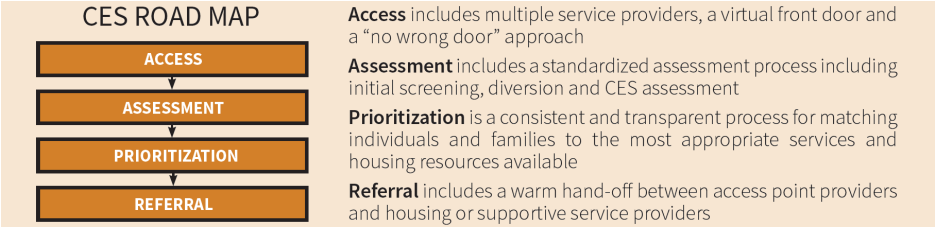
PLANNING

The Orange County CoC CES serves people experiencing homelessness in the CA-602 Orange County CoC, which covers the entire geographic area of ~~the County of Orange~~Orange County. To ensure full coverage of Orange County's geographic area, the CoC utilizes Service Planning Areas to allow for targeted services and resource allocation.



All households who meet the U.S. Department of Housing and Urban Development (HUD) definition of homelessness are eligible to participate in CES. For definitions, please see attachment A.

CES serves all individuals and families experiencing homelessness in Orange County regardless of race, color, national origin, religion, sexual orientation, gender identity, disability, age, sex, familial status, marital status, income, criminal record, or experience with domestic violence, dating violence, sexual assault or stalking.



ACCESS

The Orange County CES is operated so that individuals and families seeking housing or supportive services can easily access services. CES and available housing and supportive services are widely advertised throughout the CoC. Marketing strategies include digital and printed media. By displaying posters, flyers, and resource guides, participating agencies within each Service Planning Area will support marketing efforts and mainstream partners such as libraries, schools, police stations, and community centers will be invited to support marketing efforts as well. In some cases, mainstream partners, such as U.S. Department of Veteran Affairs (VA), the Orange County Health Care Agencies (HCA) and Social Services Agency (SSA) Family Resource Centers, may serve as access points.

While marketing will encourage people who are part of a particular cohort to connect with particular access points for a referral to CES, everyone in need will be accommodated and assisted at any access point. All materials will be affirmatively marketed to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, marital status, criminal history, and those who are least likely to complete a CES Housing Assessment in the absence of special outreach. Marketing materials will also be provided in formats accessible to all individuals, including those with disabilities and Limited English Proficiency (LEP).

Prior to attaining access, individuals or families might encounter a referral partner - an entity or agency that can direct a person experiencing a housing crisis to a CES access point. Examples of referral partners include medical providers, law enforcement and public agencies such as Parks and Recreation and the Public Library. Though referral partners cannot directly connect individuals and families to CES, they play a critical, guiding role in connecting individuals and families to emergency services which serve as access points into CES.

Access to CES occurs after a person's immediate crisis needs have been identified and their basic client information has been entered into the Homeless Management Information System (HMIS). Throughout Orange County, an array of homeless service providers serves as access points. Access points include mobile street outreach teams, navigation centers, emergency shelters and a virtual front door. Access points are distributed geographically throughout the County in all three Service Planning Areas (North, Central, and South) and the virtual front door provides access 24 hours a day through a call center and online access.

To facilitate access to CES for veterans and people with disabilities, the VA and HCA are CES partners with the ability to conduct the standardized CES assessment and participate in the prioritization and referral process.

Access Model

The Orange County CES is comprised of three systems: CES for Individuals, CES for Families and a Veteran Registry for Veterans. All CES systems work collaboratively and follow all CES policies and procedures.

Orange County CoC embraces a Housing First approach and, as such, CES, offers services and housing to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements. In the Housing First model, rapid placement and stabilization in permanent housing are primary goals.

Although there are separate systems for individuals and families, the Orange County CES offers a “no wrong door” approach with a standardized assessment at all access points. Initial standardized screening at each access point allows for immediate linkage to the appropriate subpopulation access point. This provides individuals and families experiencing homelessness a variety of avenues from which to access housing and supportive services, and no one is turned away.

Orange County CES does not prohibit or create barriers to available emergency services. Access to available emergency services are independent of the operating hours or coordinated intake and assessment processes for CES. Completing the standardized housing assessment is not a requirement and no individual or family will be denied access to the crisis response system based on willingness to participate in the assessment process. Regardless of people’s willingness to complete the standardized CES assessment, people will be warmly welcomed into emergency shelters and/or other emergency services, as available.

Accessibility

Orange County CES ensures that access points are accessible to all individuals, including those with disabilities and limited English proficiency. In cases where particular access points are inaccessible for participants for any reason including, but not limited to, structural barriers, language barriers, or transportation limitations, individuals and families will be accommodated at alternative access points or by a street outreach team with the appropriate auxiliary aids and services necessary to ensure effective communication and completion of the standardized assessment.

Safety Planning

Individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking need specialized assistance that promotes and protects their confidentiality and safety. Therefore, while they will have unencumbered access to emergency services and CES, appropriate and prompt referrals to services, including hotlines, and emergency shelters specializing in domestic violence are critical. The following domestic violence resources are available in Orange County:

Human Options	877-854-3594
Interval House	714-891-8121

Laura's House	866-498-1511
Women Transitional Living Center	714-992-1931 877-531-5522
Sexual Assault Victim Services (North)	714-957-2737
Sexual Assault Victim Services (South)	949-831-9110
2-1-1 Orange County Helpline	211 949-646-4357 888-600-4357

Victim service providers are encouraged, but not required, to use CES and/or HMIS.

Virtual Access

Individuals or families experiencing homelessness or at-risk of experiencing homelessness can call 2-1-1 at any time, day or night, and will be connected with a certified multi-lingual referral specialist who can make referrals to appropriate emergency services based on individual and family service needs and Service Planning Area location.

ASSESSMENT

CES utilizes a standardized assessment process. The standardized assessment is separated into sections which assist in determining homelessness, vulnerability, strengths, barriers and other criteria related to eligibility for housing programs. The standardized CES assessment process is consistent across all access points including street outreach teams.

Prior to completing the standardized CES assessment, access points assess and address immediate needs followed by efforts to prevent homelessness or divert from experiencing ongoing homelessness. If referrals to housing resources available through CES are required, access point staff begin completing the CES assessment with the individual or family experiencing homelessness. The CES assessment may be completed during a single session or over time as immediate needs are addressed and rapport is developed between access point staff and the individuals or families experiencing homelessness.

If an individual is in crisis and requires and chooses shelter, the following steps must be taken:

- First, provide triage including diversion and prevention;
- Then, connect the individual or family with shelter as needed and capacity allows and;
- Finally, follow up to complete the CES assessment.

Safety planning is done for all individuals who may be in danger or could be a danger to themselves or others including identifying appropriate supports and resources. These needs are uncovered through the assessment and responded to immediately to quickly offer appropriate referral linkages. Accessors will be trained on how to understand when a person is at risk of harming themselves or others and serve as mandated reporters so that they are equipped to call 911 when necessary or connect individuals or families to a local hospital for crisis supports.

CES assessments can and should be updated as contact information or life circumstances change to ensure a successful referral to an available housing resource and corresponding housing provider.

In support of the participant's self-determination and autonomy, CES participants are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. Participants who decline to complete the CES assessment or provide incomplete information will be informed by the assessor that incomplete assessment information may limit housing opportunities if the incomplete questions are related to eligibility criteria for specific programs.

Unaccompanied minors (children ages 17 and younger) will be immediately connected to Casa Youth Shelter (800-914-2272) or Huntington Beach Youth Shelter (714-842-6600) for emergency shelter and supportive services. The standardized CES assessment may be completed with an unaccompanied minor, as appropriate.

Providers serving as access points have completed training on conducting the standardized CES assessment and entering data into HMIS. Updated training is provided at least annually. Ongoing support and training are available upon request and as resources permit.

The training covers CES policies and procedures including assessment procedures, prioritization, housing referrals, participant privacy, cultural and linguistic competency, safety planning and trauma-informed practices. Training resources are regularly reviewed and updated as needed but no less than once a year. Training is provided or coordinated by ~~OCCR~~the County of Orange.

Each agency participating in CES will assign up to two staff as CES Agency Administrators. Agency Administrators will be required to attend an annual training provided or coordinated by ~~OCCR~~ the County of Orange for CES Agency Administrators. Agency Administrators are responsible for communication and training for all CES users and assessors within their organization. Agency Administrators are also responsible for quality assurance of assessments and communication with ~~OCCR~~ the County of Orange regarding staffing changes.

PRIORITIZATION

When the need for services is greater than resources available, CES utilizes an established prioritization schema approved by the CoC Board to connect individuals and families experiencing homelessness with available housing opportunities. Housing opportunities available through CES include Permanent Supportive Housing, Housing Choice Vouchers, Rapid Rehousing, and other housing opportunities as they become available. At minimum, all CoC and Emergency Solutions Grants (ESG) funded housing opportunities will prioritize individuals with the most urgent and severe needs on the CES prioritization list who are eligible for the housing opportunity. Other housing resources will be encouraged, but not required, to participate in CES if privately or alternatively funded.

The Orange County CES is integrated into the emergency response services in Orange County to meet basic needs, including emergency shelters and transitional shelters. Individuals and families experiencing homelessness or at-risk of homelessness should work with emergency service providers and/or call 2-1-1 to receive an initial referral to emergency services. Emergency

response services will utilize the Orange County CES to connect individuals and families experiencing homelessness with available housing opportunities.

Prevention and diversion services are part of CES and may occur prior to engaging in CES or during the process of participating in CES for individuals and families experiencing homelessness or at risk of homelessness. Prevention and diversion are key components of CES that should be utilized in case management and housing plans for all individuals and families experiencing homelessness or at risk of homelessness in Orange County. Individuals and Families at-risk of homelessness and in need of homeless prevention services, should dial 2-1-1 to receive a referral to available homeless prevention services. In instances where there are no appropriate prevention referrals, 2-1-1 will attempt to connect participants to alternate resources.

CES prioritization is a dynamic process. CES will prioritize individuals and families with the longest length of homelessness in the community and highest service needs as determined using CES assessment tools and case conferencing. A regional Service Planning Area distribution prioritization based on the most recent finalized point in time count is used to distribute non-designated County resources by Service Planning Area to avoid forcing individuals or families to move long distances unless by participant choice. ~~The 2019 Point-in-Time Count found the following distribution of individuals and families experiencing homelessness: 40% in North, 49% in Central and 11% in South Service Planning Areas. Another factor in the prioritization process is connection to emergency shelter, which is aimed at increasing system flow and maximizing limited housing opportunities.~~

The primary factors considered during prioritization is length of homelessness and permanent disabling conditions. Another factor in the prioritization process is connection to shelter, which is aimed at increasing system flow and maximizing limited shelter and housing resources.
Exceptions to the ~~above prioritization process~~prioritization based on length of homelessness and disabling conditions may be made through case conferencing and as appropriate to meet specialized client needs. In addition, case conferencing will be employed to ensure housing resources are aligned to client needs and promote effective resource utilization.

To facilitate the prioritization process, centralized master prioritization lists have been created for individuals, families, and veterans experiencing homelessness. In addition, a subset of the individual prioritization list is maintained monthly as a Top 10% list. To create the Top 10% list, the top 10% of individuals based on length of homelessness are selected as a sub-set of the master prioritization list. Individual matches are made from the Top 10% list unless no appropriate matches are available at which point, matches are made from the larger master prioritization list. The purpose of the Top 10% list is to focus CES efforts and support a high level of engagement from agencies participating in CES as well ensure the most effective and appropriate use of available resources.

All ~~HUD funded CoC PSH~~housing opportunities available through CES ~~must~~ will prioritize chronically homeless individuals and families that are the most appropriate referral to the available resource. ~~Individuals~~ Chronically homeless individuals and families with the longest length of homelessness and with the most significant service needs will be prioritized over chronically homeless individuals and families with shorter lengths of homelessness and less significant needs following the prioritization process described above.

Housing opportunities provided by public housing authorities that are not funded through the CoC (ex. Housing Choice Vouchers) will be prioritized by CES in compliance with the administrative

plan for each public housing authority jurisdiction. Prioritization and case conferencing will be used to refer individuals and families who are the most appropriate referral to the available resource.

Tenant-based and project-based PSH tenants are permitted to move between PSH opportunities and/or graduate to HCVs, as available and eligible. Movement between PSH opportunities is determined and agreed upon by the housing providers. Vacancies created through tenant movement must be refilled through CES using CES prioritization criteria.

~~All RRH resources available through CES must prioritize individuals and families with the longest length of homelessness and with the most significant service needs over individuals and families with shorter lengths of homelessness and less significant service needs in adherence to the prioritization criteria.~~

Housing opportunities that serve a specific target population may receive referrals of that target population. To target a specific population outside of existing practices and community standards, housing providers must provide documentation to CES of receipt of funding that specifies the funder-defined targeting criteria prior to receiving a referral. Housing providers with targeted housing opportunities will receive referrals from CES that meet the stated targeting criteria, following the system wide prioritization policy for matches.

Participants remain ~~on the prioritization list~~enrolled in CES until the participant is permanently housed, opts out of participating in CES, or becomes inactive. Participants will be made inactive on the prioritization list after 90 days of non-engagement with access points or participating agencies.

Scenario 1: CES receives 5 HCVs for non-elderly~~, chronically homeless~~ individuals. Based on the 2019 Point in Time results, homeless households were distributed throughout Orange County's Service Planning Areas as follows: 40% North, 49% Central, and 11% South. Therefore, the vouchers will be designated as follows: 2 North Service Planning Area, 2 Central Service Planning Area, and 1 South Service Planning Area. Starting with the Top 10% list, sheltered individuals experiencing chronic homelessness with the longest lengths of homelessness are matched to these opportunities. ~~If there is a tie in the length of homelessness, the HCV will go to the individual with the highest need as measured by the VI-SPDAT or assigned after case conferencing.~~ If no sheltered matches are available, unsheltered individuals on the Top 10% list will be considered prior to considering matches on the master prioritization list. If no individuals experiencing chronic homelessness are available, individuals with a permanent disabling condition experiencing homelessness with the longest lengths of homelessness will be considered followed by people without a permanent disabling condition with the longest lengths of homelessness.

Scenario 2: A project-based PSH unit becomes available in the North Service Planning Area for a family. Sheltered families experiencing chronic homelessness with the longest length of homelessness from the North Service Planning Area are considered first for this opportunity. ~~If there is a tie in the length of homelessness, the family with the highest need based on VI-SPDAT score or other factors discussed during case conferencing will be considered for the housing opportunity.~~ If no sheltered families experiencing chronic homelessness from the North Service Planning Area are available, unsheltered families experiencing chronic homelessness from the North Service Planning Area will be considered followed by sheltered families experiencing chronic homelessness from any Service Planning Area will be considered followed by families

experiencing homelessness with a head of household with a permanent disabling condition from the North Service Planning Area, and then unsheltered families experiencing homelessness with a head of household with a permanent disabling condition from any Service Planning Area will be considered. Finally, families experiencing homelessness from the North Service Planning Area with the longest lengths of homelessness will be considered followed by families experiencing homelessness from any Service Planning Area.

Scenario 3: An RRH opportunity becomes available for ~~a chronically~~ homeless individuals. Sheltered individuals from the Top 10% list with the longest lengths of homelessness are considered first for this opportunity. Then, unsheltered individuals from the Top 10% list with the longest length of homelessness will be considered before considering individuals on the master prioritization list. Individuals experiencing chronic homelessness with the longest lengths of homelessness are considered first for this opportunity. Then, individuals with a permanent disabling condition experiencing homelessness with the longest lengths of homelessness will be considered followed by people without a permanent disabling condition with the longest lengths of homelessness.

REFERRAL

Housing providers share available housing opportunities through HMIS or a comparable database selected by ~~OCCR~~the County of Orange. Housing opportunities are discussed weekly at the Housing Placement Match Meetings (HPMM) and matched to eligible individuals and families as prioritized by the prioritization schema. The meetings are attended by participating access points, referral partners and housing providers. All information shared at the HPMM is private and confidential. To attend the HPMM, attendees are required to review client privacy and confidentiality requirements and attest to complying with the privacy and confidentiality requirements.

Upon referral to housing opportunities, access points will continue to support participants throughout the housing placement process and, ideally, for a month or more after housing placement to ensure housing stability is achieved.

Upon referral to housing opportunities, housing providers will provide an overview of program expectations including the share of rent and utility costs to participants and maintain regular communication with access point staff and CES. For RRH opportunities, the maximum amount of rent that a participant may pay can be up to 100% of the rental amount. In general, the goal will be that participants pay no more than 50% of their income in rent at RRH program completion.

When an individual or family declines a housing referral, the participant is returned to the prioritization list and remains on the prioritization list for a new housing referral. The individual or family will continue to be prioritized for available housing resources following the prioritization process previously described.

Housing providers may deny a referral from CES under any of the following circumstances:

- Inappropriate referral (ex. Accessibility needs cannot be met)
- Ineligible referral (ex. New intake information fails to meet eligibility requirements)
- Participant obtained other permanent housing
- Participant is unresponsive after multiple contact attempts to all available contact information

Referrals denied by housing providers must be made in writing or electronically in HMIS and include the reason for denying the referral as well as any information obtained during the referral process that ensures accurate participant information and helps improve future referral processes.

When an individual or family is denied by housing providers, the participant is returned to the prioritization list and remains on the prioritization list for a new housing referral. The individual or family will continue to be prioritized for available housing resources following the prioritization process previously described.

Housing provider denials may be contested by conference between the housing provider, the referring agency and ~~OCCR~~the County of Orange. The referred individual or family may also be involved as able and appropriate.

EMERGENCY TRANSFER REQUEST POLICY

Per the Violence Against Women Act (VAWA), any household who is a victim of domestic violence, dating violence, human trafficking, sexual assault, or stalking can request an emergency transfer under the following circumstances:

a. A sexual assault occurred on the premises of their HUD-funded housing program; or
b. Who reasonably believed that they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, stalking, or human trafficking if they remain in that designated HUD-Funded dwelling.

A request for an emergency transfer, under these circumstances, does not guarantee immediate placement, but participants who qualify for an emergency transfer will be given a priority referral over all other applications for the next available, safe unit through CES for which they qualify.

If a household is currently enrolled in a HUD-funded housing program and requests an emergency transfer, the household must follow the housing agency's internal emergency transfer housing process. If the housing program is unable to accommodate the emergency transfer request, the housing program may request an emergency transfer via CES.

PRIVACY AND DATA MANAGEMENT

CES, as an extension of HMIS, is required to comply with all HMIS policies and procedures. All agency staff participating in CES are required to sign and comply with all HMIS policies and procedures.

During CES assessment, assessors are required to obtain participant consent to disclose their information. As needed, consent may be obtained verbally but, ideally, consent will be provided in writing or electronically. When participants consent to disclose their information, they enhance the ability of CES to assess needs and make appropriate housing referrals. If consent is not obtained, services will not be denied.

In the case that full consent is not obtained, please note these special instructions: Do not enter personal identifiable information into HMIS. HMIS will automatically generate an anonymous ID. Please retain at least the first page of the CES assessment part I with the HMIS ID and participant name for your records and future housing referrals.

GRIEVANCE PROCESS

At any time during the coordinated entry process, participants have the right to file a complaint, should they feel that CES has not complied with the nondiscrimination and equal opportunity provisions of Federal civil rights law, fair housing laws and requirements, or the CES policies and procedures. During assessment, all CES participants will be provided with the process for filing a complaint. All complaints will be addressed in a timely and fair manner. The following three contacts are provided to participants for the purpose of addressing discrimination or grievance concerns:

- For grievances with Coordinated Entry System policies and procedures, contact Orange County Community Resources at CoordinatedEntry@ochca.com.
- For service provider related complaints, grievance should be directed to the appropriate service provider for resolution.

Field Code Changed

- For housing program related complaints, grievances should be directed to the appropriate housing provider for resolution.
- To file a ~~non~~discrimination complaint, contact the Department of Housing and Urban Development through the online portal: https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint

EVALUATION

CES will be regularly evaluated to analyze effectiveness and to identify areas for improvement. System performance metrics will be examined semi-annually, at minimum, to monitor adherence to system benchmarks. Length of time on priority list, placement rates, and returns to homelessness are sample metrics that will be used to understand system capacity and determine where additional resources are needed.

In addition, feedback will be solicited from CES participants and participating agencies through feedback surveys and focus groups. Participating agencies will be surveyed at least annually and focus group feedback opportunities will also be provided annually to solicit consumer feedback. Annually, all participants who utilize CES will be offered the chance to complete a feedback survey and/or participate in focus group feedback sessions held at geographically dispersed locations. The focus groups and surveys will cover all domains of the coordinated entry process, including intake, assessment and referral, and will be used to gauge participant and agency perception of system quality and effectiveness.

~~OCCR~~The County of Orange, as the lead CES agency, will collect participant and agency evaluations and analyze system performance. The information collected will be used to recommend updates to CES, in consultation with a committee of relevant stakeholders. This committee will meet at least annually to adopt and implement system changes.

For the purpose of the evaluation, data analyzed will be de-identified, and feedback will not require a name or other identifiable information. This will be used to ensure participant and participating agency privacy during the evaluation process.

CES DOCUMENTS AND REGULATIONS

The above policies and procedures replace all previous versions of the Coordinated Entry System (CES) policies and procedures and are intended to ensure that all agencies participating in the Orange County CES comply with the following regulations:

HUD Coordinated Entry Notice CPD-17-01 - Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System

HUD Prioritization Notice CPD-16-11 – Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing

Continuum of Care (CoC) Program Interim Rule 24 CFR 578

Emergency Solutions Grants Interim Rule 24 CFR 576

HUD Equal Access rule: 24 CFR 5

ATTACHMENT A – Homeless Definition

Information on the definition of homeless can be found on HUD Exchange at https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/ and is summarized below. The following four homeless categories are eligible to participate in CES.

Category 1. Literally Homeless

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation;
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Category 2. Imminent Risk of Homelessness

Individual or family who will imminently lose their primary nighttime residence, provided that:

- Residence will be lost within 14 days of the date of application for homeless assistance;
- No subsequent residence has been identified; and
- The individual or family lacks the resources or support networks needed to obtain other permanent housing

Category 3. Homeless under other Federal statutes

Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- Are defined as homeless under the other listed federal statutes;
- Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
- Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
- Can be expected to continue in such status for an extended period of time due to special needs or barriers

Category 4. Fleeing/Attempting to Flee Domestic Violence

Any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence;
- Has no other residence; and
- Lacks the resources or support networks to obtain other permanent housing

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COORDINATED ENTRY SYSTEM POLICIES AND PROCEDURES

Date Approved by Continuum of Care Board: September 11, 2019

GOAL

The goal of the Coordinated Entry System is to effectively connect individuals and families experiencing homelessness or at-risk of homelessness to appropriate services and housing interventions to end homelessness in Orange County through:

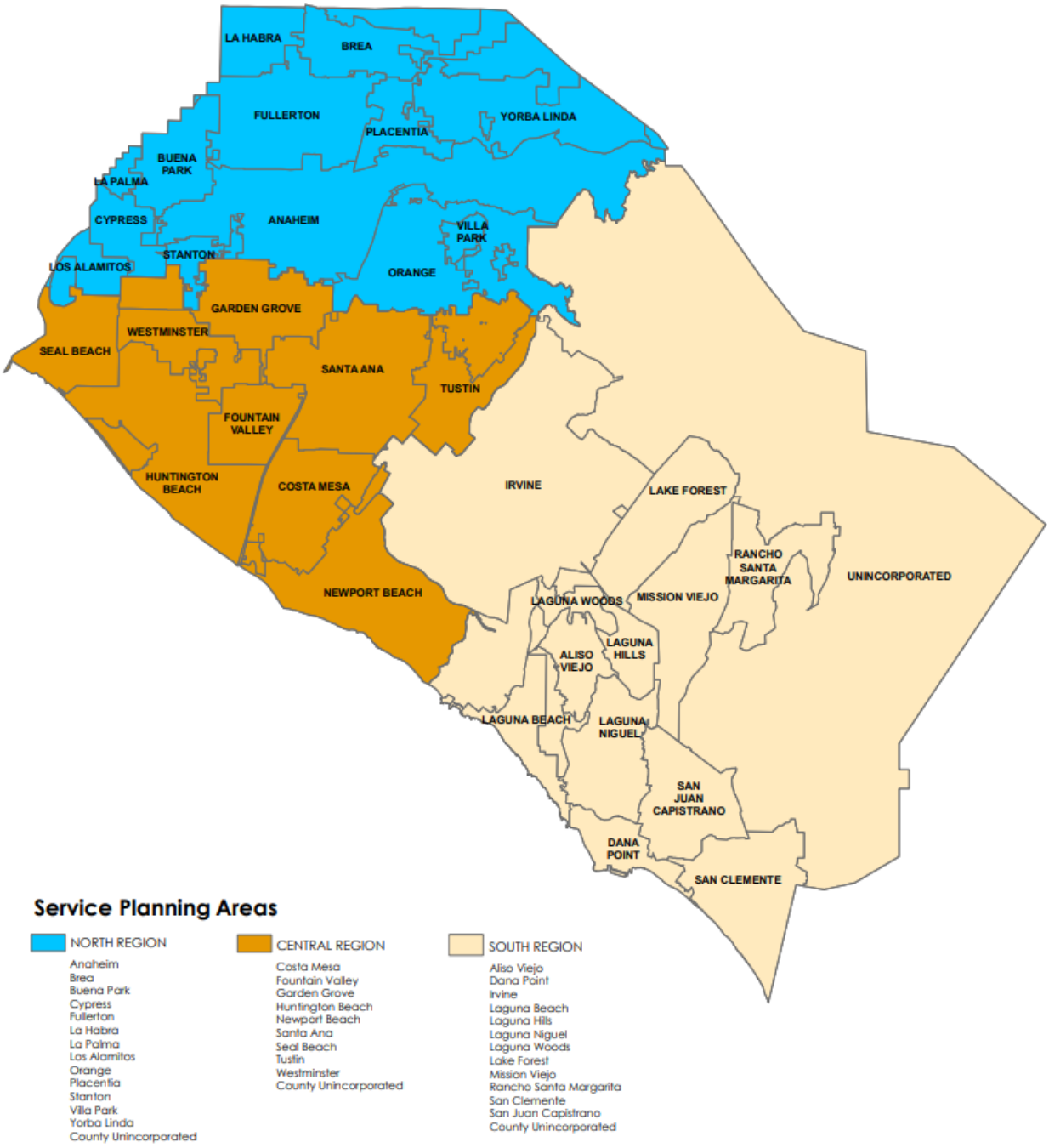
- dynamic prioritization
- collaborative coordination
- intentional resource utilization
- equitable resource distribution
- regional service planning area prioritization

CES LEAD

The CES lead agency, County of Orange, is empowered by the Continuum of Care (CoC) to manage the process of determining and updating the prioritization for all CoC funded permanent supportive housing (PSH) and CoC and ESG funded rapid rehousing (RRH) as well as any other housing resources that voluntarily participate in the CES. The lead agency will work collaboratively with the CES Steering Committee, a committee of the CoC Board, to develop and review CES policies and procedures every five years, at minimum.

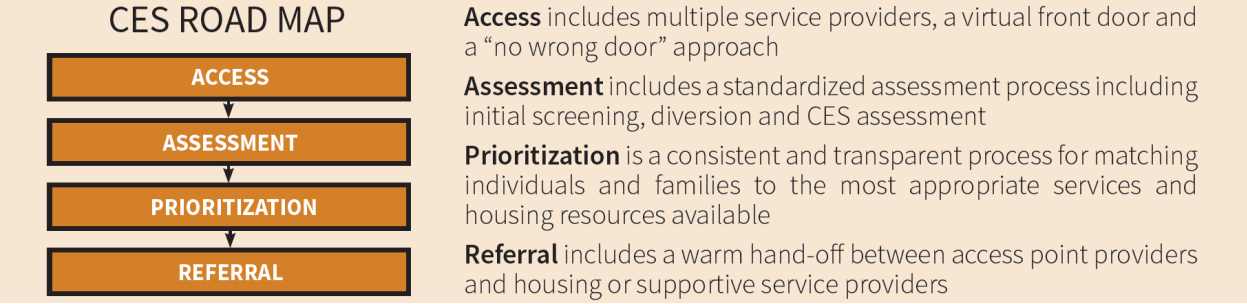
PLANNING

The Orange County CoC CES serves people experiencing homelessness in the CA-602 Orange County CoC, which covers the entire geographic area of Orange County. To ensure full coverage of Orange County's geographic area, the CoC utilizes Service Planning Areas to allow for targeted services and resource allocation.



All households who meet the U.S. Department of Housing and Urban Development (HUD) definition of homelessness are eligible to participate in CES. For definitions, please see attachment A.

CES serves all individuals and families experiencing homelessness in Orange County regardless of race, color, national origin, religion, sexual orientation, gender identity, disability, age, sex, familial status, marital status, income, criminal record, or experience with domestic violence, dating violence, sexual assault or stalking.



ACCESS

The Orange County CES is operated so that individuals and families seeking housing or supportive services can easily access services. CES and available housing and supportive services are widely advertised throughout the CoC. Marketing strategies include digital and printed media. By displaying posters, flyers, and resource guides, participating agencies within each Service Planning Area will support marketing efforts and mainstream partners such as libraries, schools, police stations, and community centers will be invited to support marketing efforts as well. In some cases, mainstream partners, such as U.S. Department of Veteran Affairs (VA), the Orange County Health Care Agencies (HCA) and Social Services Agency (SSA) Family Resource Centers, may serve as access points.

While marketing will encourage people who are part of a particular cohort to connect with particular access points for a referral to CES, everyone in need will be accommodated and assisted at any access point. All materials will be affirmatively marketed to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, marital status, criminal history, and those who are least likely to complete a CES Housing Assessment in the absence of special outreach. Marketing materials will also be provided in formats accessible to all individuals, including those with disabilities and Limited English Proficiency (LEP).

Prior to attaining access, individuals or families might encounter a referral partner - an entity or agency that can direct a person experiencing a housing crisis to a CES access point. Examples of referral partners include medical providers, law enforcement and public agencies such as Parks and Recreation and the Public Library. Though referral partners cannot directly connect individuals and families to CES, they play a critical, guiding role in connecting individuals and families to emergency services which serve as access points into CES.

Access to CES occurs after a person's immediate crisis needs have been identified and their basic client information has been entered into the Homeless Management Information System (HMIS). Throughout Orange County, an array of homeless service providers serves as access points. Access points include mobile street outreach teams, navigation centers, emergency shelters and a virtual front door. Access points are distributed geographically throughout the County in all three Service Planning Areas (North, Central, and South) and the virtual front door provides access 24 hours a day through a call center and online access.

To facilitate access to CES for veterans and people with disabilities, the VA and HCA are CES partners with the ability to conduct the standardized CES assessment and participate in the prioritization and referral process.

Access Model

The Orange County CES is comprised of three systems: CES for Individuals, CES for Families and a Veteran Registry for Veterans. All CES systems work collaboratively and follow all CES policies and procedures.

Orange County CoC embraces a Housing First approach and, as such, CES, offers services and housing to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements. In the Housing First model, rapid placement and stabilization in permanent housing are primary goals.

Although there are separate systems for individuals and families, the Orange County CES offers a “no wrong door” approach with a standardized assessment at all access points. Initial standardized screening at each access point allows for immediate linkage to the appropriate subpopulation access point. This provides individuals and families experiencing homelessness a variety of avenues from which to access housing and supportive services, and no one is turned away.

Orange County CES does not prohibit or create barriers to available emergency services. Access to available emergency services are independent of the operating hours or coordinated intake and assessment processes for CES. Completing the standardized housing assessment is not a requirement and no individual or family will be denied access to the crisis response system based on willingness to participate in the assessment process. Regardless of people’s willingness to complete the standardized CES assessment, people will be warmly welcomed into emergency shelters and/or other emergency services, as available.

Accessibility

Orange County CES ensures that access points are accessible to all individuals, including those with disabilities and limited English proficiency. In cases where particular access points are inaccessible for participants for any reason including, but not limited to, structural barriers, language barriers, or transportation limitations, individuals and families will be accommodated at alternative access points or by a street outreach team with the appropriate auxiliary aids and services necessary to ensure effective communication and completion of the standardized assessment.

Safety Planning

Individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking need specialized assistance that promotes and protects their confidentiality and safety. Therefore, while they will have unencumbered access to emergency services and CES, appropriate and prompt referrals to services, including hotlines, and emergency shelters specializing in domestic violence are critical. The following domestic violence resources are available in Orange County:

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Interval House	714-891-8121

Laura's House	866-498-1511
Women Transitional Living Center	714-992-1931 877-531-5522
Sexual Assault Victim Services (North)	714-957-2737
Sexual Assault Victim Services (South)	949-831-9110
2-1-1 Orange County Helpline	211 949-646-4357 888-600-4357

Victim service providers are encouraged, but not required, to use CES and/or HMIS.

Virtual Access

Individuals or families experiencing homelessness or at-risk of experiencing homelessness can call 2-1-1 at any time, day or night, and will be connected with a certified multi-lingual referral specialist who can make referrals to appropriate emergency services based on individual and family service needs and Service Planning Area location.

ASSESSMENT

CES utilizes a standardized assessment process. The standardized assessment is separated into sections which assist in determining homelessness, vulnerability, strengths, barriers and other criteria related to eligibility for housing programs. The standardized CES assessment process is consistent across all access points including street outreach teams.

Prior to completing the standardized CES assessment, access points assess and address immediate needs followed by efforts to prevent homelessness or divert from experiencing ongoing homelessness. If referrals to housing resources available through CES are required, access point staff begin completing the CES assessment with the individual or family experiencing homelessness. The CES assessment may be completed during a single session or over time as immediate needs are addressed and rapport is developed between access point staff and the individuals or families experiencing homelessness.

If an individual is in crisis and requires and chooses shelter, the following steps must be taken:

- First, provide triage including diversion and prevention;
- Then, connect the individual or family with shelter as needed and capacity allows and;
- Finally, follow up to complete the CES assessment.

Safety planning is done for all individuals who may be in danger or could be a danger to themselves or others including identifying appropriate supports and resources. These needs are uncovered through the assessment and responded to immediately to quickly offer appropriate referral linkages. Accessors will be trained on how to understand when a person is at risk of harming themselves or others and serve as mandated reporters so that they are equipped to call 911 when necessary or connect individuals or families to a local hospital for crisis supports.

CES assessments can and should be updated as contact information or life circumstances change to ensure a successful referral to an available housing resource and corresponding housing provider.

In support of the participant's self-determination and autonomy, CES participants are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. Participants who decline to complete the CES assessment or provide incomplete information will be informed by the assessor that incomplete assessment information may limit housing opportunities if the incomplete questions are related to eligibility criteria for specific programs.

Unaccompanied minors (children ages 17 and younger) will be immediately connected to Casa Youth Shelter (800-914-2272) or Huntington Beach Youth Shelter (714-842-6600) for emergency shelter and supportive services. The standardized CES assessment may be completed with an unaccompanied minor, as appropriate.

Providers serving as access points have completed training on conducting the standardized CES assessment and entering data into HMIS. Updated training is provided at least annually. Ongoing support and training are available upon request and as resources permit.

The training covers CES policies and procedures including assessment procedures, prioritization, housing referrals, participant privacy, cultural and linguistic competency, safety planning and trauma-informed practices. Training resources are regularly reviewed and updated as needed but no less than once a year. Training is provided or coordinated by the County of Orange.

Each agency participating in CES will assign up to two staff as CES Agency Administrators. Agency Administrators will be required to attend an annual training provided or coordinated by the County of Orange for CES Agency Administrators. Agency Administrators are responsible for communication and training for all CES users and assessors within their organization. Agency Administrators are also responsible for quality assurance of assessments and communication with the County of Orange regarding staffing changes.

PRIORITIZATION

When the need for services is greater than resources available, CES utilizes an established prioritization schema approved by the CoC Board to connect individuals and families experiencing homelessness with available housing opportunities. Housing opportunities available through CES include Permanent Supportive Housing, Housing Choice Vouchers, Rapid Rehousing, and other housing opportunities as they become available. At minimum, all CoC and Emergency Solutions Grants (ESG) funded housing opportunities will prioritize individuals with the most urgent and severe needs on the CES prioritization list who are eligible for the housing opportunity. Other housing resources will be encouraged, but not required, to participate in CES if privately or alternatively funded.

The Orange County CES is integrated into the emergency response services in Orange County to meet basic needs, including emergency shelters and transitional shelters. Individuals and families experiencing homelessness or at-risk of homelessness should work with emergency service providers and/or call 2-1-1 to receive an initial referral to emergency services. Emergency

response services will utilize the Orange County CES to connect individuals and families experiencing homelessness with available housing opportunities.

Prevention and diversion services are part of CES and may occur prior to engaging in CES or during the process of participating in CES for individuals and families experiencing homelessness or at risk of homelessness. Prevention and diversion are key components of CES that should be utilized in case management and housing plans for all individuals and families experiencing homelessness or at risk of homelessness in Orange County. Individuals and Families at-risk of homelessness and in need of homeless prevention services, should dial 2-1-1 to receive a referral to available homeless prevention services. In instances where there are no appropriate prevention referrals, 2-1-1 will attempt to connect participants to alternate resources.

CES prioritization is a dynamic process. CES will prioritize individuals and families with the longest length of homelessness in the community and highest service needs as determined using CES assessment tools and case conferencing. A regional Service Planning Area distribution prioritization based on the most recent finalized point in time count is used to distribute non-designated County resources by Service Planning Area to avoid forcing individuals or families to move long distances unless by participant choice.

The primary factors considered during prioritization is length of homelessness and permanent disabling conditions. Another factor in the prioritization process is connection to shelter, which is aimed at increasing system flow and maximizing limited shelter and housing resources. Exceptions to the prioritization based on length of homelessness and disabling conditions may be made through case conferencing and as appropriate to meet specialized client needs. In addition, case conferencing will be employed to ensure housing resources are aligned to client needs and promote effective resource utilization.

To facilitate the prioritization process, centralized master prioritization lists have been created for individuals, families, and veterans experiencing homelessness. In addition, a subset of the individual prioritization list is maintained monthly as a Top 10% list. To create the Top 10% list, the top 10% of individuals based on length of homelessness are selected as a sub-set of the master prioritization list. Individual matches are made from the Top 10% list unless no appropriate matches are available at which point, matches are made from the larger master prioritization list. The purpose of the Top 10% list is to focus CES efforts and support a high level of engagement from agencies participating in CES as well ensure the most effective and appropriate use of available resources.

All housing opportunities available through CES will prioritize chronically homeless individuals and families that are the most appropriate referral to the available resource. Chronically homeless individuals and families with the longest length of homelessness and with the most significant service needs will be prioritized over chronically homeless individuals and families with shorter lengths of homelessness and less significant needs following the prioritization process described above.

Housing opportunities provided by public housing authorities that are not funded through the CoC (ex. Housing Choice Vouchers) will be prioritized by CES in compliance with the administrative plan for each public housing authority jurisdiction. Prioritization and case conferencing will be used to refer individuals and families who are the most appropriate referral to the available resource.

Tenant-based and project-based PSH tenants are permitted to move between PSH opportunities and/or graduate to HCVs, as available and eligible. Movement between PSH opportunities is determined and agreed upon by the housing providers. Vacancies created through tenant movement must be refilled through CES using CES prioritization criteria.

Housing opportunities that serve a specific target population may receive referrals of that target population. To target a specific population outside of existing practices and community standards, housing providers must provide documentation to CES of receipt of funding that specifies the funder-defined targeting criteria prior to receiving a referral. Housing providers with targeted housing opportunities will receive referrals from CES that meet the stated targeting criteria, following the system wide prioritization policy for matches.

Participants remain enrolled in CES until the participant is permanently housed, opts out of participating in CES, or becomes inactive. Participants will be made inactive on the prioritization list after 90 days of non-engagement with access points or participating agencies.

Scenario 1: CES receives 5 HCVs for non-elderly individuals. Based on the 2019 Point in Time results, homeless households were distributed throughout Orange County's Service Planning Areas as follows: 40% North, 49% Central, and 11% South. Therefore, the vouchers will be designated as follows: 2 North Service Planning Area, 2 Central Service Planning Area, and 1 South Service Planning Area. Starting with the Top 10% list, sheltered individuals experiencing chronic homelessness with the longest lengths of homelessness are matched to these opportunities. If no sheltered matches are available, unsheltered individuals on the Top 10% list will be considered prior to considering matches on the master prioritization list. If no individuals experiencing chronic homelessness are available, individuals with a permanent disabling condition experiencing homelessness with the longest lengths of homelessness will be considered followed by people without a permanent disabling condition with the longest lengths of homelessness.

Scenario 2: A project-based PSH unit becomes available in the North Service Planning Area for a family. Sheltered families experiencing chronic homelessness with the longest length of homelessness from the North Service Planning Area are considered first for this opportunity. If no sheltered families experiencing chronic homelessness from the North Service Planning Area are available, unsheltered families experiencing chronic homelessness from the North Service Planning Area will be considered followed by sheltered families experiencing chronic homelessness from any Service Planning Area will be considered followed by families experiencing homelessness with a head of household with a permanent disabling condition from the North Service Planning Area, and then unsheltered families experiencing homelessness with a head of household with a permanent disabling condition from any Service Planning Area will be considered. Finally, families experiencing homelessness from the North Service Planning Area with the longest lengths of homelessness will be considered followed by families experiencing homelessness from any Service Planning Area.

Scenario 3: An RRH opportunity becomes available for homeless individuals. Sheltered individuals from the Top 10% list with the longest lengths of homelessness are considered first for this opportunity. Then, unsheltered individuals from the Top 10% list with the longest length of homelessness will be considered before considering individuals on the master prioritization list. Individuals experiencing chronic homelessness with the longest lengths of homelessness are considered first for this opportunity. Then, individuals with a permanent disabling condition

experiencing homelessness with the longest lengths of homelessness will be considered followed by people without a permanent disabling condition with the longest lengths of homelessness.

REFERRAL

Housing providers share available housing opportunities through HMIS or a comparable database selected by the County of Orange. Housing opportunities are discussed weekly at the Housing Placement Match Meetings (HPMM) and matched to eligible individuals and families as prioritized by the prioritization schema. The meetings are attended by participating access points, referral partners and housing providers. All information shared at the HPMM is private and confidential. To attend the HPMM, attendees are required to review client privacy and confidentiality requirements and attest to complying with the privacy and confidentiality requirements.

Upon referral to housing opportunities, access points will continue to support participants throughout the housing placement process and, ideally, for a month or more after housing placement to ensure housing stability is achieved.

Upon referral to housing opportunities, housing providers will provide an overview of program expectations including the share of rent and utility costs to participants and maintain regular communication with access point staff and CES. For RRH opportunities, the maximum amount of rent that a participant may pay can be up to 100% of the rental amount. In general, the goal will be that participants pay no more than 50% of their income in rent at RRH program completion.

When an individual or family declines a housing referral, the participant is returned to the prioritization list and remains on the prioritization list for a new housing referral. The individual or family will continue to be prioritized for available housing resources following the prioritization process previously described.

Housing providers may deny a referral from CES under any of the following circumstances:

- Inappropriate referral (ex. Accessibility needs cannot be met)
- Ineligible referral (ex. New intake information fails to meet eligibility requirements)
- Participant obtained other permanent housing
- Participant is unresponsive after multiple contact attempts to all available contact information

Referrals denied by housing providers must be made in writing or electronically in HMIS and include the reason for denying the referral as well as any information obtained during the referral process that ensures accurate participant information and helps improve future referral processes.

When an individual or family is denied by housing providers, the participant is returned to the prioritization list and remains on the prioritization list for a new housing referral. The individual or family will continue to be prioritized for available housing resources following the prioritization process previously described.

Housing provider denials may be contested by conference between the housing provider, the referring agency and the County of Orange. The referred individual or family may also be involved as able and appropriate.

EMERGENCY TRANSFER REQUEST POLICY

Per the Violence Against Women Act (VAWA), any household who is a victim of domestic violence, dating violence, human trafficking, sexual assault, or stalking can request an emergency transfer under the following circumstances:

a. A sexual assault occurred on the premises of their HUD-funded housing program; or
b. Who reasonably believed that they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, stalking, or human trafficking if they remain in that designated HUD-Funded dwelling.

A request for an emergency transfer, under these circumstances, does not guarantee immediate placement, but participants who qualify for an emergency transfer will be given a priority referral over all other applications for the next available, safe unit through CES for which they qualify.

If a household is currently enrolled in a HUD-funded housing program and requests an emergency transfer, the household must follow the housing agency's internal emergency transfer housing process. If the housing program is unable to accommodate the emergency transfer request, the housing program may request an emergency transfer via CES.

PRIVACY AND DATA MANAGEMENT

CES, as an extension of HMIS, is required to comply with all HMIS policies and procedures. All agency staff participating in CES are required to sign and comply with all HMIS policies and procedures.

During CES assessment, assessors are required to obtain participant consent to disclose their information. As needed, consent may be obtained verbally but, ideally, consent will be provided in writing or electronically. When participants consent to disclose their information, they enhance the ability of CES to assess needs and make appropriate housing referrals. If consent is not obtained, services will not be denied.

In the case that full consent is not obtained, please note these special instructions: Do not enter personal identifiable information into HMIS. HMIS will automatically generate an anonymous ID. Please retain at least the first page of the CES assessment part I with the HMIS ID and participant name for your records and future housing referrals.

GRIEVANCE PROCESS

At any time during the coordinated entry process, participants have the right to file a complaint, should they feel that CES has not complied with the nondiscrimination and equal opportunity provisions of Federal civil rights law, fair housing laws and requirements, or the CES policies and procedures. During assessment, all CES participants will be provided with the process for filing a complaint. All complaints will be addressed in a timely and fair manner. The following three contacts are provided to participants for the purpose of addressing discrimination or grievance concerns:

- For grievances with Coordinated Entry System policies and procedures, contact Orange County Community Resources at CoordinatedEntry@ochca.com.
- For service provider related complaints, grievance should be directed to the appropriate service provider for resolution.

- For housing program related complaints, grievances should be directed to the appropriate housing provider for resolution.
- To file a discrimination complaint, contact the Department of Housing and Urban Development through the online portal: https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint

EVALUATION

CES will be regularly evaluated to analyze effectiveness and to identify areas for improvement. System performance metrics will be examined semi-annually, at minimum, to monitor adherence to system benchmarks. Length of time on priority list, placement rates, and returns to homelessness are sample metrics that will be used to understand system capacity and determine where additional resources are needed.

In addition, feedback will be solicited from CES participants and participating agencies through feedback surveys and focus groups. Participating agencies will be surveyed at least annually and focus group feedback opportunities will also be provided annually to solicit consumer feedback. Annually, all participants who utilize CES will be offered the chance to complete a feedback survey and/or participate in focus group feedback sessions held at geographically dispersed locations. The focus groups and surveys will cover all domains of the coordinated entry process, including intake, assessment and referral, and will be used to gauge participant and agency perception of system quality and effectiveness.

The County of Orange, as the lead CES agency, will collect participant and agency evaluations and analyze system performance. The information collected will be used to recommend updates to CES, in consultation with a committee of relevant stakeholders. This committee will meet at least annually to adopt and implement system changes.

For the purpose of the evaluation, data analyzed will be de-identified, and feedback will not require a name or other identifiable information. This will be used to ensure participant and participating agency privacy during the evaluation process.

CES DOCUMENTS AND REGULATIONS

The above policies and procedures replace all previous versions of the Coordinated Entry System (CES) policies and procedures and are intended to ensure that all agencies participating in the Orange County CES comply with the following regulations:

HUD Coordinated Entry Notice CPD-17-01 - Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System

HUD Prioritization Notice CPD-16-11 – Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing

Continuum of Care (CoC) Program Interim Rule 24 CFR 578

Emergency Solutions Grants Interim Rule 24 CFR 576

HUD Equal Access rule: 24 CFR 5

ATTACHMENT A – Homeless Definition

Information on the definition of homeless can be found on HUD Exchange at https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/ and is summarized below. The following four homeless categories are eligible to participate in CES.

Category 1. Literally Homeless

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation;
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Category 2. Imminent Risk of Homelessness

Individual or family who will imminently lose their primary nighttime residence, provided that:

- Residence will be lost within 14 days of the date of application for homeless assistance;
- No subsequent residence has been identified; and
- The individual or family lacks the resources or support networks needed to obtain other permanent housing

Category 3. Homeless under other Federal statutes

Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- Are defined as homeless under the other listed federal statutes;
- Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
- Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
- Can be expected to continue in such status for an extended period of time due to special needs or barriers

Category 4. Fleeing/Attempting to Flee Domestic Violence

Any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence;
- Has no other residence; and
- Lacks the resources or support networks to obtain other permanent housing

Orange County Coordinated Entry System: Prioritization and Assessment Best Practices & Recommendations

August 2021

Background

The Orange County (herein referred to as County) Continuum of Care (CoC) contracted with Homebase, a national technical assistance provider in the fields of housing and homelessness, to evaluate the County's Coordinated Entry System (CES), make recommendations for improvement, and provide initial assistance in implementing the recommendations. Homebase submitted detailed system maps along with process and policy improvement recommendations on June 30, 2021. Homebase staff has worked with the County CES Team to select several areas to provide more in-depth implementation assistance.

One area for more detailed recommendations was identified as the County's prioritization policies and the assessment tools and processes used to collect information for prioritization. This document provides an overview of each of these core elements of CES, along with specific evaluation findings and policy changes proposed by Homebase to address the findings. An appendix is also included with considerations for other approaches to prioritization and assessment.

Prioritization

Prioritization is the process through which resources are allocated to people experiencing homelessness in accordance with their level of need and/or vulnerability. An effective prioritization process that is responsive to local context and needs is important because resources are limited, so only a fraction of the population experiencing homelessness will receive housing or services.

Requirements

The U.S. Department of Housing and Urban Development's (HUD's) requirements for coordinated entry are detailed in HUD Notice CPD-17-01. The Notice requires:

- CES must be used to prioritize people experiencing homeless for referral into housing programs.
- Prioritization must be based on factors that differ across households and relate to each household's relative capacity to obtain housing without the assistance.

  Possible factors listed in the Notice include: significant challenges or functional impairments including a wide range of disabilities, high use of emergency services, unsheltered status, vulnerability to illness or death, likelihood of continued homelessness without assistance, vulnerability to victimization, and "other factors determined by the community based on the severity of needs."

The factors used by the community during the prioritization process must be described in the CoC's written policies and procedures for CES. The policies and procedures must also detail the standardized

assessment process that is used to collect information on prioritization factors (these requirements are discussed in the "Assessment" section below).

Best & Emerging Practices

Prioritization is the key decision point of any CES. Beyond HUD's requirements, Homebase recognizes several best and emerging practices around prioritization that every community should attempt to implement:

Prioritization should be **dynamic**, meaning that prioritized households are not tied to specific program types or projects that might never become available to them. Dynamic prioritization is a best practice supported by HUD and through HUD-sponsored resources, including this presentation on Dynamic Prioritization and Real-Time Data Management.

CES should prioritize those persons/households with the **highest level of vulnerability**, regardless of their subpopulation groups (i.e. single adults, families with children, unaccompanied youth, survivors of domestic violence, and Veterans). The prioritization process should not allow people who are more vulnerable or who have more severe service needs to languish on the streets or in shelters because more intensive types of assistance are not available.

CoCs should ensure that prioritization **can be adjusted to account for changes** in resource availability and local conditions. During the COVID-19 pandemic, for example, HUD encouraged communities to prioritize households for housing based on vulnerability to the virus, rather than the factors they had used before the pandemic.

The CoC's CES prioritization policy should **avoid overcomplications** requiring extensive information gathering through assessment process.

Current CES Policy and Processes in Orange County

According to the County's current CES Policies and Procedures, the core prioritization factors are length of time homeless and shelter status, with sheltered households prioritized to encourage flow through the shelter system. The VI-SPDAT score can be used as a tie-breaker if two households have the same length of time homeless and shelter status. For individual adults, the top 10% of the by-name list is prioritized for housing opportunities regardless of shelter status to provide unsheltered individuals access to resources. Outside of the top 10%, sheltered individuals are first considered for opportunities.

The County's prioritization policy meets the definition of "dynamic" described above, in that households are considered for any possible program type they may be eligible for (rather than tied to one intervention). Transfers between permanent housing programs are handled outside of the standard prioritization policy, and households are prioritized by Service Provider Areas (SPA) to ensure they are offered opportunities in the geographic area of their choice.

Evaluation Findings

Homebase identified the following areas for improvement in prioritization based on the evaluation:

- The prioritization of sheltered households puts unsheltered households at a disadvantage for housing resources. It is assumed that unsheltered status is a vulnerability in itself (as noted in HUD's list of possible prioritization factors), and thus should not be used to screen households out of housing opportunities.
- The use of the VI-SPDAT score as a tie-breaker in prioritization is unnecessary. Lengths of time homeless provide enough variance that the tie-breaker policy is rarely, if ever, used.

Proposed Policy Recommendations & Changes

Based on the findings above, Homebase recommends that the CoC:

- **Continues to use length of time homeless as the primary prioritization factor for CES.** Longer periods of time homeless, including experiences of chronic homelessness, often reflect more significant vulnerabilities and barriers to accessing housing and services that inhibit an individual's or family's ability to exit homelessness. For this reason, length of time homeless is often used as a primary prioritization factor for CES and a proxy for overall vulnerability and housing barriers experienced by the client or household.
- **Removes shelter status as a prioritization factor.** This change will help to ensure that in alignment with HUD expectations, persons experiencing homelessness are being prioritized based on vulnerability for those residing in both sheltered and unsheltered situations. This also removes the necessity for the "top 10%" prioritization used by the single adult CES system.

Assessment

Assessment is the process through which information is collected and documented regarding participant needs and strengths, barriers to housing, and participants' preferences and goals. The goal of prioritization-focused assessment is to prioritize people experiencing homelessness for housing and services through the local CES.

Requirements

HUD requires that each CoC incorporate a standardized assessment practice across its coordinated entry process. Regarding assessment, HUD Notice CPD-17-01 requires:

- The same assessment process must be used at all access points within the CoC, except where necessary to meet the distinct needs of the following five HUD-designated populations:
    - Single adults
    - Families with children
    - Unaccompanied youth
    - Households fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking)
    - Persons at imminent risk of literal homelessness for purposes of administering homelessness prevention assistance.

- CES must allow participants to refuse to answer assessment questions and to reject housing and service options offered without facing retribution or limiting their access to assistance.
- The CoC must provide annual training for organizations and staff that conduct assessments.

The community's written CES Policies and Procedures need to include detailed information on the standardized assessment process. The policies and procedures must also outline a process for collecting necessary participant information when they refuse to answer one or more assessment questions and policies for assessment data collection, use and management.

Best & Emerging Practices

A clearly-defined assessment tool and process is necessary in order to prioritize/serve people fairly and in an individualized manner. Beyond HUD's requirements, Homebase recognizes several best and emerging practices in the assessment process that every community should attempt to implement:

	The standardized assessment process and tools should be **trauma-informed** and allow for collecting the **minimum required information** for prioritization. This may require implementing some form of phased assessment, which should be adapted to fit each community's unique CES.
	The exact formulation all questions asked of clients during the assessment process should **follow from and be informed by the prioritization and referral process:** • What information is needed to complete the prioritization process? • Is there information we can collect that will assist providers in the timely completion of the referral and placement phases of CES?
	CoCs should ensure that **diversion, housing-focused problem-solving, flexible fund resources, and other resources** are available and accessible to participants throughout the assessment process.

It is important to highlight the national discussion around racial equity concerns in coordinated entry assessment tools, most notably the VI-SPDAT. The VI-SPDAT is used as a triage and assessment tool widely across the nation. Recent research has suggested that its results are not equitable in terms of race, finding White clients more vulnerable than non-White (and thus more likely to receive housing). In late 2020 one of the co-creators of the VI-SPDAT suggested that communities phase out its use over the coming years. In light of these developments, many communities are reconsidering their use of the VI-SPDAT as their primary assessment tool for coordinated entry.

Current CES Policy and Processes in Orange County

According to the County's current CES Policies and Procedures, the assessment process is described as "determining homelessness, vulnerability, strengths, barriers and other criteria related to eligibility for housing programs." The basic steps of the assessment process as outlined in the CES Policies and Procedures are:

- Triage including prevention/diversion
- Connect to shelter (if needed)
- CES assessment (VI-SPDAT)

In alignment with HUD requirements, the assessment process is standardized across all access points, including outreach teams. The CoC has also established that access points must be trained on assessment process and provided updated training at least annually as required by HUD Notice CPD-17-01. Finally, in alignment with best practice, it is a policy of the CoC to engage in prevention and diversion strategies with persons presenting for assistance prior to CES assessment and entry to the homeless crisis response system as needed.

Evaluation Findings

Homebase identified the following areas for improvement in the assessment process based on the evaluation:

- The score obtained from completing the VI-SPDAT is not used as part of the CES prioritization process, except to serve as a tie-breaker in exceedingly rare situations. Performing this assessment on every household requires massive amounts of time and resources from assessing agencies, and answering sensitive assessment questions is often traumatic for people experiencing homelessness.
- Information from particular VI-SPDAT questions is occasionally used by providers to inform in-program service and housing plans (post-enrollment).
- There is no standardized collection of housing barriers and preferences to inform the referral process outside of a form used by some providers serving families.
- Diversion is not universally implemented in the single adult CES system as part of the assessment process. As a result, assessors may be missing opportunities to connect clients to safe housing options outside of the homelessness response system, particularly for households that will not be prioritized for housing based on their level of vulnerability and need.

Proposed Policy Recommendations & Changes

Based on the findings above, Homebase recommends that the CoC:

- **Streamline the assessment process for both assessors and people experiencing homelessness by gathering only the information needed for prioritization or to assist with referral process.** The VI-SPDAT is not currently contributing to the CES prioritization and referral processes, therefore its use as an assessment tool should be phased out. Providers who use information from the VI-SPDAT to assist with housing and service planning should develop questionnaires or other tools to capture this information during program enrollment and outside of the CES assessment process.
- **Determine how to assess length of time homelessness.** As the primary prioritization factor for CES, it is important that the CoC define and standardize in the CES Policies and Procedures how this factor will be assessed, which may include self-reported information or data obtained through the participant's HMIS record. The CoC should consider which of these methods has the most complete and accurate data. Current CES practice uses a self-report value (the "approximate date homeless" question in HMIS data element 3.917) to inform the length of time homeless prioritization factor, so the CoC must ensure the highest possible data quality and completeness for this data. If the CoC has concerns about using self-reported data as the primary factor for prioritization, it could consider combining or averaging self-reported and verified (via HMIS enrollments) data values.
- **Standardize the collection of information to assist with referral and placement at assessment.** In addition to informing prioritization, CES assessment provides an opportunity to

collect information that will help CES make appropriate referrals and assist housing providers with program enrollment and unit search. Referrals may end unsuccessfully due to housing barriers such as eviction history or criminal background, as well as client preferences like geographic location or reasonable accommodations for disability. Currently many access points serving families complete a “Housing Assessment Plan” form that collects much of this information. The CoC should review this form, update it as needed, and mandate its use at all access points serving all subpopulations.

- **Standardize diversion at assessment across all access points.** The assessment phase of CES provides an opportunity to engage clients in problem solving discussion that attempt to end their homelessness before a more intense commitment of resources.
- **Stay attuned to research and the national discussion around coordinated entry assessment.** Coordinated entry assessment is an area of interest to HUD and the entire field of homeless response. New research, guidance, or innovations may soon emerge that provide communities with the ability to assess vulnerability and other factors more accurately and equitably.

Appendix: Considerations for New Prioritization Factors

In this document Homebase recommended that the CoC use length of time homeless as the primary factor for prioritizing housing resources. The CoC should regularly monitor CES data as well as collect stakeholder feedback through the annual CES evaluation to understand how the prioritization policy is affecting system efficiency and equity in outcomes. Through these methods, the CoC may determine the length of time homeless is insufficient as a sole factor in prioritization. In that case, the CoC may decide to identify additional factors that will be used along with length of time homeless rather than adopting an off-the-shelf tool like the VI-SPDAT. This would allow the additional prioritization factors to be tailored to local needs and context. In addition, the CoC could engage a range of stakeholders in the selection process to ensure the new factors are informed by people with lived experience of homelessness and advance racial equity in service provision.

These prioritization factors should be connected to specific assessment questions asked of CES participants, which may be taken from the VI-SPDAT, newly created assessment questions, or other locally relevant information. Selecting factors aligned with individual data points currently collected in HMIS, or even VI-SPDAT questions themselves could provide continuity in a transition to a new assessment (i.e. clients already assessed with VI-SPDAT will have data on these factors). Examples include:

Prioritization Factor	Sample Assessment Question (VI-SPDAT)
Significant challenges or functional impairments, including a wide range of disabilities	Section D. Wellness (Physical Health, Substance Use, and Mental Health)
High use of emergency services	Question B.4 (Emergency Service Use)
Unsheltered status	Question A.1 (Most Frequent Sleeping Situation)
Vulnerability to illness or death	Section D. Wellness (Tri-Morbidity)
Likelihood of continued homelessness without assistance	Question A.2-3 (Length of Time / Episodes of Homelessness)
Vulnerability to victimization	Question B.5-6 (Risk of Harm) Question B.8-9 (Risk of Exploitation)

No matter what prioritization factors the CoC may select, assessment questions must be reconfigured, or new questions must be developed to collect the information needed to support the prioritization process. Every question included in the revised assessment tool should correspond to one or more CES prioritization factor and/or should be necessary to assist with the referral process. CES assessors, access point staff, and other assessing staff or agencies should also be promptly trained on changes to the assessment process once they are approved and implemented.

2021 CES POLICY FEEDBACK & QUESTIONS

The CES draft policies were available for public review and feedback from November 3rd through November 30th. The feedback below was received in writing and during the public listening sessions. The feedback in blue was received after the November 30th deadline.

EMERGENCY TRANSFER REQUEST

What will be the process for a DV client to request for an emergency transfer?
Is there a chance that the adoption of the Emergency Housing Transfer policy would lead to more resources being available to this population?
Will verification and documentation for cases of Domestic Violence be needed for the Emergency Transfer Request policy? Does there need to be a police report?
How will the housing options for DV will be included in CES as part of the Emergency Transfer Request? Will they receive a priority under this new policy?
I wanted to follow up on the proposal for emergency transfers and the first bullet that stated a 90 day window for an assault to be a reason. My feedback would be a trauma informed approach would consider than many victims of assault can take quite a while to first come to terms with their assault, report their assault, have to deal with criminal system and then may be able to focus on other things. 90 days seems very short.

ASSESSMENT

Can the self-certification caps be extended to help address issues with case workers having difficulties capturing third-party verification of homelessness?
Can we immediately stop using the VI-SPDAT?
What information will be collected on the enrollment screen that will be used to determine prioritization?
The discussion around the CES policies should continue and you should continue to encourage feedback from providers. My agency is aligned with replacing the VI-SPDAT but would like to participate in an expanded discussion prior to the recommendation.
There is a TAY VISPDAT. I recommend that we use that version when working with TAY unless the VISPDAT is eliminated.
What type of information/data will be collected on the "program entry page" that will replace the VI-SPDAT?
If the system is moving toward using HMIS data on Length of Homeless as the primary form of assessment then I think it is imperative that agencies be trained on the HUD Data Standards around that HMIS field. Agencies may be interpreting this question in different ways and this inconsistency

may unintentionally favor one client over another if interpreted differently. I am not sure who would be the entity within our CoC system that would need to ensure that this training happens but would imagine since it is HMIS and Entry Data, 2-1-1 would be seen as a valuable partner to ensure that agencies understand the logic behind the question and how to seek responses to it.
How will we refer individuals to CQ if VI-SPDAT is removed?
As far as general feedback around the policy changes: • We are all in agreement that the removal of the VI-SPDAT assessment is a good change – that it can be too invasive, time-consuming, and re-traumatizing for both participants and staff. • Our program team did note it is important to have some type of assessment in place to assess vulnerability. • How else would we gauge vulnerability? Some type of additional needs assessment or updating of the enrollment questions in CES to include vulnerability-type questions would be nice to have. • CES meetings, if changes occur, would need to change the narrative on case conferencing and encourage service providers to give a more honest update on clients' vulnerabilities and/or barriers.

PRIORITIZATION

Prioritization Factors

Will chronically homeless clients continue to be prioritized?
The type of verification of homelessness could be an additional prioritization factor, such as: 1) Length of homelessness – 3rd Party Verification, 2) Length of homelessness – self-certified, 3) Length of homelessness – unverified.
What would be an alternative if our CoC did not use a tie breaker to distinguish between people with equal lengths of homelessness?
Instead of using the word "tie-breaker" the language should be replaced with something like "compensating factors."
The system may inadvertently extend a household's length of homelessness by prioritizing those with the longer lengths, while ignoring other factors that could make the other households more vulnerable.
Only looking at the length of homelessness and not considering other factors such as age and disabling conditions would not be a good indicator of vulnerability.
Consider other complexities to determine vulnerability other than length of homelessness since each situation is more complex.
For prioritization, consider aging/disabilities with length of homelessness – a week being homeless is different from someone who is able-bodied. Disability should be considered.

For a prioritization tiebreaker – take eviction into account.
The policy should consider people who are homeless due to eviction/at risk of eviction. CES should incorporate people who are displaced due to eviction. History of eviction could be considered a prioritization tiebreak factor. People with evictions are disproportionately affected because it is hard for them to obtain new housing.
Instead of length of homelessness, take disability and risk of eviction into account.
I like the prioritization of length of homelessness. A potential blindspot is extending someone's homelessness because they must wait for those with longer lengths of homelessness to be housed first.
Maybe we can prioritize those experiencing homelessness in specified SPA region? Individuals with the greatest length of homelessness in that particular area and consider those 'document ready' (also room for partners to advocate then community vote?). What is the success rate of those shelter to home vs. street to home? Will this be the same for TAY population?
For Feedback around what to do in the case of a tiebreaker (if length of homelessness is the same), focus on barriers and vulnerability.
I was thinking if this can be helpful, that for tiebreaking purposes, if the level of impairment in the community could be a factor to use. For example, if an unsheltered individual in the community is challenged by accessing resources in the community, symptoms interfere with taking a bus to meet with an outreach worker, physically limited due to wheelchair, etc.
I do understand the push to assist individuals on the street, however because we have limited housing units, funds and vouchers, it is very important to prioritize the individuals most in need of assistance. It appears to me that you are proposing to change the policy to prioritize an individual based on length of homelessness without considering other factors. If this is the case, an individual with underlying health issues, or an individual unable to make good decisions at the moment, or an individual who may never be self -sufficient, would not be prioritized over another person who is completely able to be self-sufficient, but choosing to live on the streets. I hope that I have misunderstood this recommended change, as it makes no sense to me to leave a person who is struggling on the street and to assist an individual who may have chosen the lifestyle of an urban camper.
I foresee more clients being helped and connected to housing opportunities if length of homelessness determines eligibility.
We should update the policies to reflect that we prioritize people experiencing "documented" chronic homelessness instead of only experiencing chronic homelessness.
How will CES determine who the high utilizers are since right now CES is able to determine this group by using the VI-SPDAT data?
Determining high utilizers may cause there to be a gap due to minorities being distrustful of resources and do not utilize the system. One value of the VI-SPIDAT is that it looks at utilizers of services. Bigger picture, how are we factoring in "high utilizers" as a vulnerability factor for tiebreakers?

With utilization we do need to be mindful that minority communities are less likely to use formal healthcare and reluctant to report harmful behavior. Given historic racism, minority communities' distrust of health systems, and discriminatory policing practices.

Shelter Priority

Removing the shelter priority may create larger system implications.
Consider any data around the shelter preference being used to create system flow that would help view the overall impact.
Removing the shelter priority will help providers serve households that are unable or unwilling to access shelter resources due to trauma.
Do any of the shelter providers have concerns with the disruption of the system flow out of shelters if this priority is removed? Could this cause a bottleneck in services? Are we expecting a big shift of people entering shelters to receive a match?
Removing the shelter priority would allow for a more equitable distribution of resources.
If we discontinue the shelter preference, the shelter can be a source to verify homelessness (more than 3 months). Documentation of the length of homelessness is easier for those who are sheltered than those who are unsheltered.
Shelters are not always accessible, and the shelter preference should be removed. Not everyone has equal access to shelters.
Getting rid of shelter prioritization will be useful in serving individuals with mental illness and those who have difficulty engaging in a shelter setting.
Cities that are making a financial commitment to operate shelters should continue to get a shelter preference. The shelter priority incentivizes communities to continue to invest in shelters. An alternative would be to divide the housing resources between people who are sheltered and unsheltered such as a 60/40 split.

Transitional Aged Youth (TAY)

I fear that using the length of homelessness as the only priority would place TAY at the bottom of the list and make it harder for this population to access housing resources.
Using Length of Homelessness as a priority would unintentionally cause TAY to become the least prioritized within CES.
How would this disproportionally affect TAY youth? They might not have as many years of homelessness- unintended consequence.

The TAY population has TAY-specific resources, wouldn't be competing for resources.
This is not new, there are regulations that are already written. It is up to the CES to prioritize populations. CES should use the HMIS system. The TAY population has their own funds designated for programs.
The possibility of changing shelter prioritization to length of homelessness when connecting clients to housing opportunities could benefit the TAY population greatly. Many TAY are not in shelters or unable to find availability of shelters. For the TAY population specifically, there is little to no shelters catered towards this group of individuals, making it difficult for clients to go through to shelter funnel. If there are shelters, they may be catered towards specific genders or situations, leaving other individuals no shelter choice.

OTHER

What is CES is doing to ensure that accessible housing is being provided to households?
We should work to increase access to accessible housing. Consider providing clarification to ensure that those in need of accessible housing get it.
SUGGESTION: Provide clarification around each housing type and detail the accessibility as well. There are laws in place that there should be efforts made to locate a housing resource that can accommodate the household if the one given is not suitable.
Will the data sharing policies be reexamined since the VI-SPDAT will be eliminated now and additional data elements will be shared?
Will the Service Planning Area allocations be affected by a change in priority?
I am concerned about resources provided by SPA. If they are allocated equally there may be a disparity in some areas.
How can we get closer to each individual's and Family's needs? Connect with them to better understand their circumstances.
There are barriers in the referral process for rapid rehousing.
I wanted to give you some feedback I have received from the providers regarding homeless verification documentation. Several providers have mentioned how obtaining third party verification documentation is very challenging. For example, one provider mentioned that to try to contact a "soup kitchen" to verify receiving services there for a period of time is unlikely. The soup kitchens serve hundreds of individuals on a regular basis. Unlikely that they will recall this individual. Second example, if the provider can only provide 4 months of verified homeless history and the individual is chronically homeless and the individual did not access services/lived on the streets only, then how it was sad that only his/her self-certification of 3 months would be added to the history equaling 7 months of verified homeless history.

Date: March 23, 2022

Subject: Future Request for Proposals

Recommended Action:

a. Recommend the issuance of a Request for Proposals for Emergency Shelter Operations and a Request for Proposals for Rapid Rehousing Services to be funded with Homeless Housing, Assistance and Prevention Program Round 1 and/or Round 3

Background and Analysis

The Office of Care Coordination serves as the Administrative Entity for Homeless Housing, Assistance and Prevention Program (HHAP) grant funding for the Orange County Continuum of Care (CoC). The Office of Care Coordination was worked closely with the Orange County CoC Board to make funding recommendations and commitments that support addressing homelessness in Orange County. The HHAP grant program provides local jurisdictions with funds to support regional coordination to expand or develop local capacity to address their immediate homelessness challenges as well as prevent an end to homelessness in their communities.

The State of California's Homeless Coordinating and Financing Council (HCFC), now called the California Interagency Council on Homelessness (Cal ICH) announced the availability of HHAP Round 1 grant funding on December 6, 2019. Since the release of HHAP Round 1, the Cal ICH has also released an allocation of HHAP Round 2 funding and a Notice of Funding Availability (NOFA) for HHAP Round 3.

The Orange County CoC was allocated $8,081,115.98 for HHAP Round 1 and has a remaining balance of approximately $1.8 million to be programmed. The large majority of the HHAP Round 2 funds are already committed to Project Homekey Proposals submitted in response to Homekey Round 2 NOFA to fund the operations of interim housing projects that will support the transition of people experiencing homelessness who were impacted by COVID-19 to more permanent housing options. The balance of the HHAP Round 2 funds are to support the implementation of youth-focused programming. The Office of Care Coordination on behalf of the Orange County CoC has the opportunity to apply for an allocation of $9,582,816.93 in HHAP Round 3 funding to build on regional coordination developed through previous rounds of HCFC Homeless Emergency Aid Program (HEAP), HHAP, and COVID-19 funding.

Recognizing the contract timelines of funding previously made available and the changing funding sources, the Office of Care Coordination is seeking to be proactive in the competitive solicitation of a variety of services within Orange County's homelessness response system.

For reference, Table A details the emergency shelter operations that will end on or before June 30, 2022, as well as Table B details the Rapid Rehousing (RRH) funding that will end on June 30, 2022.

Table A. Emergency Shelter Operations

Agency	Program Description	Contract Amount	Current Contract Term Start Date	Current Contract Term End Date
Friendship Shelter	Emergency Shelter Services – Provide 35 beds for individual adults experiencing homelessness in the South Service Planning Area, resulting in 120 individual adults being served annually. Funded by State ESG funding.	$157,770	7/1/2021	6/30/2022 (will renew for one additional one-year term)
City of Laguna Beach	Shelter Operations in the South Service Planning Area – Funded with HHAP Round 1 funding.	$191,625	5/1/2021	4/30/2022
Grandma's House of Hope	Emergency Housing Interventions – Provide a total of 26 victims of crime or other trauma with emergency shelter, case management, crisis intervention and supportive services. Funded with CESH Round 2 funding.	$134,859	7/1/2021	6/30/2022
Interval House	Emergency Housing Interventions – Provide a total of 51 domestic violence victims and children experiencing literal homelessness with confidential emergency shelter, case management and specialized support services. Funded with CESH Round 2 funding.	$117,930	7/1/2021	6/30/2022
Mercy House Living Centers, Inc.	Emergency Shelter Services – Provide 56 beds for families with minor experiencing homelessness in the City of Orange, resulting in 80 households (approximately 280 persons) being served annually. Funded with State ESG funding.	$76,085	7/1/2021	6/30/2022 (will renew for one additional one-year term)
Mercy House Living Centers, Inc.	Emergency Housing Interventions – Provide emergency shelter, case management, supportive services and shelter diversion to 38 households of families with minor children for a total of 134 unduplicated persons (adults and children). Funded with CESH Round 2 funding.	$91,819	7/1/2021	6/30/2022
Pathways of Hope (FIES)	Emergency Housing Interventions – Provide 53 households of families with minor children for a total of 188 unduplicated persons (adults and children) with emergency shelter, case management, supportive services and shelter diversion. Funded by CESH Round 2 funding.	$100,427	7/1/2021	6/30/2022
Pathways of Hope (FIES)	Emergency Shelter Services – Provide 46 beds to individuals and families with minor children in the North Service Planning Area, resulting in 40 households (approximately 140 persons) being served annually. Funded with State ESG funding.	$134,700	7/1/2021	6/30/2022 (will renew for one additional one-year term)

Table B. Rapid Rehousing Services

Agency	Program Description	Contract Amount	Current Contract Term Start Date	Current Contract Term End Date
Interval House	Rental Assistance, Housing Reallocation and Stabilization Services – Provide 26 individuals and families with minor children experiencing literal homelessness throughout Orange County with emergency services including rental assistance and security deposits as needed, and individualized housing and service plans for participant relocation and stabilization. Funded with CESH Round 2 funding.	$398,121	7/1/2021	6/30/2022
Families Forward/FSC	COVID-19 RRH Services – Provide up to 12 months of Rapid Rehousing services to 260 families, households with minor children, experiencing homelessness. Funded with State ESG-CV funding.	Original: $3,971,625 Revised: $2,571,625	3/23/2021	6/30/2022
Interval House	COVID-19 RRH Services – Provide up to 12 months of Rapid Rehousing services to 8 households who are survivors of domestic violence. Funded with State ESG-CV funding.	$200,000	3/23/2021	6/30/2022
Mercy House Living Centers, Inc.	Rapid Rehousing, Housing Relocation and Stabilization services – Provide services for 23 households (approximately 60 persons) annually. Funded with State ESG-CV.	$252,710	7/1/2021	6/30/2022 (will renew for one additional one-year term)
Mercy House Living Centers, Inc.	COVID-19 RRH Services – Provide up to 12 months of Rapid Rehousing services to 260 individuals or adult only households countywide. Funded with State ESG-CV funding.	Original: $9,110,656 Revised: $4,926,537	3/23/2021	6/30/2022
PATH	COVID-19 RRH Services – Provide up to 12 months of Rapid Rehousing services to 220 individual or adult only households in the North and Central Service Planning Area. Funded with State ESG-CV funding.	$1,714,219	3/23/2021	6/30/2022

The Office of Care Coordination is seeking support from the CoC Board to issue a Request for Proposals for Emergency Shelter Operations and a Request for Proposals for Rapid Rehousing Services to be funded with Homeless Housing, Assistance and Prevention (HHAP) Program Round 1 and/or Round 3. The total funding amount to be determined at a future meeting of the CoC Board, as current planning is underway for the HHAP Round 3 funding application in response to the NOFA. Utilizing HHAP Round 1 and/or Round 3 for these services will ensure fiscal responsibility for the Orange County CoC as well as continued support for individuals and families receiving services from contracted providers.