

ORANGE COUNTY
CONTINUUM OF CARE BOARD
Wednesday, May 25, 2022
2 p.m. – 4 p.m.

Location:
County Administration South (CAS) Building
Conference Center
425 West Santa Ana Blvd. Room 104/106
Santa Ana, CA 92701-4599
[Click Here](#) for parking information

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

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 complete a Request to Address the CoC Board form prior to the beginning of each agenda item and submit it to CoC Board staff. Staff will call your name in the order received.

Members of the public may also submit public comment by emailing CareCoordination@ochca.com. All comments submitted via email before the start of the CoC Board meeting will be distributed to the CoC Board members for their consideration and all comments will be added to the administrative records of the meeting. Please include "CoC Board Meeting Comment" in the email subject line.

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 April 27, 2022.**

BUSINESS CALENDAR

1. **Orange County Continuum of Care (CoC) Membership** – Zulima Lundy, CoC Manager
 - a. Appoint the following individuals to a Nominating Committee to recruit for the Emergency Solutions Grant (ESG) Funded Agency or Recipient Agency Representative to serve as a CoC Board member: Barry Ross, Elizabeth Andrade, David Gillanders and LeVal Brewer.
 - b. Approve extending the CoC Board term to December 31, 2022, to align with the updated term dates included in the CoC Board Governance Charter for the following CoC Board members: Christina Weckerly-Ramirez, Matt Bates, Judson Brown, Soledad Rivera, Donald Dermit, Tim Houchen, Patti Long and Maricela Rios-Faust.
2. **CoC Working Groups and Ad Hocs** – Zulima Lundy, CoC Manager
 - a. Appoint Deby Wolford and Linda Ly to the HMIS Access Working Group.
 - b. Discuss next steps for the CoC Leadership Vision Ad Hoc and appoint Tim Shaw, Patti Long, Becks Heyhoe, Dawn Price and George Searcy to participate in ad hoc.
 - c. Appoint Eric Richardson, Becks Heyhoe and Tim Shaw to the CoC Notice of Funding Opportunity (NOFO) Ad Hoc.
3. **Housing and Homelessness Incentive Program (HHIP) Presentation** – Katie Balderas, Interim Director of Population Health Management, CalOptima; and Sarah Nance, Senior Project Manager of Homeless Health Initiatives, Population Health Management, CalOptima
4. **2022 Orange County Point in Time Count Presentation** – Doug Becht, Director, Office of Care Coordination and Zulima Lundy, CoC Manager
5. **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

Next Meeting: Wednesday, June 22, 2022, from 2 p.m. – 4 p.m.

ORANGE COUNTY
CONTINUUM OF CARE BOARD
Wednesday, April 27, 2022
2 p.m. – 4 p.m.

Location: County Administration South (CAS)

Building Conference Center

425 West Santa Ana Blvd. Room 104/106

Santa Ana, CA 92701-4599

[Click Here](#) for parking information

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

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 2:02 p.m.

Board Member Roll Call – Felicia Boehringer, Continuum of Care Administrator

Present: Matt Bates, Nikki Buckstead, Tim Houchen, Dawn Price, Eric Richardson, Maricela Rios-Faust, Soledad Rivera, Elida Sanchez, George Searcy, Dr. Shauntina Sorrells, Tim Shaw, and Christina Weckerly-Ramirez

Absent Excused: Becks Heyhoe, Patti Long, Donald Dermit

Absent: Judson Brown

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.

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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 Special Meeting Minutes from March 23, 2022.

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

BUSINESS CALENDAR

1. Orange County System of Care Updates – Doug Becht, Director, Office of Care Coordination

a. Doug Becht provided the following System of Care Updates:

- **Project Roomkey** – The County of Orange (County) continues to operate temporary isolation shelters with a total capacity of 100 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. Project Roomkey is set to operate through June 30, 2022; however, the County will continue to monitor the COVID-19 pandemic and ensures that appropriate services are provided.
- **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.
- **Encampment Resolution Funding Grant Award** – The County has been awarded an Encampment Resolution Funding grant in the amount of \$3,627,030. This funding will be used to address the needs of individuals experiencing homelessness at Talbert Park in Costa Mesa.
- **Homeless Opportunity Tax Credit**– California’s governor signed Assembly Bill (AB) 150 establishing the Homeless Hiring Tax Credit (HHTC). The credit is available for taxable years beginning January 1, 2022, through December 31, 2026.
- **Project Homekey** – Doug Becht provided an update on Project Homekey, including Round 1 and Round 2 Projects. The County, including OC Community Resources and the Office of Care Coordination, supported the submission of four project proposals for Homekey Program Round 2 in the Cities of Anaheim, Stanton, Costa Mesa, and Huntington Beach.
- **Transition to County Executive Office (CEO)** – The Office of Care Coordination will be transitioning to the CEO beginning July 1, 2022, as approved by the Board of Supervisors (BOS) at the April 26, 2022, meeting.
- **Funding Opportunities – Regional Street Outreach and Care Coordination Services** – On February 22, 2022, Health Care Agency (HCA) issued a Request For Proposals (RFP) to seek qualified providers for the Regional Street Outreach and Care Coordination Services for each Service Planning Area (SPA). The Regional Street Outreach and Care Coordination Services will provide regional street outreach seven days a week for extended hours to help engage and serve individuals experiencing unsheltered homelessness.

CoC Board Member Comments:

- Tim Houchen requested clarification on the process for ramping down Project Roomkey. Doug Becht stated that the Office of Care Coordination works closely with Public Health Services for guidance on responding to COVID-19.
- Tim Houchen requested clarification the Encampment Resolution Funding Grant, including the decision to focus on Talbert Park in Costa Mesa and how much funding will be allocated to park improvement. The Office of Care Coordination will provide progress updates related to the project at future meetings of the CoC Board.
- Tim Houchen inquired if the Office of Care Coordination is conducting outreach to community stakeholders as it relates to AB 150 and recommended utilizing bonds to create an incentive program.
- Tim Shaw commented that the Orange County Workforce Development Board is working to explore program opportunities related to AB 150.
- Dawn Price commented that service providers are interested in understanding more about the roles and responsibilities of Certifying Agencies as it relates to AB 150.
- Eric Richardson commented that service providers in Los Angeles County are pushing out information in response to AB 150 and noted that he can share relevant information with the CoC Board.

2. **Orange County Continuum of Care (CoC) Updates** – Zulima Lundy, CoC Manager

a. **Zulima Lundy provided the following CoC Updates:**

- **Emergency Housing Vouchers (EHV) Update** – The CoC has partnered with local Public Housing Authorities (PHAs) to distribute EHVs to assist individuals and families who are experiencing homelessness; at risk of homelessness; fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; or were recently homeless and for whom providing rental assistance will prevent the household’s homelessness or having high risk of housing instability. Zulima Lundy reviewed the progress on the issuance and leasing of EHVs by the PHAs and the collaborative effort between the Office of Care Coordination and EHV supportive service providers to improve lease up outcomes. Zulima Lundy also provided updates on the EHV timeline, which has been extended to December 31, 2022.
- **Funding Opportunities: Domestic Violence Housing First (XD) Program RFP** – The Domestic Violence Housing First (XD) Program RFP is seeking to provide victims of domestic violence with safe, permanent housing and ongoing, supportive services tailored to address the individual needs of each victim. This opportunity closes on June 10, 2022. [Click here](#) for more information.
- **Funding Opportunities : Rapid Rehousing Services RFP** – The Rapid Rehousing Services RFP is seeking to help individuals experiencing homelessness in each SPA – North, Central, and South – and transitional aged youth and families experiencing homelessness countywide obtain secure permanent affordable housing quickly, increase self-sufficiency, and achieve long-term housing stability. This opportunity closes on May 5, 2022. [Click here](#) for more information.
- **FY2022 CoC Notice of Funding Opportunity (NOFO) Cycle** - The CoC Program Registration for the FY2022 CoC Program Competition opened on March 4, 2022, and closed on April 7, 2022. The Office of Care Coordination completed the registration process for the Orange County CoC. CoC providers are encouraged to attend the upcoming Data and Performance Management meetings hosted by 2-1-1 Orange County (211OC) to learn about performance measures that will be utilized to evaluate Rapid Rehousing and Permanent Supportive Housing project performance during the FY2022 CoC NOFO local process.
- **Homeless Provider Forum** - The Office of Care Coordination in partnership with the Orange County CoC is planning to resume the facilitation of the Homeless Provider Forum on a quarterly basis. The Office of Care Coordination is currently conducting a survey to collect feedback on

content to be included for the upcoming Homeless Provider Forum meetings. [Click here](#) to complete the survey.

- **Racial Equity Roadmap Update** – The Office of Care Coordination is collaborating with C4 Innovations on the development of a Racial Equity Roadmap for the Orange County CoC. Zulima Lundy reviewed the three phases of the Racial Equity Roadmap and the next steps in the process, including the presentation of findings in Phase 1. An evaluation of the qualitative and quantitative data collected in Phase 1 will be presented by C4 Innovations on May 3, 2022, at 10:30 a.m.
- **Point in Time (PIT) Count Update** – The Office of Care Coordination is working to evaluate data captured during the 2022 PIT Count, which is due to the U.S. Department of Housing and Urban Development (HUD) on April 29, 2022. Findings from the 2022 PIT Count will be released to the public in early May 2022, and will include city-level data. A full report will be released in July 2022.
- **CoC Board Membership Update** – Albert Ramirez has accepted a new position and will no longer serve as a member of the CoC Board. The Office of Care Coordination will provide more information about filling the CoC Board vacancy at a future meeting.

CoC Board Member Comments:

- George Searcy requested an executive summary or written report on the Racial Equity Roadmap presentation of findings be provided to the CoC Board.
- George Searcy inquired about the scope and reach of the Domestic Violence Housing First (XD) Program, as the maximum grant award is \$350,000. Maricela Rios-Faust provided information about strategies to maximize the Domestic Violence Housing First (XD) Program funds.
- Tim Houchen expressed concerns about the EHV lease-ups and requested clarification on individuals getting their vouchers revoked, program exits, and services being provided to voucher holders. The Office of Care Coordination is monitoring program participants and engaging with service providers to better understand challenges and trends as it relates to the EHV program.
- Dr. Shauntina Sorrells requested the breakdown of families, individuals, and transitional aged youth (TAY) with EHV's to help understand sub-populations experience in obtaining permanent housing.
- Tim Houchen commented that monthly Homeless Provider Meetings, rather than quarterly, would be beneficial to the CoC.

3. FY2021 Reports to the U.S. Department of Housing and Urban Development (HUD) – Erin DeRycke, Director of CoC Data and Operations, 2-1-1 Orange County

- a. Erin DeRycke provided information on the System Performance Measures (SPM) Report, including data on total sheltered persons, households with increased income, and first-time homelessness. The SPM Report allows CoCs to regularly measure their progress in meeting the needs of people experiencing homelessness in their community and to report this progress to HUD. The SPM is pulled from the local Homeless Management Information System (HMIS) and submitted to HUD annually by CoCs around the country. The reporting period for all SPM report aligns with the federal fiscal year from October 1st to September 30th.

CoC Board Member Comments:

- Tim Houchen requested clarification on the increase in household income over the past year. Erin DeRycke explained that data collection related to income has improved, and cost of living increases count towards income.
- Tim Shaw inquired if the increase in income could be associated with stimulus payments. Erin DeRycke noted that one-time funds such as stimulus payments are not included as income
- Zulima Lundy shared that the 211OC hosts monthly data and performance meetings focus more on the project level data and creates an opportunity for shared learning space on the data being

presented. The Office of Care Coordination will send out the schedule of meetings to the CoC Board.

- Dawn Price shared that service providers do not capture income data in HMIS and a more qualitative data analysis would be required amongst providers.
- Dr. Shauntina Sorrells requested clarification on outcomes of individuals served after exiting services. Erin DeRycke stated that returns to homelessness in Orange County within the past two years are tracked in HIMS.
- Matt Bates commented that analyzing technical data requires a strong knowledge of homelessness and noted that the system as a whole is more all-encompassing than data represented by the reports.
- Tim Shaw inquired about the status of the Longitudinal Systems Analysis (LSA) Ad Hoc formed by the CoC Board, noting that it may be beneficial for the Ad Hoc to collaborate with the Commission to End Homelessness.

- b. Erin DeRycke provided information on the LSA Report, including data on day homeless, exits, returns to homelessness, and demographics. The LSA report is formally known as the Annual Homeless Assessment Report (AHAR) that is compiled and submitted to the U.S. Congress by HUD. The AHAR is a national-level report that provides information about homeless service providers, people and households experiencing homelessness, and various characteristics of that population. It informs strategic planning for federal, state, and local initiatives designed to prevent and end homelessness.

CoC Board Member Comments:

- George Searcy commented that it is difficult to interpret the data being provided and requested that the data be presented in alternate formats in the future.
- Tim Shaw suggested that the re-institution of the LSA Ad Hoc be discussed at the next meeting of the CoC Board and commented that including headlines and takeaways in the presentation of data would be helpful in the future.
- Dawn Price noted that the presentation of the SPM and LSA reports have vastly improved from years prior but there is still room for improvement in the communication of the data.

4. Approve Project C: North Service Planning Area COVID -19 Responsive Homeless Services Funding Recommendation – Zulima Lundy, CoC Manager

On December 22, 2021, the Office of Care Coordination issued an RFP to seek qualified providers for the North (SPA COVID-19 Homeless Response Services. There were six respondents to the RFP. An evaluation panel consisting of one HCA representative and two non-HCA representatives evaluated the proposals and recommended award of contract to Volunteer of America of Los Angeles (VOALA). Zulima Lundy reviewed the services to be provided by the contract, which will allow for the provision of outreach services and specialized supportive services for individuals experiencing homelessness in the North SPA.

CoC Board Member Comments:

- George Searcy requested that a progress report be brought to the CoC Board for VOALA and all prior contracts that have been awarded by the CoC Board. The Office of Care Coordination will work internally to develop a reporting mechanism on contracts awarded by the CoC Board.

Recommended Action: Approve VOALA for Project C: North SPA COVID-19 Responsive Homeless Services for the term of July 1, 2022, through June 30, 2023, for an amount not to exceed \$500,000 to be funded through Homeless Housing, Assistance and Prevention (HHAP) Round 1, as recommended by the RFP review panel.

Tim Houchen motioned to approve the recommended action. George Searcy seconded the motion. Eric Richardson abstained. Matt Bates, Nikki Buckstead, Dawn Price, Maricela Rios-Faust, Soledad Rivera, Elida Sanchez, Dr. Shauntina Sorrells, Tim Shaw, and Christina Weckerly-Ramirez voted yes. Motion passed.

5. Homelessness Action Plan – Zulima Lundy, CoC Manager

The Office of Care Coordination has contracted with Homebase Consulting Group to develop a local Homelessness Action Plan for Orange County. The Homelessness Action Plan is a requirement of the HHAP Round 3 (HHAP-3) grant application. Zulima Lundy reviewed the CoC Landscape Analysis of Needs and Demographics, Homelessness Action Plan Goals and Strategies, HHAP-3 Outcome Goals, HHAP-3 Proposed Funding Plan, and CoC and County Breakdown of the HHAP-3 Funding Plan, and Homelessness Action Plan timeline and next steps. Final HHAP-3 applications are due June 30, 2022, and the local Homelessness Action Plan must be included with the submittal.

CoC Board Member Comments:

- Dr. Shauntina Sorrells inquired about how youth outcomes will be measured within the Homelessness Action Plan.
- Tim Shaw inquired about reducing the administrative funds and the effects it would have on managing the distribution of HHAP-3 funds.
- Tim Shaw commented that system support dollars are important for improving systems, highlighting that the CoC may see many changes in the system as we come out of COVID-19.
- Nikki Buckstead commented that systems level work is important for capacity building, noting that allocating funds to systems support is critical for sustainability.
- Dawn Price noted the importance for members of the CoC Board to attend the meeting of the Board of Supervisors to communicate the importance of the work being done.
- Tim Shaw inquired about the compensation of the Lived Experience Advisory Committee (LEAC) and requested the Office of Care Coordination explore retroactive compensation for LEAC members to when the program began. Zulima Lundy clarified that compensation for the LEAC was bult into the systems support dollars in HHAP-3 Funding Plan.
- Tim Houchen recommended looking into best practices for compensation within other governmental agencies.
- Dr. Shauntina Sorrells requested clarification on operating subsidies on youth set asides.

Recommended Action: Approve the Homelessness Action Plan for the Orange County CoC.

Dawn Price motioned to approve the recommended action. Nikki Buckstead seconded the motion. Maricela Rios-Faust and George Searcy were no longer in attendance. Motion passed unanimously.

6. Family Homelessness Challenge Grant– Zulima Lundy, CoC Manager

The California Interagency Council on Homelessness (Cal ICH) released the Family Homelessness Challenge Grant, Round 1 (FHC-1) Request For Applications (RFA) on March 3, 2022. The Office of Care Coordination will be submitting an application in response to the FHC-1 grant RFA on behalf of the County. Zulima Lundy provided information on the County's FHC-1 application, which details a service delivery model that focusses on shelter diversion and prevention strategies for families. The Office of Care Coordination is requesting a signed letter of support (Attachment A) from the CoC Board for the County's FHC-1 application.

Recommended Action: Approve the Orange County CoC to sign a letter of support for the County of Orange's Office of Care Coordination application for the FHC-1.

Tim Shaw motioned to approve the recommended action. Tim Houchen seconded the motion. Motion passed unanimously.

Motion to Adjourn: Meeting was adjourned at 4:20 p.m.

Next Meeting: Wednesday, May 25, 2022, from 2:00 p.m. to 4:00 p.m.

Date: May 25, 2022

Subject: Orange County Continuum of Care (CoC) Membership

Recommended Actions:

- a. Appoint the following individuals to a Nominating Committee to recruit for the Emergency Solutions Grant (ESG) Program Funded Agency or Recipient Agency Representative to serve as a CoC Board member: Barry Ross, Elizabeth Andrade, David Gillanders and LeVal Brewer.
- b. Approve extending the CoC Board term to December 31, 2022, to align with the updated term dates included in the CoC Board Governance Charter for the following CoC Board members: Christina Weckerly-Ramirez, Matt Bates, Judson Brown, Soledad Rivera, Donald Dermitt, Tim Houchen, Patti Long and Maricela Rios-Faust.

Background and Analysis

CoC Board Vacancy

In April 2022, the Office of Care Coordination was notified by Albert Ramirez, who was elected to the CoC Board as the Emergency Solutions Grant (ESG) Program Funded Agency/ Recipient Agency Representative, of his resignation from the City of Anaheim and Orange County CoC involvement. As such, there is a need to fill the seat vacancy and facilitate an election process for an ESG Program Funded Agency/ Recipient Agency Representative.

The Governance Charter (Attachment A) for the Orange County CoC outlines a process for filling a vacancy prior to the term expiration. The Governance Charter notes that the same process outlined for the annual CoC nominating and election process will be completed to fill any vacancies left by a member before the expiration of the term of that member. Appointments made to fill a vacancy left by a member before the expiration of the term of that member shall be for the remaining term of that member.

The Office of Care Coordination is recommending the establishment of a Nominating Committee with the following CoC general members to be appointed to the Nominating Committee: Barry Ross, Elizabeth Andrade, David Gillanders and LeVal Brewer.

Upon establishing the Nominating Committee, the Office of Care Coordination will assist in notifying the CoC general membership, facilitating outreach efforts for the seat representative, and providing details related to the nomination and election process. The appointment of the Nominating Committee by the CoC Board will support with the next steps of the process as outlined in the Governance Charter and will ensure CoC Board participation and representation in adherence to the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act.

CoC Board Member Term Extension

During the July 2021 meeting of the Orange County CoC Board, the CoC Board appointed the membership of the Nominating Committee to facilitate a review of the CoC Board membership composition and election process as detailed in the Governance Charter, as well as provide recommendations to best enhance the composition of the CoC Board and improve the election process.

The Nominating Committee reviewed the relevant sections of the Governance Charter in detail and recommended several changes, including updating the timeline for the nominating and election process. The proposed Governance Charter changes were presented to the Policies, Procedures and Standards (PPS) Committee on October 21, 2021, and approved for recommendation to the CoC Board. Subsequently, the CoC Board reviewed the recommended changes and approved the revised Governance Charter at the CoC Board meeting on December 15, 2021.

As stated in the Governance Charter, the revised annual CoC Board nominating and election timeline is as follows:

- September – CoC Board Chair appoints Nominating Committee
- October – Nominating Committee convenes and outreaches to potential candidates.
- November – Candidates are presented to the CoC General Membership for voting/election.
- December – The CoC Board ratifies slate of elected candidates by the CoC General membership.
- January – CoC Board seating takes place. Outgoing CoC Board and Board staff will provide “training” for incoming Board.

There are currently eight (8) CoC Board members whose terms are set to expire on June 30, 2022: Christina Weckerly-Ramirez, Matt Bates, Judson Brown, Soledad Rivera, Donald Dermit, Tim Houchen, Patti Long and Maricela Rios-Faust.

Approval to extend the CoC Board term date to December 31, 2022, for the listed members because of the approved updated Governance Charter, will allow for a continuation of current CoC Board leadership and ensure a smooth transition to establishing membership terms in future election cycles.

Attachments

Attachment A – CoC Governance Charter

Orange County CoC - CA - 602 Governance Charter

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Item 1, Attachment A

Introduction: In accordance with the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (the “HEARTH Act”) which was enacted into law on May 20, 2009, the Orange County Continuum of Care in consultation with the Collaborative Applicant (County of Orange), Continuum of Care and Emergency Solution Grant funded agencies and Homeless Management Information System (“HMIS”) Lead Agency has developed a governance charter which includes procedures and policies needed to comply with the HEARTH Act requirements as prescribed by U.S. Department of Housing and Urban Development (HUD); and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board.

In addition to HEARTH Act compliance and in alignment with the Regional System of Care, the Continuum of Care (“CoC”) will operate to enhance, inform and implement services addressing the complex case management and housing needs of individuals and families experiencing homelessness in Orange County. Services supported by the Orange County CoC will also demonstrate best practices and evidence-based practices ensuring a client-centered approach, client choice and client rights and responsibilities are clear and service standards are consistently met.

The Orange County CoC designates the County of Orange as the collaborative applicant and fiscal entity for administering planning and funding for homelessness assistance program throughout the Orange County CoC.

I. Name:

The technical name of the organization is CoC CA-602 hereinafter referred to as the “Orange County CoC”.

II. Geographic Boundaries:

The Orange County CoC covers all the geography within the boundaries of Orange County, including its 34 cities and unincorporated areas as regionalized within North, Central and South Service Planning Areas.

III. Purpose:

The Orange County CoC serves as the locally-designated primary decision-making group whose purpose and scope is to implement the Continuum of Care program (the “CoC”) which is authorized by subtitle C of title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11381-11389). As noted in CFR 24 Part 578.1 Purpose and scope of the HEARTH Act, the program is designed to:

- A. Promote communitywide commitment to the goal of ending homelessness through regional coordination and collaboration;
- B. Advocate for funding and resources to end homelessness and provide funding for proven efforts by nonprofit providers and local governments to quickly rehouse people experiencing homelessness, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness;
- C. Promote access to and effective utilization of mainstream programs by homeless individuals and families; and

Item 1, Attachment A

- D. Promote implementation of best practices and evidence-based approaches to homeless programming and services.

IV. Responsibilities of the Orange County CoC

The four major responsibilities of the Orange County CoC consists of:

1. Operating the Continuum of Care,
2. Designating and operating an HMIS for the Continuum of Care,
3. Planning for the Continuum of Care, and
4. Preparing an application for funds which is in accordance with § 578.7 Responsibilities of the Continuum of Care and in the HEARTH Act and § 578.79.

A. Operating the Continuum of Care.

The Orange County CoC will:

1. Hold meetings of the full membership, with published agendas, at least semi-annually;
2. Make a public invitation for new members to join available within the geographic area at least annually;
3. Adopt and follow a written process to select a board to act on behalf of the CoC. The process must be reviewed, updated, and approved by the CoC at least every five (5) years;
4. Establish committees, subcommittees and ad hoc groups to address specific functions of the Orange County CoC, as needed;
5. Work with the Collaborative Applicant to develop and update annually a governance charter, which will include all procedures and policies needed to comply with HUD mandates, HEARTH Act regulations and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board;
6. Consult with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor Continuum of Care and Emergency Solutions Grant funded agencies performance, evaluate outcomes, and take action to address poor performers;
7. Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and report performance measures to HUD as required;
8. In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate a Coordinated Entry System that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The CoC must maintain specific policy to guide the operation of the Coordinated Entry System on how its system addresses the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from nonvictim service providers in compliance with any requirements established by HUD Notice; and

Item 1, Attachment A

9. In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:
 - a. Policies and procedures for evaluating individuals' and families' eligibility for assistance;
 - b. Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
 - c. Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;
 - d. Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;
 - e. Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and
 - f. Where the CoC is designated a high-performing community, as described in Subpart G, policies and procedures set forth in 24 CFR 576.400(e)(vi), (e)(vii), (e)(viii), and (e)(ix).

B. Designating and operating a Homeless Management Information System.

The Orange County CoC will:

1. Designate a single Homeless Management Information System (HMIS) for the geographic area;
2. Designate an eligible applicant to manage the CoC's HMIS, which will be known as the HMIS Lead;
3. Review, revise and approve a privacy plan, security plan, and data quality plan for the CoC HMIS;
4. Ensure consistent participation of recipients and subrecipients in the HMIS;
5. Ensure the HMIS is administered in compliance with requirements prescribed by HUD;
6. Ensure the HMIS operates efficiently and effectively to promote HUD funded and non-funded agency participation, system coordination, and utilization and performance is achieved; and
7. Ensure that HMIS captures the Coordinated Entry System Core Elements of Access, Assessment, Prioritization and Referral through program participation by recipients and subrecipients.

C. Continuum of Care Policies, Procedures and Standards

The Orange County CoC will:

1. Have a Policies, Procedures and Standards Committee that meets at least two times a year or as needed for the review of policies, procedures and standards of the Orange County Continuum of Care;

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2. Have its various committees, subcommittees, and ad hocs proposed drafts, revisions and/or updates to policies, procedures and/ or standards be submitted to the Policies, Procedures and Standards Committee;
3. Have all proposed policies, procedures and standards reviewed and vetted by the Policies and Standards Committee to ensure adherence to the HEARTH Act, HUD Notices and regulations, best practices and evidenced-based approaches, prior to being presented to the CoC Board for adoption; and
4. Engage the public, including homeless and formerly homeless individuals, in policy and standards development and/or revisions that affect the operations of the CoC and ESG funded programs.

D. Continuum of Care Planning.

The Orange County CoC and the Collaborative Applicant (County of Orange) will develop a plan that includes:

1. Coordinating the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals, including unaccompanied youth, and families. At a minimum, this system encompasses the following:
 - a. Outreach, engagement, and assessment;
 - b. Shelter, housing, and supportive services;
 - c. Prevention and diversion strategies.
2. Planning for and conducting an annual shelter homeless count and a biennial unsheltered homeless count by Service Planning Area that meets the following requirements:
 - a. Homeless persons who are living in a place not designed or ordinarily used as a regular sleeping accommodation for humans must be counted as unsheltered homeless persons;
 - b. Persons living in emergency shelters and transitional housing projects must be counted as sheltered homeless persons; and
 - c. Other requirements established by HUD Notice or to meet local objectives.
3. The HMIS Lead Agency will assist the Collaborative Applicant in conducting an annual gaps analysis of the homeless needs and services available within the geographic area and/or Service Planning Areas;
4. Providing information required to complete the Consolidated Plan(s) within the CoC's geographic area;
5. Consulting with State and local government Emergency Solutions Grants program recipients within the CoC's geographic area on the plan for allocating Emergency Solutions Grants program funds and reporting on and evaluating the performance of

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Emergency Solutions Grants program recipients and subrecipients. Emergency Solutions Grant entitlements include:

- County of Orange
- Santa Ana
- Anaheim
- Garden Grove

E. Annual Competitive Application for Continuum of Care Funding

The Orange County CoC will:

1. Design, operate, and follow a collaborative process for the development of applications and approve the submission of applications in response to a Notice of Funding Availability (NOFA) published by HUD;
2. Establish priorities for funding proposals to meet needs within in the geographic area;
3. Support the Collaborative Applicant in compiling the required application information from all projects within the geographic area that the CoC has selected for funding; and
4. Retains all of its responsibilities, even if it designates one or more eligible applicants other than itself to apply for funds on behalf of the CoC. This includes approving the CoC application.

V. Orange County CoC Structure:

The operations and management of the Orange County CoC and its responsibilities are structured in four segments.

A. CoC Collaborative Applicant and Fiscal Agent

The Orange County CoC designates the County of Orange as Collaborative Applicant and Planning Grant recipient for homelessness assistance programs throughout the Orange County CoC. The County of Orange will comply with the provisions of 24 CFR 578.7, including coordinating with the development of the CoC system, CoC planning, Coordinated Entry System, HMIS and the support of the various functions and activities as required by the HEARTH Act.

In addition, the Orange County CoC Board designates the County of Orange as administrative and fiscal entity for homeless funding to support the development of the System of Care. The County of Orange is the administrative and fiscal entity for state and local funding from homeless programming that designates the CoC as the eligible applicant and requires the local government entity to be the fiscal agent.

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B. Orange County CoC Board

As noted in §578.5(b) of the HEARTH Act, “The Continuum of Care must establish a board to act on behalf of the Continuum using the process established as a requirement by § 578.7(a)(3) and must comply with the conflict-of-interest requirements at § 578.95(b).”

The Continuum of Care Board is therefore acting on behalf of the members of the Orange County CoC. To this end, the Orange County CoC will strategically comprise a governing board that represents the stakeholder groups enumerated in the HEARTH Act which require the CoC Board to be representative of relevant organizations and of projects serving homeless subpopulations within Orange County, including at least one (1) homeless or formerly homeless individual.

1. Continuum of Care Board Responsibilities

The Continuum of Care Board will:

- a. Conduct the hands-on work and facilitate the committees, subcommittees and ad hoc groups of the Orange County CoC. Every member of the CoC Board is encouraged to serve on committees;
- b. Build community awareness of the needs of all homeless and at-risk populations identified in the county;
- c. Ensure, to the greatest extent possible, access to services by the subpopulations enumerated in this charter;
- d. Ensure relevant organizations and projects serving various homeless and at risk subpopulations are represented in the planning and decision-making for the overall coordination of homeless services Continuum of Care;
- e. Ensure Regional Coordination and collaborative work across the CoC through the use of the Coordinated Entry System;
- f. Coordinate the CoC Programs and set goals and priorities for ending homelessness in Orange County;
- g. Approve Orange County CoC policies as recommended by service providers and/or Committees;
- h. Create committees, subcommittees and ad hoc groups necessary for the proper and efficient functioning of the Orange County CoC; and
- i. Dissolve committees, subcommittees and ad hoc groups, if they are determined to be unnecessary for the proper and efficient functioning of the Orange County CoC.

2. Continuum of Care Board Composition

The CoC Board is comprised of seventeen (17) members elected by the voting General Membership. A quorum consists of nine (9) voting members present. The CoC Board

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shall be comprised of members that provide a well-balanced perspective from multiple sectors to best lead the response to homelessness in the Orange County CoC. Additionally, the CoC Board membership shall include representation of persons of different races, ethnicities and backgrounds.

The CoC Board designations are:

- a. CoC Board Officers
 - i. Chair
 - ii. Vice-Chair
 - iii. Secretary

- b. There are six (6) required categories of CoC Board Members as described by the HEARTH Act. The Orange County CoC Board will have one seat for each category.
 - i. One (1) seat for person with current or past lived experience of homelessness
 - ii. One (1) seat for Education / McKinney Vento representative
 - iii. One (1) seat for Veteran or veteran service agency representative
 - iv. One (1) seat for Emergency Solutions Grant (ESG) Program funded agency or recipient agent
 - v. One (1) seat for Public Housing Agency (PHA) representative
 - vi. One (1) seat for Domestic Violence Agency representative

- c. There are eleven (11) seats for At-Large CoC Board Members. The At-Large Seats should be representative of the relevant organizations and subpopulations set forth in the membership section of this Governance Charter.
 - i. The CoC Board will prioritize the following areas of expertise/experience for nine (9) of the At-Large Seats to ensure a well-balanced perspective from multiple sectors to best lead the response to homelessness in the Orange County CoC.
 1. One (1) seat for Behavioral Health background and expertise
 2. One (1) seat for Faith-Based Representation
 3. One (1) seat for Health Care background and expertise
 4. One (1) seat for affordable housing development background and expertise
 5. Five (5) seats for expertise on homeless services and/or subpopulation focus
 - a) Black, Indigenous, and People of Color (BIPOC)
 - b) Diversion
 - c) Emergency Shelter
 - d) Families
 - e) Individuals
 - f) LGBTQ
 - g) People with disabilities
 - h) Permanent Supportive Housing
 - i) Prevention
 - j) Rapid Rehousing

- k) Street Outreach
 - l) Transitional Aged Youth
 - ii. The remaining two At-Large Seats will not be prescribed a priority area of expertise/experience.
 - 1. The Orange County CoC encourages participation from interested stakeholders and sectors, including but not limited to businesses, universities and colleges, law enforcement, criminal justice system, persons with current or past lived experience of homelessness.
 - d. Continuum of Care Board Support
 - i. Collaborative Applicant – As the Collaborative Applicant the Continuum of Care Manager and/or other County of Orange staff will facilitate the Continuum of Care Board business and will utilize resources to continue the development of the CoC system.
 - ii. HMIS Lead Agency – The HMIS Lead Agency will assist the Collaborative Applicant in providing CoC utilization, performance and gaps data and regional Service Planning Area resource information to the CoC Board.
 - iii. Coordinated Entry System Lead Agency – The Coordinated Entry System Lead Agency will assist the Collaborative Applicant in providing performance and gaps data information to the CoC Board.
3. Continuum of Care Board Selection Process
- The inaugural CoC Board Members will be elected by the voting General Membership at the April Homeless Provider Forum Full Membership meeting and seated in July.
- a. The Voting General Membership shall be informed when the nomination period opens and closes. Interested candidates must express their interest and provide any needed information to support the voting process.
 - b. The Voting General membership will vote on the nominees.
 - c. The nominees with the highest votes will comprise the CoC Board.

For the subsequent selection of CoC Board Members, in advance of the term expiration, the following activities and steps are to be completed:

- a. A Nominating Committee comprised of three (3) to five (5) Voting General Members will be appointed annually by the Board Chair and confirmed by the CoC Board. At least one member of the Nominating Committee will be a CoC Board member whose seat is not up for election. The Nominating Committee will support the Collaborative Applicant in outreach to potential candidates to make them aware of the upcoming CoC Board seat election. These outreach efforts will help ensure adequate representation of subpopulations listed in the CoC Board composition.
- b. The Voting General Membership will be notified of the nomination period, start and end, as well as the process to nominate a candidate or express interest in being a candidate.

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- c. The Nominating Committee will support the Collaborative Applicant in reviewing submitted applications, verifying qualifications and experience/expertise of all candidates to serve as Board Members or Officers or a specific seat.
- d. The CoC General Membership will vote by secret ballot on the slate of interested and qualified candidates (that have been previously vetted by the Nominating Committee). The candidates with the highest votes will be presented to the CoC Board for ratification.
- e. The same process as outlined above in items a. through d. will be completed to fill any vacancies left by a member before the expiration of the term of that member. Appointments made to fill a vacancy left by a member before the expiration of the term of that member shall be for the remaining term of that member.
- f. The traditional nominating and election timeline is as follows:
 - i. September – CoC Board Chair appoints Nominating Committee
 - ii. October – Nominating Committee convenes and outreaches to potential candidates.
 - iii. November – Candidates are presented to the CoC General Membership for voting/election.
 - iv. December – The CoC Board ratifies slate of elected candidates by the CoC General membership.
 - v. January – CoC Board seating takes place. Outgoing CoC Board and Board staff will provide “training” for incoming Board.
- g. At the first meeting of the calendar year, the CoC Board will elect the Board Officers (Chair, Vice-Chair and Secretary) to serve for one (1) year terms. CoC Board Officers may serve for more than one (1) but not more the two (2) consecutive terms as an Officer.

4. Continuum of Care Board Qualifications

1. The Orange County Continuum of Care Board Members and Officers are selected to represent various constituencies. As a whole the Board should:
 - a. Be diverse, including philosophical and socio-economic diversity;
 - b. Have complementary skill sets;
 - c. Represent a balance of community stakeholders in the region; and
 - d. Be able to network with other potential CoC Board Members.
 - e. Willingness and ability to consistently attend meetings.
2. Potential Board Members must be current voting General Members who demonstrate:
 - a. A high level of ethical behavior;
 - b. Working knowledge of and compassion about addressing homelessness;
 - c. Leadership and collaborative spirit in the best interest of the Orange County CoC.
3. All Board members must attend at least seventy-five percent (75%) of meetings each year and not be absent for three (3) consecutive meetings in

order to remain in good standing. Board Members and Officers failing to meet the attendance standard will be subject to removal by majority vote fifty percent plus one (50% + 1) of the CoC Board.

5. Continuum of Care Board Meetings

1. All meetings will be open to the public except as otherwise determined by the CoC Board. Any person who attends an Orange County CoC meeting may be asked by the CoC Board Chair to leave if the person is disruptive; if a conflict of interest applies; or if an agenda business item(s) is deemed by the CoC Board Chair to be of such nature that it involves only Orange County CoC closed session business.
2. Robert's Rules of Order Abridged-Revised will guide the process during all meetings.
3. An annual calendar of the CoC Board meetings will be recommended to the CoC Board for adoption at the CoC Board meeting in October and presented at the Homeless Provider Forum meeting in November. The CoC Board meetings calendar will be distributed to all members electronically and published on the County of Orange – Homeless Services website.

6. Continuum of Care Board Documentation

1. The Orange County CoC Board will conduct and transact business in a fair and transparent manner. To this end, the CoC Board will maintain records of all Orange County Continuum of Care agendas and minutes and make these available upon request.
2. The Collaborative Applicant will keep record of all HEARTH Act policies, calendars, meeting minutes, and records.

7. Continuum of Care Board Conflict of Interest and Recusal Process

Members must comply with the conflict of interest and recusal process found in §578.95 Conflicts of interest in the HEARTH Act and any additional requirements per the Continuum of Care Board Governance Charter.

1. Conflict of Interest – Members of the CoC Board and any of its committees or subcommittees shall abstain from voting on any issue in which they may be personally vested to avoid a conflict of interest in accordance with County, State and Federal laws, regulations and ordinances and shall refrain from engaging in any behavior that conflicts with the best interest of County.
 - a. Members of the CoC Board shall not vote nor attempt to influence any other Board member on a matter under consideration by the Board or any of its committees or subcommittees as follows:

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- i. Regarding the provision of services by such member (or by an entity that such member represents); or
 - ii. By providing direct financial benefit to such member or the immediate family of such member; or
 - iii. Engaging in any other activity determined by County, State or Federal law, regulations and ordinances to constitute a conflict of interest.
 - b. If a question arises as to whether a conflict exists that may prevent a member from voting, the Chairperson or designee may consult with designated County Staff to assist them in making that determination.
 - c. Neither the CoC Board nor any of its members shall promote, directly or indirectly, any political party, political candidate or political activity using the name, emblem or any other identifier of the CoC Board.
 - d. No assets or assistance provided by County to CoC Board shall be used for sectarian worship, instruction, or proselytization, except as otherwise permitted by law.
2. Code of Conduct – The members of the CoC Board are entrusted with specific responsibilities related to use of public funds invested in addressing homelessness. Board Members are expected to observe the highest standards of ethical conduct in the execution of these responsibilities. In the performance of their duties, CoC Board Members are expected to carry out the mandate of the Orange County CoC to the best of their ability and to maintain the highest standards of integrity while interacting with other members of the Board, Orange County CoC representatives, service recipients, service providers, and the public.
 - a. The Orange County CoC prohibits the solicitation and acceptance of gifts or gratuities by the CoC Board, Ranking Committee, Voting Members, or employees and agents of the Collaborative Applicant from anyone who intends to receive personal benefit or preferential treatment. Violation of any portion of this code could subject a Voting Member to immediate termination from membership as determined by the CoC Board;
 - b. The Orange County CoC promotes impartiality in performing official duties and prohibits any activity representing a conflict of interest. Individuals should not act on a matter if a reasonable person who knew the circumstances of the situation could legitimately question fairness;
 - c. Officers, Voting Members and Committee Members shall:
 - i. Put forth honest effort in the performance of their duties;

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- ii. Not knowingly make unauthorized commitments or promises of any kind purporting to bind the Orange County CoC without previous CoC Board approval;
 - iii. Disclose waste, fraud, abuse and corruption to the appropriate authorities;
 - iv. Adhere to all laws and regulations that provide equal opportunity to all United States citizens regardless of race, color, religion, sex, gender, sexual orientation, national origin, age, or disability, or any other protected category;
 - v. Conduct themselves with courtesy and respect. Personal relationships should not result in special considerations that influence the performance of their official duties in a manner contrary to the interest of the broader Orange County CoC. CoC Board Members and Officers are expected to exercise adequate control and supervision over matters for which they are individually responsible.
 - vi. Assure that the resources entrusted to them are used for conducting official business only. Members and Officers of the CoC Board must abide by the Conflict of Interest Policies established for CoC Board operations.
 - vii. Protect any confidential information provided to, or generated by, the activities of the Orange County CoC; and
 - viii. Not use confidential information of the Orange County CoC for any purpose or disclose such confidential information to any third party, except as necessary to perform their duties and responsibilities as members of the CoC Board.
3. Termination Policy - Any CoC Board Member, or the entire CoC Board, may be removed for cause by a two-thirds (2/3) vote of the Orange County CoC Voting Membership at a specially called meeting. Cause is constituted by a violation of the conflict of interest regulations or a violation of the Code of Conduct and ethics.

C. Orange County CoC General Membership

Membership is based upon organizations within the Geographic Area participating in the responsibilities of the Orange County CoC by having organizational representatives actively participate in CoC board, committees, and working groups.

As noted in § 578.5 Establishing the Continuum of Care. Relevant organizations will include:

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“nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans and homeless and formerly homeless individuals.”

Additionally, the Orange County CoC will strive to ensure representation from diverse and public agencies including those dedicated to behavior health, substance use recovery services, health, employment training and development, youth, the LGBTQ community, and housing and community development.

a. Nominations for Orange County CoC General Membership

A public invitation within the Geographic Areas of the CoC will be extended annually for new members to join in accordance with the HEARTH Act as described in § 578.7 *Responsibilities of the Continuum of Care*.

b. General Membership Terms

There is no term limit. Membership, however, may be terminated by the Orange County CoC in accordance with subsection I. Removal below.

c. Continuum of Care Meetings

The Orange County CoC will hold meetings of the full membership with published agendas at least twice a year. The Orange County Homeless Provider Forum serves to facilitate CoC full membership meetings.

d. Quorum

A number equal to a majority of those belonging to the Orange County CoC will constitute a quorum for the transaction of business at any general membership meeting.

e. Voting

At all meetings, business items may be decided by arriving at a consensus. If a vote is necessary, all votes will be by voice or ballot at the will of the majority in attendance. The exception to this rule is a vote to elect CoC Board members, in this case a vote will be held by secret ballot. Each active organization will have one vote given by one representative even when more than one organizational representative is present. No active organization may vote on any item which presents a real or perceived conflict-of-interest.

f. Conflict of Interest

Members must comply with the conflict of interest and recusal process found in the § 578.95 Conflicts of interest of the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act).

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“(a) Procurement. For the procurement of property (goods, supplies, or equipment) and services, the recipient and its subrecipients must comply with the codes of conduct and conflict-of-interest requirements under 24 CFR 85.36 (for governments) and 24 CFR 84.42 (for private nonprofit organizations).

(b) Continuum of Care board members. No Continuum of Care board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.

(c) Organizational conflict. An organizational conflict of interest arises when, because of activities or relationships with other persons or organizations, the recipient or subrecipient is unable or potentially unable to render impartial assistance in the provision of any type or amount of assistance under this part, or when a covered person’s, as in paragraph (d)(1) of this section, objectivity in performing work with respect to any activity assisted under this part is or might be otherwise impaired. Such an organizational conflict would arise when a board member of an applicant participates in decision of the applicant concerning the award of a grant, or provision of other financial benefits, to the organization that such member represents. It would also arise when an employee of a recipient or subrecipient participates in making rent reasonableness determinations under § 578.49(b)(2) and § 578.51(g) and housing quality inspections of property under § 578.75(b) that the recipient, subrecipient, or related entity owns.

(d) Other conflicts. For all other transactions and activities, the following restrictions apply:

(1) No covered person, meaning a person who is an employee, agent, consultant, officer, or elected or appointed official of the recipient or its subrecipients and who exercises or has exercised any functions or responsibilities with respect to activities assisted under this part, or who is in a position to participate in a decision-making process or gain inside information with regard to activities assisted under this part, may obtain a financial interest or benefit from an assisted activity, have a financial interest in any contract, subcontract, or agreement with respect to an assisted activity, or have a financial interest in the proceeds derived from an assisted activity, either for him or herself or for those with whom he or she has immediate family or business ties, during his or her tenure or during the one-year period following his or her tenure.

(2) Exceptions. Upon the written request of the recipient, HUD may grant an exception to the provisions of this section on a case-by-case basis, taking into account the cumulative effects of the criteria in paragraph (d)(2)(ii) of this section, provided that the recipient has satisfactorily met the threshold requirements of paragraph (d)(2)(ii) of this section.

(i) Threshold requirements. HUD will consider an exception only after the recipient has provided the following documentation:

(A) Disclosure of the nature of the conflict, accompanied by a written assurance, if the recipient is a government, that there has been public disclosure of the conflict and a description of how the public disclosure was made; and if the recipient is a private nonprofit organization, that the conflict has been disclosed in accordance with their written code of conduct or other conflict-of-interest policy; and

(B) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law, or if the subrecipient is a private nonprofit organization, the exception would not violate the organization's internal policies.

(ii) Factors to be considered for exceptions. In determining whether to grant a requested exception after the recipient has satisfactorily met the threshold requirements under paragraph (c)(3)(i) of this section, HUD must conclude that the exception will serve to further the purposes of the Continuum of Care program and the effective and efficient administration of the recipient's or subrecipient's project, taking into account the cumulative effect of the following factors, as applicable:

(A) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;

(B) Whether an opportunity was provided for open competitive bidding or negotiation;

(C) Whether the affected person has withdrawn from his or her functions, responsibilities, or the decision-making process with respect to the specific activity in question;

(D) Whether the interest or benefit was present before the affected person was in the position described in paragraph (c)(1) of this section;

(E) Whether undue hardship will result to the recipient, the subrecipient, or the person affected, when weighed against the public interest served by avoiding the prohibited conflict;

(F) Whether the person affected is a member of a group or class of persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class; and

(G) Any other relevant considerations. "

g. Removal

Any member of the Orange County CoC may be removed by a two-thirds majority of all organizations present during a scheduled meeting.

D. Collaboration with Commission to End Homelessness

The Commission to End Homelessness focuses on regional policy and implementation strategies, affordable housing development, data and gaps analysis, best practice research, social policy and systemic change to promote an effective response to homelessness within the County of Orange. The CoC Board will regularly provide information and recommendations around CoC funded homeless programs to the Commission to End Homelessness. This will ensure regional alignment of efforts to resolve homelessness.

1. The CoC Board will collaborate with the Commission to End Homelessness to:
 - a. Address gaps within the System of Care;
 - b. Strengthen operational performance;
 - c. Ensure regional access and alignment;
 - d. Receive expertise related to each System of Care component in support of the CoC System integration objectives; and
 - e. Identify, secure and prioritize funding opportunities that provide system enhancements within the five components of the System of Care” Community Corrections, Behavioral Health, Healthcare, housing, Benefits and Support Services.
2. The CoC Board will at least annually report to the Commission to End Homelessness on the progress of the Orange County CoC. These reports may include:
 - a. HUD System Performance Measures (SPM) Report
 - b. Housing Inventory Chart (HIC)
 - c. Gaps Analysis Reports
 - d. Point-in Time (PIT) Count (unsheltered biennially and sheltered annually)
 - e. Funding priorities, grants and funding awards from federal and state government
 - f. Any other reports requested by the Commission to End Homelessness to help further system of care policy recommendations and regional system development.

3. The chairperson of the CoC Board and the Commission to End Homelessness may establish ad hoc committees to provide recommendations regarding time-limited tasks that support the goals of the Commission to End Homelessness and assist in the functions of the CoC Board.
4. Non-conflicted Commission to End Homelessness members may participate on review panels concerning the award of a grant or other program funding related to the CoC when there is a conflict of interest among CoC Board members.

VI. Continuum of Care Legal Entity

The County of Orange is the Collaborative Applicant who will submit grants to HUD on behalf of the project applicants comprised in the Orange County CoC. All contracts funded by the CoC competition have direct contracts with HUD. Submission will be in compliance with § 578.9. The County of Orange is the designated administrative entity and fiscal agent for homeless services system funding awards that intersect with the CoC and the System of Care programs.

VII. Public Statement and Media Policy

In the interest of presenting a unified voice in the community, the Collaborative Applicant, County of Orange, is the designated spokespersons and media points of contact for the Orange County CoC for inquiries or official statements related to the Orange County CoC. Members will refrain from making public comments or speaking to the media on behalf of the Orange County CoC, unless the Collaborative Applicant determines that the interests of the Orange County CoC are best served by another member speaking on behalf of the group. When making public statements or speaking to the media on issues related to homelessness, Members will make clear, to the best of their ability, whether they are speaking in their own organization's/individual's name or on behalf of the Orange County CoC.

Date: May 25, 2022

Subject: Continuum of Care (CoC) Working Groups and Ad Hoc

Recommended Action:

- a. Appoint Deby Wolford and Linda Ly to the HMIS Access Working Group.
- b. Discuss next steps for the CoC Leadership Vision Ad Hoc and appoint Tim Shaw, Patti Long, Becks Heyhoe, Dawn Price and George Searcy to participate in the ad hoc.
- c. Appoint Eric Richardson, Becks Heyhoe and Tim Shaw to the CoC Notice of Funding Opportunity (NOFO) Ad Hoc.

Background and Analysis

HMIS Access Working Group

On June 23, 2021, the Orange County CoC Board approved the recommendation to appoint membership to a Homeless Management Information System (HMIS) Access Working Group to support the implementation of the updated HMIS Access and Minimum Participation policy. The HMIS Access Working Group meets monthly with 2-1-1 Orange County (211OC), HMIS Lead, and the Office of Care Coordination to review HMIS Access Applications and has continued to refine the process for facilitating equitable review of applications received.

In April 2022, Albert Ramirez announced his resignation from the City of Anaheim and thus his involvement in the Orange County CoC, including the HMIS Access Working Group. The Office of Care Coordination met with the HMIS Access Working Group to gather nominations for consideration to fill the vacancy. The HMIS Access Working Group membership found value in filling the vacancy and adding one additional member to assist with the HMIS Access Application review process. The nominees were discussed with the HMIS Access Working Group in effort to identify CoC stakeholders who are knowledgeable in HMIS policies and practices and able to work in a collaborative setting.

As such, the following individuals are being recommended for membership: Deby Wolford and Linda Ly.

CoC Leadership Vision Ad Hoc

On February 20, 2021, the Orange County CoC Board approved the creation of a CoC Leadership Vision Ad Hoc. The CoC Leadership Vision Ad Hoc was comprised of Tim Shaw, Patti Long, Becks Heyhoe and supported by the Office of Care Coordination.

The CoC Vision Ad Hoc met several times to review the available data of the Orange County CoC including the Housing Inventory Chart (HIC), Point Time (PIT), Longitudinal System Analysis (LSA), System Performance Measures (SPM) Report and Quarterly CoC Data Dashboard. This data provided a foundational understanding of the Orange County CoC, its needs and function.

The CoC Leadership Vision Ad Hoc developed a draft of a three-year Leadership Vision for the Orange County CoC Board clearly articulating the Orange County CoC's story of the future in five key areas for the CoC Board. This provides the framework in which the Orange County CoC will continue to work and align related measurable goals, objectives, systems, processes, policies, strategies and tactics.

Additionally, the CoC Leadership Vision was shared with the various chairs of the CoC Committees for feedback and input.

The CoC Board voted to adopt the proposed Orange County CoC Leadership Vision for Calendar Year (CY) 2022-24 (Attachment A) on December 15, 2021. The intention is that by the end of CY 2024, the CoC Board will confidently be able to make the statements about the CoC's impact as described in the CoC Leadership Vision. The CoC Leadership Vision will support the Orange County CoC, Board and committees in focusing efforts that:

- Permanently house those experiencing homelessness;
- Ensuring an efficient, dignified system;
- Promote an equitable and just system;
- Drive systemwide engagement and collaboration; and
- Strengthen regional leadership and accountability.

The CoC Board leadership proposed to reconvene the CoC Leadership Vision Ad Hoc and discuss next steps for aligning the work of the CoC, Board, and committees with the five key areas outlined in the CoC Leadership Vision. Additionally, the CoC Board expressed a desire to appoint an Ad Hoc to further review the LSA data presented at the meeting of the CoC Board on April 27, 2022. The Office of Care Coordination proposes incorporating the LSA data review into the CoC Leadership Vision Ad Hoc, noting the benefit in utilizing the LSA data as a helpful tool to continue working towards the implementation of next steps, strategies and recommendations to advance the CoC Leadership Vision for CY2022 – 2024.

Convening the CoC Leadership Vision Ad Hoc with a focus on the LSA data will help streamline strategies and efforts to achieve measurable goals for the CoC. The following CoC Board members are recommended for the CoC Vision Ad Hoc: Tim Shaw, Patti Long, Becks Heyhoe, Dawn Price and George Searcy.

CoC Notice of Funding Opportunity (NOFO) Ad Hoc

Each year, the U.S. Department of Housing and Urban Development (HUD) releases a Notice of Funding Opportunity (NOFO) that allows CoCs nationwide to apply for competitive funding. The upcoming Fiscal Year (FY) 2022 CoC Program NOFO is anticipated to be released by HUD in Summer 2022.

The CoC Board is tasked with appointing a CoC NOFO Ad Hoc to support with the local competitive process to evaluate renewal project performance, establish funding priorities for new and reallocated funding, establish policies for reallocation and rating and tiering CoC projects. The CoC NOFO Ad Hoc is to be comprised of non-conflicted members of the CoC Board and will be tasked with providing unbiased recommendations to the CoC Board around the FY2022 CoC Program NOFO.

Recommended membership for the CoC NOFO Ad Hoc includes Eric Richardson, Becks Heyhoe and Tim Shaw. Appointing of the CoC NOFO Ad Hoc membership will allow the Office of Care Coordination to facilitate an effective application process as the Orange County CoC Collaborative Applicant and support the Orange CoC in applying for renewal and bonus funding.

Attachments

Attachment A – CoC Leadership Vision for CY2022 – 2024

Orange County Continuum of Care Board

Leadership Vision CY 2022-2024

The Orange County Continuum of Care Board's (CoC) three-year Leadership Vision articulates the story of the future in five key areas for the CoC Board. By the end of Calendar Year 2024, the CoC Board will confidently make the following statements about the CoC's impact:

- **Permanently House those Experiencing Homelessness:** The CoC has led the collaborative effort to build and sustain a fluid system to prevent homelessness and quickly intervene with solutions to end homelessness among veterans, Transitional Aged Youth (TAY), and families, while making significant, measurable progress for all populations experiencing homelessness.
- **Ensure an Efficient, Dignified System:** The regional homelessness response system provides multiple points of access for all populations experiencing homelessness, reduces length of stay in shelters through more housing opportunities, creates fluidity among interventions in the Coordinated Entry System, promotes long-term housing stability, and measurably reduces returns to homelessness.
- **Promote an Equitable, Just System:** The CoC has assessed the homelessness response system and implemented policies, procedures and practices rooted in deep understanding of historical, systemic inequities and injustices in housing and homeless services for people of color and LGBTQ+ people to promote more equitable outcomes.
- **Drive System-Wide Engagement and Collaboration:** The CoC is a model for community education and engagement, creating broad and better understanding of the CoC's role, aligning with cities, the County and private resources, partnering to reimagine law enforcement's role in homelessness response, strengthening policy agenda partnerships with other CoCs, and centering the voices of those with lived experience in decision-making.
- **Strengthen Regional Leadership and Accountability:** The CoC is primarily accountable for the strategy to end homelessness in Orange County, and promote a human right to shelter, aligned with the state action plan and federal programs, and recognized as the model for innovative approaches through decision-making processes undeterred by politics or bureaucracy, with decisions and strategy set by experts, practitioners, and those with lived experience.
- **Smartly Allocate Funds to Match the Greatest Needs:** The CoC partners with all relevant stakeholders on comprehensive fiscal and resource mapping as well as analysis of data to inform funding decisions and priorities, ensure clear performance metrics, maximize pooled resources, and allocate funding in a fiscally accountable way.

Date: May 25, 2022

Subject: Housing and Homelessness Incentive Program (HHIP)

- a. HHIP Overview
- b. Local Homelessness Action Plan (LHP)

Background and Analysis

In accordance with the Home and Community Based Service (HCBS) Program Spending Plan, the California Department of Health Care Services (DHCS) is implementing the Housing and Homelessness Incentive Program (HHIP) from January 1, 2022, to December 31, 2023. HHIP aims to improve health outcomes and access to whole person care services by addressing housing insecurity and instability as a social determinant of health for the Medi-Cal population.

Through this one-time funding opportunity through Section 9817 of the American Rescue Plan Act (ARPA) of 2021, Managed Care Plans (MCP) will have access to a portion of the total \$1.4 billion funds available. These funds will enable MCPs to make investments in the local Continuums of Care (CoCs) and to advance the community's ability to address homelessness, while also supporting MCPs, such as CalOptima, in developing the capacity and partnerships necessary to connect Medi-Cal members to housing and other related services. MCPs will work with the local CoCs and other key stakeholders to develop a Local Homelessness Plan (LHP) that will be submitted to DHCS on June 30, 2022.

DHCS priority areas for this program include:

1. Partnerships and capacity to support referrals for services
2. Infrastructure to coordinate and meet member housing needs
3. Delivery of services and member engagement

CalOptima will build upon its existing Homeless Health Initiatives and work with the local Continuums of Care, County Public Health departments, County Behavioral Health departments, public hospitals, County Social Service Agencies, local housing departments and other organizations to use the funds in the most effective and collaborative manner throughout the course of this program.

CalOptima is requesting input from the Orange County Continuum of Care (CoC) Board membership on strategies that could be put into action and supported by HHIP to further bolster the CoC's efforts to prevent and end homelessness for individuals and families in Orange County. With the goal of furthering coordination system wide, CalOptima will seek to incorporate recommendations provided and complement existing homeless service system goals and planning supported by the Orange County CoC Board.

Attachments

Attachment A – All Plan Letter – California Housing and Homelessness Incentive Program



State of California—Health and Human Services Agency
Department of Health Care Services



MICHELLE BAASS
DIRECTOR

GAVIN NEWSOM
GOVERNOR

DATE: May 5, 2022

ALL PLAN LETTER 22-007

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS¹

SUBJECT: CALIFORNIA HOUSING AND HOMELESSNESS INCENTIVE PROGRAM

PURPOSE:

The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCP) with guidance on the incentive payments linked to the Housing and Homelessness Incentive Program (HHIP) implemented by the California Department of Health Care Services (DHCS) in accordance with the Medi-Cal Home and Community-Based Services (HCBS) Spending Plan.

BACKGROUND:

In accordance with section 9817 of the American Rescue Plan Act (ARPA) of 2021, DHCS developed an HCBS Spending Plan detailing a series of initiatives that will enhance, expand, and strengthen HCBS in California. HHIP is one of the HCBS Transitions initiatives, which aim to expand and enhance programs that facilitate individuals transitioning to community-based, independent living arrangements. HHIP is a voluntary incentive program that will enable MCPs to earn incentive funds for improving health outcomes and access to whole person care services by addressing homelessness and housing insecurity as social drivers of health and health disparities.

Effective January 1, 2022, DHCS is implementing HHIP. As designed, the incentive program is intended to support delivery and coordination of health and housing services for Medi-Cal members by:

- Rewarding MCPs for developing the necessary capacity and partnerships to connect their members to needed housing services; and
- Incentivizing MCPs to take an active role in reducing and preventing homelessness.

¹ This APL does not apply to Prepaid Ambulatory Health Plans or any MCP which will not be in operation in CY 2023, which includes, but is not limited to, Cal Medi-Connect Plans.

The incentive program period is expected to be effective from January 1, 2022 to December 31, 2023. The program period will be split between two distinct Program Years (PY) with three distinct measurement periods:

- PY 1 (January 1, 2022 to December 31, 2022), and:
- PY 2 (January 1, 2023 to December 31, 2023)

MCP Submission	Measurement Period	MCP Submission Date	Program Year
MCP Local Homelessness Plan (LHP) Submission	January 1, 2022 to April 30, 2022	June 30, 2022	1
MCP Submission 1	May 1, 2022 to December 31, 2022	February 2023 ²	1
MCP Submission 2	January 1, 2023 to October 31, 2023	December 2023 ³	2

POLICY:

Participating MCPs must comply with the policy requirements outlined throughout this APL to earn incentive payments for respective PYs. The incentive payments will be in addition to the MCPs’ actuarially sound capitation rates. The LHP Template can be found on the DHCS website.⁴

MCP Eligibility and Participation

MCP participation in this incentive program is voluntary, but strongly encouraged. MCPs that elect to participate must adhere to program and applicable federal and state requirements to earn incentive payments.

Definition of Individuals Experiencing Homelessness

The HHIP includes all Medi-Cal members who are at risk of, have recently been, or are currently experiencing homelessness. In order to assist MCPs with identification of these members, DHCS has provided a definition for individuals who are experiencing homelessness and are at risk of homelessness that aligns with the Community Supports Policy Guide and the Housing and Urban Development (HUD) definition as provided in Section 91.5 of Title 24 of the Code of Federal Regulations (CFR).⁵ These include:

- An individual or family who lacks adequate nighttime residence
- An individual or family with a primary residence that is a public or private place not designed or ordinarily used for habitation

² DHCS will establish specific submission deadlines for subsequent payment periods in future communication to MCPs.

³ DHCS will establish specific submission deadlines for subsequent payment periods in future communication to MCPs.

⁴ The LHP Template can be found on the [HHIP website](#).

⁵ Definition aligns with the [Community Supports Policy Guide](#) and 24 CFR § 91.5.

- An individual or family living in a shelter
- An individual exiting an institution into homelessness
- An individual or family who will imminently lose housing in next 30 days
- Unaccompanied youth and homeless families and children and youth defined as homeless under other federal statutes
- Individuals fleeing domestic violence

MCP Incentive Payments

DHCS will make available up to the total funding of \$1.288 billion across eligible MCPs in three payments. DHCS determined and shared the maximum amount of incentive payments that each MCP is eligible to earn for each measurement period based on a range of factors, including MCP member enrollment, revenue, and county point-in-time (PIT) counts of homelessness,⁶ subject to the requirement of 42 Code of Federal Regulations (CFR) section 438.6(b)(2) that incentive payments not exceed five percent of the value of capitation payments attributable to the enrollees or services covered by the incentive arrangement.⁷ Each MCP may earn up to its allocated amount based on the successful completion of the requirements for the three payments as outlined below.

Each MCP payment will be based on the successful completion and achievement of program measures and Local Homelessness Plan (LHP) components. DHCS will evaluate each MCP's submissions and performance and make incentive payments that are proportional to the number of points earned. DHCS will monitor the timeliness and content of MCP submissions and may request revisions for incomplete or inadequate submissions as needed during the review timeframe.

DHCS expects participating MCPs to work closely with all applicable local partners including, but not limited to: local Continuums of Care (CoCs), counties, public health agencies, organizations that deliver housing services (i.e., interim housing, rental assistance, supportive housing, outreach, prevention/diversion), county mental health plans (MHPs), and Drug Medi-Cal and Drug Medi-Cal Organized Delivery System (DMC-ODS) in their efforts to meet the program's goals and to report on measures. DHCS does not direct or restrict the MCP's use of incentive funds they have earned. However, DHCS intends for the HHIP to bolster housing and homelessness-focused efforts and investments at the local level, with the aim of building or expanding capacity and partnerships to connect members to needed housing services and achieving measurable progress in reducing and preventing homelessness. Therefore, DHCS anticipates participating MCPs will maximize investment with local partners who are leading housing and homelessness-related efforts on the ground and most directly supporting and assisting this vulnerable population.

Requirements for Payment 1 (measurement period January 1, 2022 to April 30, 2022)

⁶ PIT estimates as of 2019. DHCS may, at its discretion, use an updated PIT count as appropriate to redetermine these amounts for PY 2.

⁷ See 42 CFR Section 438.6(b)(2). The CFR is searchable on the [eCFR website](#).

Participating MCPs operating in the same county must collaborate to submit a single LHP by **June 30, 2022**. DHCS will issue Payment 1 to MCPs in September 2022, subject to DHCS' acceptance of the LHP submissions. The MCP is required to complete the LHP in full, as outlined in the LHP Template, including the following sections:

1. **Measurement Areas:** MCPs must complete required quantitative and narrative responses, outlined in the LHP Template, providing information on current regional progress and goals toward the three priority areas of HHIP described in this APL.
2. **MCP Strategies:** MCPs must provide a county-wide aggregate and unique MCP narrative submission identifying housing and service gaps in alignment with the Homeless Housing, Assistance and Prevention Program (HHAP) strategies to meet HHAP Outcome Goals and addressing the overall approach for the county as well as specific strategies for each MCP and how they align with the county approach.
3. **Landscape Analysis:** MCPs must provide an aggregate and unique landscape analysis in alignment with the HHAP Round 3 (HHAP-3)⁸ application landscape analysis utilizing relevant data from the Homeless Management Information System (HMIS), PIT counts, and other local needs assessments.⁹
4. **Funding Availability:** MCPs must submit as an appendix their local HHAP funding availability assessment identifying state, federal, and local funds currently being used, and available to be used, to provide housing and homelessness-related services in alignment with the HHAP-3 assessment (or Round 2, if Round 3 is unavailable).

MCPs will be evaluated based on the quality of the LHP components they submit, including the Landscape Analysis, Funding Availability assessment, and MCP Strategies, as well as on the program measures. Each program measure will either be earned in full, or not earned.

The LHP Template will specify the requirements for MCP reporting. The data sources specified in the LHP Template must be used for collecting and reporting data. The LHP Template must be submitted electronically to DHCSHHIP@dhcs.ca.gov.

Requirements for Payment 2 (measurement period May 1, 2022 to December 31, 2022)
MCPs must report a set of quantitative and narrative measures, as will be outlined in the MCP Submission 1 Template, describing their performance in Program Year 1 in

⁸ MCPs may also reference HHAP Round 2 (HHAP-2) applications if additional context is helpful for them, or if Round 3 are not yet available

⁹ If the MCP does not have the current data capabilities, they will need to provide an estimate based on PIT counts and describe what they need to achieve the connectivity to HMIS or other local data sources to report this information in the future.

February 2023.¹⁰ For MCPs operating in more than one county, the MCP must complete a Submission 1 Template for each county in which it operates and elects to participate in the incentive program. DHCS will issue Payment 2 to MCPs, subject to DHCS' acceptance of the MCP Submission 1 and the MCP's performance on applicable measures.

Requirements for Payment 3 (measurement period January 1, 2023 to October 31, 2023)

MCPs must report a set of quantitative and narrative measures, as will be outlined in the MCP Submission 2 Template, describing their performance in Program Year 2 in **December 2023.**¹¹ For MCPs operating in more than one county, the MCP must complete a Submission 2 Template for each county in which it operates and elects to participate in the incentive program. DHCS will issue Payment 3 to MCPs, subject to DHCS' acceptance of the MCP Submission 2 and the MCP's performance on applicable measures.

Program Priority Areas and Measurement Areas

HHIP will prioritize MCP investment in and achievement of partnerships, capacity-building, infrastructure, delivery of services, and member engagement.

Measures for the LHP, Submission 1 and Submission 2 are available [on the HHIP website](#).

High Performance Option

The program allows MCPs that fail to achieve points on select measures in Submissions 1 and 2 to earn back some or all of those points by performing over and above thresholds on select Priority Measures in the same reporting period. This option is only applicable to points not earned on pay-for-performance measures that are not noted in the HHIP measure set as a priority measure. Points that are not earned on a priority measure may not be re-earned by the MCP.

DHCS Oversight

DHCS will monitor the timeliness of MCP submissions, as well as the content of the reports, and request revisions for incomplete submissions, as needed. DHCS will send confirmation of approved submissions, as well as revision requests for incomplete or inadequate submissions, to MCPs electronically.

If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in an MCP's policies and procedures (P&Ps), the MCP must submit its updated P&Ps to its Managed Care Operations Division (MCOD) contract

¹⁰ DHCS will establish specific submission deadlines for subsequent payment periods in future communication to MCPs.

¹¹ DHCS will establish specific submission deadlines for subsequent payment periods in future communication to MCPs.

manager within 90 days of the release of this APL. If an MCP determines that no changes to its P&Ps are necessary, the MCP must submit an email confirmation to its MCOD contract manager within 90 days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The email confirmation must include the title of this APL as well as the applicable APL release date in the subject line.

MCPs are responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters.¹² These requirements must be communicated by each MCP to all Subcontractors and Network Providers.

If you have any questions regarding this APL, please email DHCSHIP@dhcs.ca.gov and CC your MCOD Contract Manager and/or your Capitated Rates Development Division Rate Liaison.

Sincerely,

Original Signed by Dana Durham

Dana Durham, Chief
Managed Care Quality and Monitoring Division

¹² For more information on Subcontractors and Network Providers, including the definition and applicable requirements, see APL 19-001, and any subsequent APLs on this topic.

Date: May 25, 2022

Subject: 2022 Orange County Point in Time Count

Background and Analysis

The U.S. Department of Housing and Urban Development (HUD) requires that all Continuum of Care (CoC) jurisdictions across the nation complete a biennial unsheltered count and an annual sheltered count of all persons experiencing homelessness in the community on a single point in time during the last ten days of January. The Orange County CoC is among several CoCs in California that were approved by HUD to reschedule the 2022 Point In Time to the last 10 days of February due to the impacts of COVID-19 pandemic and in an effort to safeguard the health of volunteers and vulnerable persons experiencing homelessness.

The County of Orange and Orange County CoC conducted the sheltered count the night of Monday, February 21, 2022. The 2022 Unsheltered Count process took place over three days, Tuesday, February 22 through Thursday, February 24, to ensure the 800 square mile Orange County jurisdiction was canvassed effectively. The 2022 Point In Time Count data collected participant-level information including household compositions, subpopulations, and disabling conditions information, such as substance abuse issues, serious mental health issues and physical disability, amongst other demographic factors.

The 2022 Point In Time Count found a total of 5,718 persons experiencing homelessness in Orange County, of which 2,661 persons were sheltered and 3,057 persons were unsheltered. See Attachment A to view the 2022 Point in Time Count Data Summary.

To ensure communication with local stakeholders and community members, the Office of Care Coordination provided the 2022 Point in Time Count Data Summary to the CoC membership, CoC Board, Commission to End Homelessness and Orange County Board of Supervisors via email and through scheduled briefings.

Attachments

Attachment A – 2022 Orange County Point in Time Count Data Summary



EVERYONE COUNTS

2022 POINT IN TIME SUMMARY

May 2022



2022 POINT IN TIME COUNT BY THE NUMBERS

5,718

Persons

North: 2,419 Persons

Central: 2,714 Persons

South: 585 Persons

SUBPOPULATIONS

280

VETERANS

Persons who served in the U.S. Armed Forces, National Guard or Reserves

235

TRANSITIONAL AGED YOUTH

Persons ages 18 to 24

718

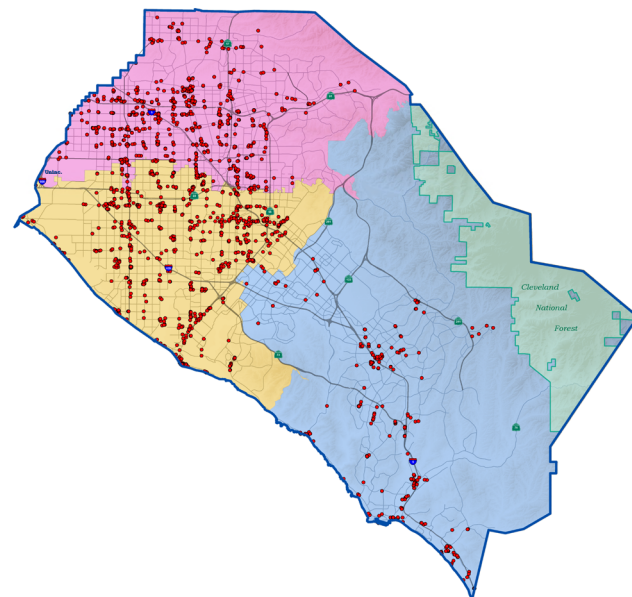
SENIORS

Persons ages 62 and older

METHODOLOGY

The U.S. Department of Housing and Urban Development (HUD) requires that all Continuum of Care (CoC) jurisdictions across the nation complete a biennial unsheltered count and an annual sheltered count of all persons experiencing homelessness in the community on a single point in time during the last ten days of January. The Orange County CoC is among several CoC in California that were approved by HUD to reschedule the 2022 Point In Time to the last 10 days of February due to the impacts of COVID-19 pandemic and in an effort to safeguard the health of volunteers and vulnerable persons experiencing homelessness.

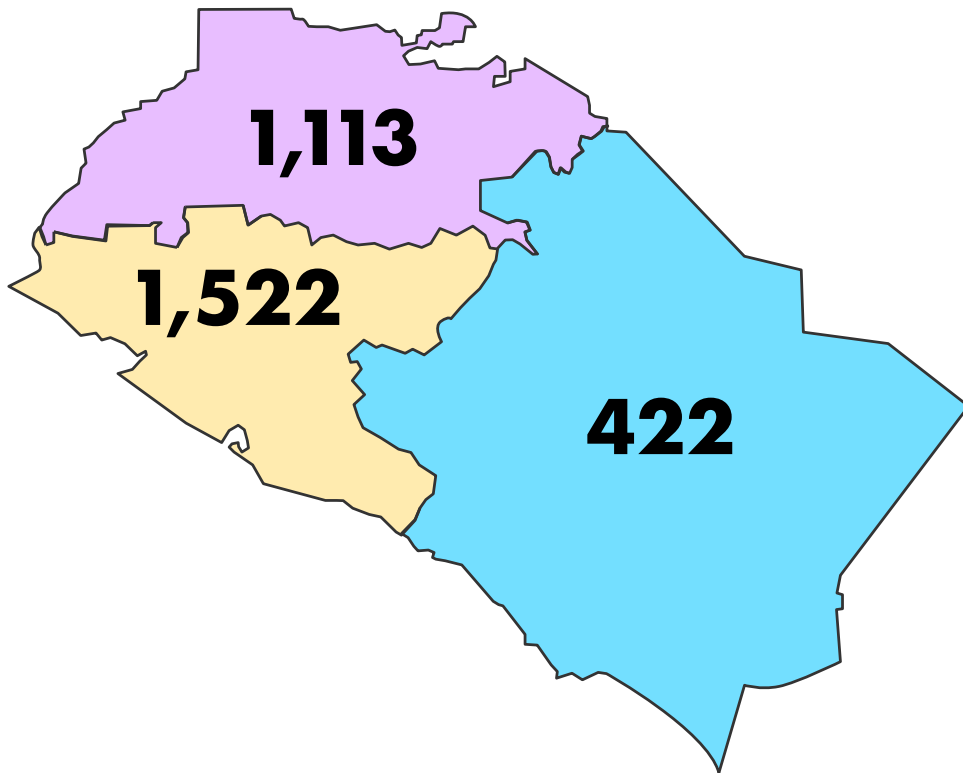
The County of Orange and Orange County CoC conducted the sheltered count the night of Monday, February 21, 2022. Emergency Shelters and Transitional Housing Programs collected participant-level demographic information from individuals and families staying the night in each program. The 2022 Unsheltered Count process took place over three days - Tuesday, February 22 through Thursday, February 24 - to ensure the 800 square mile Orange County jurisdiction was canvassed effectively. This methodology allowed the count teams to collect unique ID data points that were used to deduplicate records for the three-day street count process. The survey data was collected with ArcGIS Survey 123, a phone application that captures GIS locations and provides vital information that guides the way the County responds to homelessness in Orange County. The methodology for the 2022 Everyone Counts process provides the most accurate data on the scope of homelessness in Orange County, ensuring that Everyone Counts.





EVERYONE COUNTS

UNSHELTERED COUNT



3,057
UNSHELTERED TOTAL

145

VETERANS

Persons who served in the U.S. Armed Forces, National Guard or Reserves

109

TRANSITIONAL AGED YOUTH

Persons ages 18 to 24

300

SENIORS

Persons ages 62 and older

MAPS & VOLUNTEERS

982

Community volunteers, nonprofit and faith-based service providers including representatives from law enforcement, all 34 cities and County government.

208

Field teams of volunteers deployed into the community to canvas maps and survey people experiencing homelessness.

412

Maps were canvassed at least twice during the 2022 Point In Time Count effort.





135

VETERANS

Persons who served in the U.S. Armed Forces, National Guard or Reserves

126

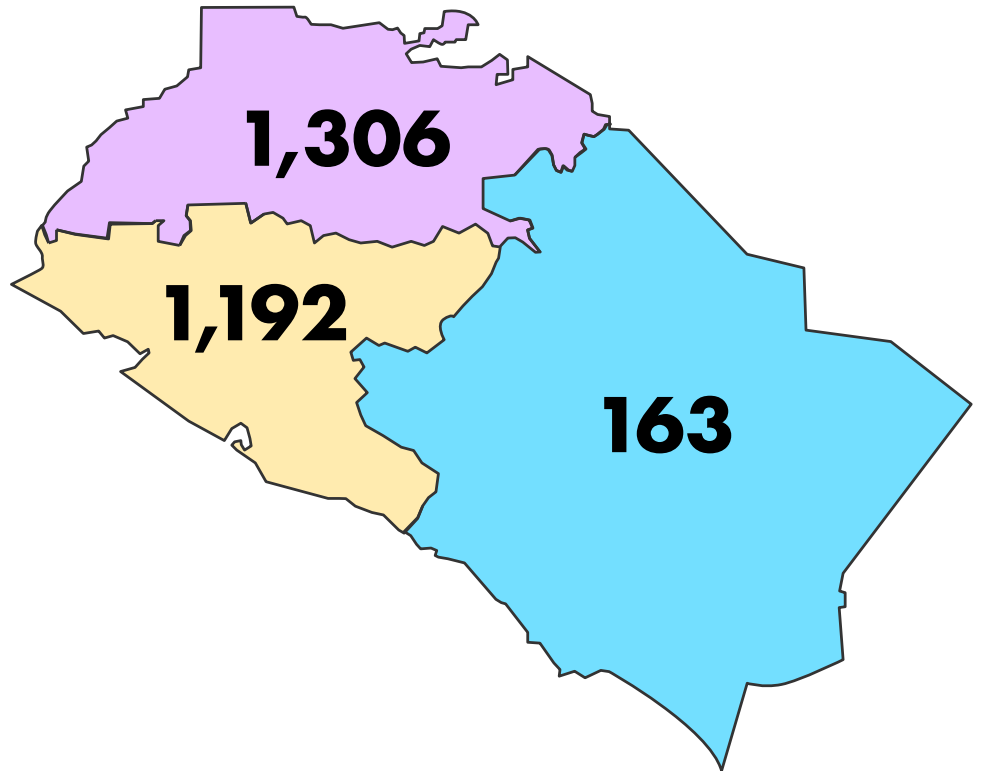
TRANSITIONAL AGED YOUTH

Persons ages 18 to 24

418

SENIORS

Persons ages 62 and older



2,661

SHELTERED TOTAL



THANK YOU TO ALL THOSE INVOLVED

- **County of Orange** – including Health Care Agency, Social Services Agency, OC Community Resources, OC Parks, OC Public Works, OC Information & Technology, OC Sheriff's Department
- **Continuum of Care Agencies**
- **Nonprofit and faith-based service providers**
- **34 Cities and law enforcement agencies**
- **Community volunteers from every part of Orange County**
- **Commission to End Homelessness**
- **Hub for Urban Initiatives** – HUD methodology and survey tool design
- **City Net** – lead agency for unsheltered count
- **2-1-1 Orange County** – lead agency for sheltered count



EVERYONE COUNTS

SUBPOPULATIONS & DISABLING CONDITIONS

ADULTS

UNSHELTERED

2,936

SHELTERED

2,060

CHRONIC HOMELESSNESS

55.07%

1,617 Adults

38.40%

791 Adults

SUBSTANCE USE ISSUES

41.45%

1,217 Adults

20.19%

416 Adults

PHYSICAL DISABILITY

32.19%

945 Adults

24.85%

512 Adults

MENTAL HEALTH ISSUES

29.53%

867 Adults

28.06%

578 Adults

DEVELOPMENTAL DISABILITY

14.27%

419 Adults

1.89%

39 Adults

DOMESTIC VIOLENCE

9.84%

289 Adults

10.97%

226 Adults

HIV/AIDS

1.77%

52 Adults

3.74%

77 Adults

** Some adults may identify with more than one subpopulation and/or report more than one disabling condition **

** Data only includes adults, persons age 18 and older **



Age	Unsheltered 3,057 Persons	Sheltered 2,661 Persons
Under 18	3.96% 121 Persons	22.59% 601 Persons
18-24	3.57% 109 Persons	4.74% 126 Persons
25-39	33.40% 1,021 Persons	21.01% 559 Persons
40-49	20.22% 618 Persons	14.09% 375 Persons
50-54	12.69% 388 Persons	7.82% 208 Persons
55-61	16.36% 500 Persons	14.05% 374 Persons
62+	9.81% 300 Persons	15.71% 418 Persons

Gender	Unsheltered 3,057 Persons	Sheltered 2,661 Persons
Female	25.81% 789 Persons	48.10% 1,280 Persons
Male	73.50% 2,247 Persons	51.48% 1,370 Persons
Transgender	0.43% 13 Persons	0.15% 4 Persons
Gender not singularly Female or Male	0.13% 4 Persons	0.23% 6 Persons
Questioning	0.13% 4 Persons	0.04% 1 Person



Race	Unsheltered 3,057 Persons	Sheltered 2,661 Persons
American Indian or Alaska Native	3.86% 118 Persons	3.49% 93 Persons
Asian	3.14% 96 Persons	3.72% 99 Persons
Black or African American	6.22% 190 Persons	11.01% 293 Persons
Native Hawaiian Or other Pacific Islander	1.01% 31 Persons	0.98% 26 Persons
White	65.42% 2,000 Persons	77.26% 2,056 Persons
Multiple Races or Other	20.35% 622 Persons	3.53% 94 Persons

Ethnicity	Unsheltered 3,057 Persons	Sheltered 2,661 Persons
Hispanic or Latino	34.22% 1,046 Persons	54.68% 1,455 Persons
Non- Hispanic or Non-Latino	65.78% 2,011 Persons	45.32% 1,206 Persons



HOUSEHOLD STATUS

Households	Description	Unsheltered (3,057)	Sheltered (2,661)	Total (5,718)
Individuals	Individuals ages 18+	2,806	1,704	4,510
Families	Households with at least one adult and one child	94 Families 251 persons in households: 130 Adults 121 Children	295 Families 950 persons in households: 356 Adults 594 Children	389 Families 1,201 persons in households: 486 Adults 715 Children
Unaccompanied Youth	Minors (17 and younger without parent/guardian)	0	7	7



EVERYONE COUNTS

2022 POINT IN TIME COUNT: CITY BY CITY

City	Unsheltered	Sheltered	Total
Anaheim	485	589	1,074
Brea	24	0	24
Buena Park	85	181	266
Cypress	28	0	28
Fullerton	202	70	272
La Habra	45	0	45
La Palma	8	0	8
Los Alamitos	4	9	13
Orange	134	116	250
Placentia	31	167	198
Stanton	62	148	210
Villa Park	0	0	0
Yorba Linda	4	0	4
County Unincorporated	1	0	1
Domestic Violence Programs		26	26
North Service Planning Area	1,113	1,306	2,419

City	Unsheltered	Sheltered	Total
Costa Mesa	150	58	208
Fountain Valley	38	0	38
Garden Grove	278	113	391
Huntington Beach	188	142	330
Newport Beach	96	0	96
Santa Ana	508	482	990
Seal Beach	8	0	8
Tustin	86	232	318
Westminster	159	0	159
County Unincorporated	11	36	47
Domestic Violence Programs		129	129
Central Service Planning Area	1,522	1,192	2,714

City	Unsheltered	Sheltered	Total
Aliso Viejo	13	4	17
Dana Point	27	0	27
Irvine	60	0	60
Laguna Beach	28	55	83
Laguna Hills	12	0	12
Laguna Niguel	29	0	29
Laguna Woods	7	0	7
Lake Forest	65	11	76
Mission Viejo	26	2	28
Rancho Santa Margarita	7	0	7
San Clemente	81	50	131
San Juan Capistrano	65	0	65
County Unincorporated	2	0	2
Domestic Violence Programs		41	41
South Service Planning Area	422	163	585



COMPARISON OF 2019 AND 2022 POINT IN TIME COUNT TOTALS

Year	Unsheltered Count		Sheltered Count		Total	
	#	%	#	%	#	%
2019	3,961	57.74%	2,899	42.26%	6,860	100%
2022	3,057	53.46%	2,661	46.54%	5,718	100%
Difference	-904	-22.82%	-238	-8.21%	-1,142	-16.65%

COMPARISON OF 2019 AND 2022 UNSHELTERED COUNTS BY SERVICE PLANNING AREA

Service Planning Area	2019 Unsheltered		2022 Unsheltered		Difference	
	#	%	#	%	#	%
North	1,596	40.29%	1,113	36.41%	-483	-30.26%
Central	1,827	46.12%	1,522	49.79%	-305	-16.69%
South	538	13.59%	422	13.80%	-116	-21.56%
Total	3,961		3,057		-904	-22.82%

COMPARISON OF 2019 AND 2022 SHELTERED COUNTS BY SERVICE PLANNING AREA

Service Planning Area	2019 Sheltered		2022 Sheltered		Difference	
	#	%	#	%	#	%
North	1,169	40.32%	1,306	49.08%	137	11.72%
Central	1,505	51.92%	1,192	44.79%	-313	-20.80%
South	225	7.76%	163	6.13%	-62	-27.56%
Total	2,899		2,661		-238	-8.21%



COMPARISON OF 2019 AND 2022 POINT IN TIME COUNT - SUBPOPULATIONS AND DISABLING CONDITIONS

	2019 Unsheltered 3,714 Adults	2022 Unsheltered 2,936 Adults
Chronic Homelessness	52.02% 1,932 Adults	55.07% 1,617 Adults
Substance Use Issues	33.74% 1,253 Adults	41.45% 1,217 Adults
Physical Disability	31.18% 1,158 Adults	32.19% 945 Adults
Mental Health Issues	26.82% 996 Adults	29.53% 867 Adults
Developmental Disability	14.03% 521 Adults	14.27% 419 Adults
Domestic Violence	9.50% 353 Adults	9.84% 289 Adults
HIV/AIDS	1.80% 67 Adults	1.77% 52 Adults

	2019 Sheltered 2,166 Adults	2022 Sheltered 2,060 Adults
Chronic Homelessness	26.27% 569 Adults	38.40% 791 Adults
Substance Use Issues	26.64% 577 Adults	20.19% 416 Adults
Physical Disability	14.82% 321 Adults	24.85% 512 Adults
Mental Health Issues	31.21% 676 Adults	28.06% 578 Adults
Developmental Disability	4.85% 105 Adults	1.89% 39 Adults
Domestic Violence	8.54% 185 Adults	10.97% 226 Adults
HIV/AIDS	1.80% 39 Adults	3.74% 77 Adults

Some adults may identify with more than one subpopulation and/or report more than one disabling condition

Data only includes adults, persons age 18 and older



COMPARISON OF 2019 AND 2022 POINT IN TIME COUNT HOUSEHOLD INFORMATION

	2019 Unsheltered	2022 Unsheltered	Comparison	
	#	#	#	%
Individuals	3,562	2,806	-756	-21.22%
Families	110 Families	94 Families	-16	-14.55%
	396 persons in households	251 persons in households	-145	-36.62%
	152 Adults	130 Adults	-22	-14.47%
	244 Children	121 Children	-123	-50.41%
Unaccompanied Youth	3	0	-3	-100.00%

	2019 Sheltered	2022 Sheltered	Comparison	
	#	#	#	%
Individuals	1,734	1,704	-30	-1.73%
Families	356 Families	295 Families	-61	-17.13%
	1,154 persons in households	950 persons in households	-204	-17.68%
	432 Adults	356 Adults	-76	-17.59%
	722 Children	594 Children	-128	-17.73%
Unaccompanied Youth	11	7	-4	-36.36%

	2019 Total	2022 Total	Comparison	
	#	#	#	%
Individuals	5,296	4,510	-786	-14.84%
Families	466 Families	389 Families	-77	-16.52%
	1,550 persons in households	1,201 persons in households	-349	-22.52%
	584 Adults	486 Adults	-98	-16.78%
	966 Children	715 Children	-251	-25.98%
Unaccompanied Youth	14	7	-7	-50.00%

Descriptions:

Individuals: Individuals ages 18+

Families: Households with at least one adult and one child

Unaccompanied Youth: Minors (17 and younger without parent/guardian)



North Service Planning Area

COMPARISON OF 2019 AND 2022 POINT IN TIME COUNT

	2019 Unsheltered		2022 Unsheltered		Comparison		2019 Sheltered		2022 Sheltered		Comparison		2019 Total	2022 Total	Comparison	
	#	#	#	%	#	%	#	#	#	%	#	%	#	#	#	%
Anaheim	694	485	-209	-30.12%	508	589	81	15.94%	1,202	1,074	-128	-10.65%				
Brea	30	24	-6	-20.00%	0	0	0		30	24	-6	-20.00%				
Buena Park	142	85	-57	-40.14%	145	181	36	24.83%	287	266	-21	-7.32%				
Cypress	39	28	-11	-28.21%	0	0	0		39	28	-11	-28.21%				
Fullerton	308	202	-106	-34.42%	165	70	-95	-57.58%	473	272	-201	-42.49%				
La Habra	45	45	0		0	0	0		45	45	0					
La Palma	9	8	-1	-11.11%	0	0	0		9	8	-1	-11.11%				
Los Alamitos	1	4	3	300.00%	21	9	-12	-57.14%	22	13	-9	-40.91%				
Orange	193	134	-59	-30.57%	148	116	-32	-21.62%	341	250	-91	-26.69%				
Placentia	55	31	-24	-43.64%	108	167	59	54.63%	163	198	35	21.47%				
Stanton	71	62	-9	-12.68%	45	148	103	228.89%	116	210	94	81.03%				
Villa Park	0	0	0		0	0	0		0	0	0					
Yorba Linda	1	4	3	300.00%	0	0	0		1	4	3	300.00%				
County Unincorporated	8	1	-7	-87.50%	0	0	0		8	1	-7	-87.50%				
DV Programs					29	26	-3	-10.34%	29	26	-3	-10.34%				
North Service Planning Area Total	1,596	1,113	-483	-30.26%	1,169	1,306	137	11.72%	2,765	2,419	-346	-12.51%				

Notes

- The thirteen cities in the North Service Planning Area jointly fund two regional shelters located in the Cities of Buena Park and Placentia to serve individuals experiencing homelessness in the North Service Planning Area
- The City of Stanton hosts two Homekey Program sites that currently operate as emergency shelter and will transition to permanent housing starting September 2022



Central Service Planning Area

COMPARISON OF 2019 AND 2022 POINT IN TIME COUNT - CITY BY CITY

	2019 Unsheltered		2022 Unsheltered		Comparison		2019 Sheltered		2022 Sheltered		Comparison		2019 Total	2022 Total	Comparison	
	#	#	#	%	#	%	#	#	#	%	#	%	#	#	#	%
Costa Mesa	187	150	-37	-19.79%	6	58	52	866.67%	193	208	15	7.77%				
Fountain Valley	28	38	10	35.71%	14	0	-14	-100.00%	42	38	-4	-9.52%				
Garden Grove	163	278	115	70.55%	62	113	51	82.26%	225	391	166	73.78%				
Huntington Beach	289	188	-101	-34.95%	60	142	82	136.67%	349	330	-19	-5.44%				
Newport Beach	64	96	32	50.00%	0	0	0		64	96	32	50.00%				
Santa Ana	830	508	-322	-38.80%	939	482	-457	-48.67%	1,769	990	-779	-44.04%				
Seal Beach	8	8	0	0.00%	0	0	0		8	8	0	0.00%				
Tustin	95	86	-9	-9.47%	264	232	-32	-12.12%	359	318	-41	-11.42%				
Westminster	159	159	0	0.00%	25	0	-25	-100.00%	184	159	-25	-13.59%				
County Unincorporated	4	11	7	175.00%	31	36	5	16.13%	35	47	12	34.29%				
DV Program					104	129	25	24.04%	104	129	25	24.04%				
Central Service Planning Area Total	1,827	1,522	-305	-16.69%	1,505	1,192	-313	-20.80%	3,332	2,714	-618	-18.55%				

Note

- The Cities of Newport Beach and Costa Mesa jointly fund the Costa Mesa Bridge Shelter to serve those experiencing homelessness in their cities



South Service Planning Area

COMPARISON OF 2019 AND 2022 POINT IN TIME COUNT - CITY BY CITY

	2019 Unsheltered		2022 Unsheltered		Comparison		2019 Sheltered		2022 Sheltered		Comparison		2019 Total	2022 Total	Comparison	
	#	#	#	%	#	%	#	#	#	%	#	%	#	#	#	%
Aliso Viejo	1	13	12	1200.00%	0		4		4		1		17	16	1600.00%	
Dana Point	32	27	-5	-15.63%	0		0		0		32		27	-5	-15.63%	
Irvine	127	60	-67	-52.76%	3		0		-3	-100.00%	130		60	-70	-53.85%	
Laguna Beach	71	28	-43	-60.56%	76		55		-21	-27.63%	147		83	-64	-43.54%	
Laguna Hills	24	12	-12	-50.00%	0		0		0		24		12	-12	-50.00%	
Laguna Niguel	7	29	22	314.29%	3		0		-3	-100.00%	10		29	19	190.00%	
Laguna Woods	5	7	2	40.00%	0		0		0		5		7	2	40.00%	
Lake Forest	76	65	-11	-14.47%	36		11		-25	-69.44%	112		76	-36	-32.14%	
Mission Viejo	22	26	4	18.18%	9		2		-7	-77.78%	31		28	-3	-9.68%	
Rancho Santa Margarita	15	7	-8	-53.33%	0		0		0		15		7	-8	-53.33%	
San Clemente	96	81	-15	-15.63%	49		50		1	2.04%	145		131	-14	-9.66%	
San Juan Capistrano	62	65	3	4.84%	0		0		0		62		65	3	4.84%	
County Unincorporated	0	2	2		0		0		0		0		2	2		
DV Program					49		41		-8	-16.33%	49		41	-8	-16.33%	
South Service Planning Area Total	538	422	-116	-21.56%	225		163		-62	-27.56%	763		585	-178	-23.33%	



EVERYONE COUNTS

2022 POINT IN TIME SUMMARY