Policies, Procedures and Standards Committee

Meeting Date: November 8, 2022
Meeting Time: 3:30 p.m. – 5:00 p.m.
Meeting Link: Click here to join the meeting
Meeting ID: 255 961 398 574
Passcode: Va85iy
Or call in (audio only): +1 949-543-0845
Phone Conference ID: 355 139 686#

Committee Chair: Becks Heyhoe
Committee Members: Matt Bates, Judson Brown, Patti Long, Dawn Price, Christina Weckerly-Ramirez

---

AGENDA

Welcome and Introductions – Becks Heyhoe, Committee Chair

Public Comments – Members of the public may address the Policies, Procedures and Standards (PPS) Committee 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 PPS Committee. Members of the public may address the PPS Committee with public comments on agenda items after the PPS Committee 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. In order to address the PPS Committee, members of the public are to enter their name and agenda item number in the chat box to be placed in a queue. PPS Committee staff will call your name in the order listed in the chat box.

CONSENT CALENDAR

1. Approve the PPS Committee Meeting Minutes from September 13, 2022.

BUSINESS CALENDAR

1. **Continuum of Care (CoC) Racial Equity Data Dashboard** – Zulima Lundy, Director of Operations, Office of Care Coordination and Erin DeRycke, Director, CoC Data and Operations, 211OC

    a. Recommend the CoC Racial Equity Data Dashboard for review and approval by the Orange County CoC Board.

2. **CoC Governance Charter Recommendations** – Zulima Lundy, Director of Operations, Office of Care Coordination and Nominating Committee

    a. Approve the recommended changes to the CoC Governance Charter as recommended by the Nominating Committee and recommend the revised CoC Governance Charter for approval by the Orange County CoC Board.

3. **Coordinated Entry System (CES) Prioritization Policy and Procedures** – Zulima Lundy, Director of Operations, Office of Care Coordination

a. Approved the proposed edits and clarifying language from the Office of care Coordination and recommend the revised CES policy and Procedures for approval by the CoC Board.

4. **Adjournment to**: Regular meeting on December 13, 2022, 3:30 p.m. – 5:00 p.m.

Policies, Procedures and Standards Committee

Meeting Date: September 13, 2022
Meeting Time: 3:30 p.m. – 5:00 p.m.
Meeting Link: https://ocgov.webex.com/ocgov/j.php?MTID=me3574ea77b5c6cc12c94b72e96bc8dc8
Meeting Number: 2465 268 3270
Passcode: pps112
Phone: +1-213-306-3065

Committee Chair: Becks Heyhoe
Committee Members: Matt Bates, Judson Brown, Patti Long, Dawn Price, Christina Weckerly-Ramirez

---

MINUTES

Welcome and Introductions – Becks Heyhoe, PPS Chair

a. Chair Becks Heyhoe called the meeting to order at 3:33 PM.
b. Roll Call
    - Present: Becks Heyhoe, Matt Bates, Judson Brown, Dawn Price
    - Absent Excused: Christina Weckerly-Ramirez
    - Absent: Patti Long

CONSENT CALENDAR

1. **Approve the PPS Committee Meeting Minutes from August 9, 2022.**

   Dawn Price motioned to approve the items on the Consent Calendar. Judson Brown seconded the motion. Chair Becks Heyhoe, Matt Bates, Judson Brown, and Dawn Price voted yes. Motion passed unanimously.

BUSINESS CALENDAR

1. **Orange County Continuum of Care (CoC) Data Integration Policy** – Zulima Lundy, Director of Operations, Office of Care Coordination and Erin DeRycke, Director, CoC Data and Operations, 211OC

   Zulima Lundy provided a synopsis of the Orange County Continuum of Care (CoC) Data Integration Policy information that was previously shared at the August 9, 2022, meeting of the PPS Committee. Erin DeRycke from 211OC shared a summary of the feedback that was received following the community input period, this included the PPS Committee feedback received on August 9, 2022, agency feedback, and legal feedback. Erin DeRycke detailed the next steps for the draft policy, such as approval from PPS Committee, approval from CoC Board, and the different forms that would have to be revised and edited. The Office of Care Coordination provided clarification that the recommended action would also include approval of the Data Integration Policy, Memorandum of Understanding (MOU), updated client consent form, and Data Breach Policy.

Recommended Action: Recommend the Orange County CoC Data Integration Policy and Memorandum of Understanding (MOU) for review and approval by the Orange County CoC Board.

Dawn Price motioned to approve the recommended action. Judson Brown seconded the motion. Chair Becks Heyhoe, Matt Bates, Judson Brown, and Dawn Price voted yes on. Motion passed unanimously.

PPS Committee Member Comments:

- Dawn Price inquired on the matter of police access to HMIS participant data, and whether there is a plan to ensure that data is secure. Dawn Price also asked if this new integration policy involves extra costs.

Public Comments:

- None.

2. **Coordinated Entry System (CES) Prioritization Policy and Procedures** – Zulima Lundy, Director of Operations, Office of Care Coordination and Rebecca Ricketts, CES Manager, Office of Care Coordination

   Zulima Lundy provided an overview on the background of the CES Prioritization Policy and Procedures revision recommendations that were approved at the March 8, 2022, meeting of the PPS Committee and the ongoing discussion around discontinuing shelter preference as part of the CES prioritization policy. On March 23, 2022, the CoC Board recommended a working group to examine the CES prioritization policy regarding the shelter preference. Over the past several months, the Shelter Preference Working Group met to discuss the current shelter preference policy and alternative policy recommendations. Ultimately, the Working Group comprised on the policy recommendation to prioritize people experiencing chronic homelessness by length of homelessness then people not experiencing chronic homelessness by length of homelessness, disabling condition and shelter status.

   Recommended Action: Approve proposed recommendation from Shelter Preference Working Group and recommend the revised CES Policy and Procedures for approval by the Orange County CoC Board.

   Matt Bates motioned to approve the recommended action. Judson Brown seconded the motion. Chair Becks Heyhoe, Matt Bates, Judson Brown, and Dawn Price voted yes. Motion passed unanimously.

   PPS Committee Member Comments:

   - Matt Bates inquired clarification on the priority preference for those who are not chronically homeless and provided an example scenario.
   - Judson Brown asked for further clarification on the priority preference.

   Public Comments:

   - None.

3. **Office of Care Coordination Updates** – Zulima Lundy, Director of Operations, Office of Care Coordination

   Zulima Lundy provided the following updates:

- **FY 2022 CoC Program Notice of Funding Opportunity (NOFO) –** The U.S. Department of Housing and Urban Development (HUD) is making approximately $2.8 billion in competitive funding available through the Fiscal Year (FY) 2022 CoC Competition Notice of Funding Opportunity (NOFO). Additionally, this includes at least $52 million available for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Bonus (DV Bonus) projects. Zulima Lundy noted that all project applications, renewals and new proposals, were due to the CoC on August 31st, 2022. The CoC Board will be hosting a Special Meeting on September 14, 2022, to proceed with recommending the project applications for inclusion in the CoC Project Priority Listing.

- **CoC Supplemental to Address Unsheltered Homelessness (Special NOFO)** – HUD is making approximately $322 million in funding available through a CoC Supplemental to Address Unsheltered and Rural Homelessness (CoC Special) NOFO. Zulima Lundy noted that all project proposals were due to the CoC on September 7th, 2022. As part of the CoC Special NOFO application process, CoCs are tasked with developing a CoC Plan to serve individuals and families experiencing homelessness with severe service needs (CoC Plan). The Office of Care Coordination has been facilitating Listening Sessions to provide overview of the CoC Plan requirements and allow space for recommendations and input in the drafting of the CoC Plan. The last listening session will be hosted on Friday, September 16th, 2022. Additionally, the Office of Care Coordination plans to proceed with recommending project proposals at the September 28th meeting of the CoC Board.

4. **Adjournment to**: Regular meeting on October 11, 2022, 3:30 p.m. – 5:00 p.m.

Date: November 8, 2022

Subject: Continuum of Care (CoC) Racial Equity Data Dashboard

Recommended Action:

a. Recommend the CoC Racial Equity Data Dashboard for review and approval by the Orange County CoC Board.

Dashboard Overview

Given the Orange County Continuum of Care (CoC) work with C4 Innovations around the Racial Equity Framework, the need for additional data tools to assist in the CoC with ongoing evaluation was identified. 2-1-1 Orange County as the Homeless Management Information System, (HMIS) lead started the development of the Racial Equity Dashboard in June 2022 by receiving feedback from the Data and Performance Management Committee regarding what the purpose of the dashboard should be, what data should be included on the dashboard, and how frequently the dashboard should be published. That initial discussion resulted in the development of an Agency Racial Equity Dashboard, as well as a CoC Racial Equity Dashboard.

The Agency Racial Equity Dashboard is available in HMIS. This dashboard allows agencies to review their own data through a racial equity lens. The data included on the Agency Racial Equity Dashboard and the CoC Racial Equity Dashboard are very similar, but the agency dashboard only includes data specific to the agency, while the CoC dashboard includes all data in HMIS.

The CoC Racial Equity Dashboard compares the racial and ethnic populations in HMIS to the most recent Point In Time (PIT), as well as the population of Orange County. This allows users to determine if specific populations are over or underrepresented in the homeless service system. The dashboard will also allow users to determine if certain groups have more or less representation in specific sub-populations, like Chronically Homeless, Veterans, Transitional Aged Youth, Seniors, and household types. This data is also available to be reviewed over time. Users can utilize this data to determine if there is a significant difference in how different racial and ethnic groups are being served in the homeless system. Once the dashboard has been approved, it will be published on the OC HMIS website on a quarterly basis. The dashboard includes performance data for:

- Successful Referrals from Coordinated Entry System (CES)
- Referrals Denied by Housing Provider
- Days to Permanent Housing Placement
- Exits to Permanent Housing, Returns to Homelessness, and
- Days between CES Match and Enrollment.

Feedback

The following feedback was received from the Data and Performance Management Committee during the development of the Racial Equity Dashboards.

- The Racial Equity Dashboard should be used as an educational tool.
- The dashboard should include a comparison of active clients in HMIS, the most recent PIT, and the population of Orange County. The dashboard should also review racial and ethnic groups by sub-populations.
- The performance measures that should be reviewed by racial and ethnic groups are Successful Referrals from CES, Referrals Denied by Housing Provider, Days to permanent Housing Placement, Exits to Permanent Housing, Returns to Homelessness, and Days between CES Match and Enrollment.
- Agencies are hesitant to include racial equity in the Project Performance Reports because there can be factors impacting performance for certain groups that are outside of the agency's control.
- Many Hispanic clients don't identify with any race options that are available in HMIS. Race and Ethnicity responses should be combined into one field.
- Some users suggested the performance data should look at one racial/ethnic group compared to the performance score of all other combined groups.
- The agencies felt it would be helpful to have a dashboard that agencies could pull in HMIS to review their own data, as well as a dashboard to review the CoC as a whole.

The following feedback was received from C4 Innovations regarding the CoC Racial Equity Dashboard.

- Change the name of the dashboard from Racial Inequity to Racial Equity.
- Details are critical to understanding the nuances of the data, so descriptions of measures should be available.
- A working group should be developed to create thresholds specific to racial equity. This working group should meet regularly to review the dashboard.
- C4 Innovations felt that it was more important to be able to see performance data for multiple racial and ethnic groups at one time, rather than being able to compare performance of a specific group to the combined score of all other groups.
- The dashboard should include performance trends over time.

Date: November 8, 2022

Subject: Continuum of Care (CoC) Board Governance Charter Recommendations

Recommended Action:

a. Approve the recommended changes to the CoC Governance Charter as recommended by the CoC Nominating Committee.

Background and Analysis

During the September 28, 2022, meeting of the Orange County CoC Board, the CoC Board approved the appointment of the Nominating Committee membership which comprised of David Gillanders, Elida Sanchez, Jennifer Friend, Jack Toan, and Becks Heyhoe. The Nominating Committee was tasked with ensuring that the CoC Governance Charter is compliant with U.S. Department of Housing and Urban Development (HUD) and Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) regulations, reviewing and recommending changes to the CoC Governance Charter and facilitating the CoC Board election process for the expiring seats.

The Nominating Committee has met on two occasions and had robust discussion regarding the need for ensuring that the most qualified candidates move onto the nomination process, with the CoC Governance Charter being revised to ensure that the most qualified candidates are outreached . The Nominating Committee reviewed the relevant sections of the Governance Charter in detail and are recommending the proposed redlines as detailed in Attachment A.

The following is a brief summary of the proposed changes:

- Added language to make Committee Service mandatory for CoC Board Members
- Increased the number of compromised members for a total of nineteen (19) seats in the CoC Board.
- Added two (2) designated seats, one (1) seat for the expertise on homeless services of Families and one (1) seat for the expertise on homeless services of Transitional Aged Youth (TAY)
- Included a Older Adults Representative Seat for expertise on homeless services and/or subpopulation focus
- Further detailed the role of the Nominating Committee through the selection process.
- Revised number of terms for the CoC Board Officers – officers may serve more than one (1) term.

Attachments

Attachment A – CoC Board Responsibilities, CoC Board Membership Composition and Election Process, and CoC Board Selection Process – Redline Version

Attachment B – CoC Board Responsibilities, CoC Board Membership Composition and Election Process, and CoC Board Selection Process – Clean Version

Orange County CoC - CA - 602
Governance Charter

Table of Contents

I. Name **2**

II. Geographic Boundaries **2**

III. Purpose **2**

IV. Responsibilities of the Orange County CoC **3**

A: Operating the Continuum of Care 3

B. Designating and Operating HMIS 4

C: Continuum of Care Policies, Procedures and Standards 4

D: Continuum of Care Planning 5

E: Annual Competitive Application for CoC Funding 6

V. Orange County CoC Structure **6**

A. CoC Collaborative Applicant and Fiscal Agent 6

B. Orange County CoC Board 7

C. Orange County CoC General Membership 13

D. Collaboration with Commission To End Homelessness 16

VI. Continuum of Care Legal Entity **17**

VII. Public Statement and Media Policy **17**

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 must serve on a minimum of one committee;

   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, including the CoC program Notice of Funding Opportunity (NOFO); 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 nineteen (19) members elected by the voting General Membership. A quorum consists of ten (10) voting members present. The CoC Board 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 must have extensive experience (7 to 10 years) in the homeless service field, and/or functions of the Continuum of Care.
   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. The following six (6) seats must be filled with persons with at minimum three (3) years of experience in their related field of representation and seat 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 two (2) Designated Seats for the CoC Board Members. These Designated Seats will be representative of the main populations in the Orange County Coordinated Entry System. The Designated Seats must be filled with persons with at minimum three (3) years of experience working with the subpopulation in the delivery of homeless services.
   i. One (1) seat for the expertise on homeless services of Families
   ii. One (1) seat for the expertise on homeless services of Transitional Aged Youth (TAY)

d. 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. The following nine (9) seats must be filled with persons with at minimum three (3) years of experience in their related field of representation and seat category.
      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~~
m) Older Adults

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.
   2. The At-Large Seats are to bring additional levels of experience that compliments and augments the CoC Board perspective and expertise.

e. 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. <u>Continuum of Care Board Selection Process</u>
   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, after they are interviewed by the CoC Nominating Committee and confirmed to meet the minimum qualifications related years of experience and knowledge.
   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.
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. The Nominating Committee will interview eligible candidates who meet criteria.
    iii. November – Candidates who moved forward based on their interview 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 year (1) terms. CoC Board Officers may serve for more than one (1) term ~~but not more the two (2) consecutive terms as an Officer.~~

Orange County CoC - CA - 602
Governance Charter

Table of Contents

I. Name **2**

II. Geographic Boundaries **2**

III. Purpose **2**

IV. Responsibilities of the Orange County CoC **3**

A: Operating the Continuum of Care 3

B. Designating and Operating HMIS 4

C: Continuum of Care Policies, Procedures and Standards 4

D: Continuum of Care Planning 5

E: Annual Competitive Application for CoC Funding 6

V. Orange County CoC Structure **6**

A. CoC Collaborative Applicant and Fiscal Agent 6

B. Orange County CoC Board 7

C. Orange County CoC General Membership 13

D. Collaboration with Commission To End Homelessness 16

VI. Continuum of Care Legal Entity **17**

VII. Public Statement and Media Policy **17**

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 must serve on a minimum of one committee;

   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, including the CoC program Notice of Funding Opportunity (NOFO); 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 nineteen (19) members elected by the voting General Membership. A quorum consists of ten (10) voting members present. The CoC Board 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 must have extensive experience (7 to 10 years) in the homeless service field, and/or functions of the Continuum of Care.
    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. The following six (6) seats must be filled with persons with at minimum three (3) years of experience in their related field of representation and seat 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 two (2) Designated Seats for the CoC Board Members. These Designated Seats will be representative of the main populations in the Orange County Coordinated Entry System. The Designated Seats must be filled with persons with at minimum three (3) years of experience working with the subpopulation in the delivery of homeless services.
    i. One (1) seat for the expertise on homeless services of Families
    ii. One (1) seat for the expertise on homeless services of Transitional Aged Youth (TAY)
d. 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. The following nine (9) seats must be filled with persons with at minimum three (3) years of experience in their related field of representation and seat category.
        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) Individuals
e) LGBTQ
f) People with disabilities
g) Permanent Supportive Housing
h) Prevention
i) Rapid Rehousing
j) Street Outreach
k) Older Adults

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.
    2. The At-Large Seats are to bring additional levels of experience that compliments and augments the CoC Board perspective and expertise.

e. 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. <u>Continuum of Care Board Selection Process</u>

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, after they are interviewed by the CoC Nominating Committee and confirmed to meet the minimum qualifications related years of experience and knowledge.
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.
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. The Nominating Committee will interview eligible candidates who meet criteria.
    iii. November – Candidates who moved forward based on their interview 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 year (1) terms. CoC Board Officers may serve for more than one (1) term

Business Calendar
Agenda Item 3

Date: November 8, 2022

Subject: Coordinated Entry System (CES) Policy and Procedures

Recommended Action:

a. Approved the proposed edits and clarifying language from the Office of care Coordination and recommend the revised CES policy and Procedures for approval by the CoC Board.

Background and Analysis

The Office of Care Coordination is proposing the revision of the Coordinated Entry System (CES) Policy and Procedures to provide further clarification in language and definitions.

The draft of the CES Policy and Procedures detailing the recommended change is being presented to the PPS Committee for approval. Reference Attachment A for a redline version and Attachment B for a clean version. This recommendation will assist in clarifying language and definitions in the CES Policy and Procedures.

Attachments

Attachment A – CES Policy Draft – Redline Version
Attachment B – CES Policy Draft – Clean Version

COORDINATED ENTRY SYSTEM POLICIES AND PROCEDURES

Date Approved by Continuum of Care Board: ~~September 28, 2022~~TBD

GOAL

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

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

CES DOCUMENTS AND REGULATIONS

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

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

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

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

Emergency Solutions Grants Interim Rule 24 CFR 576

McKinney-Vento Homeless Assistance Act, As Amended by S. 896 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009

HUD Equal Access rule: 24 CFR 5

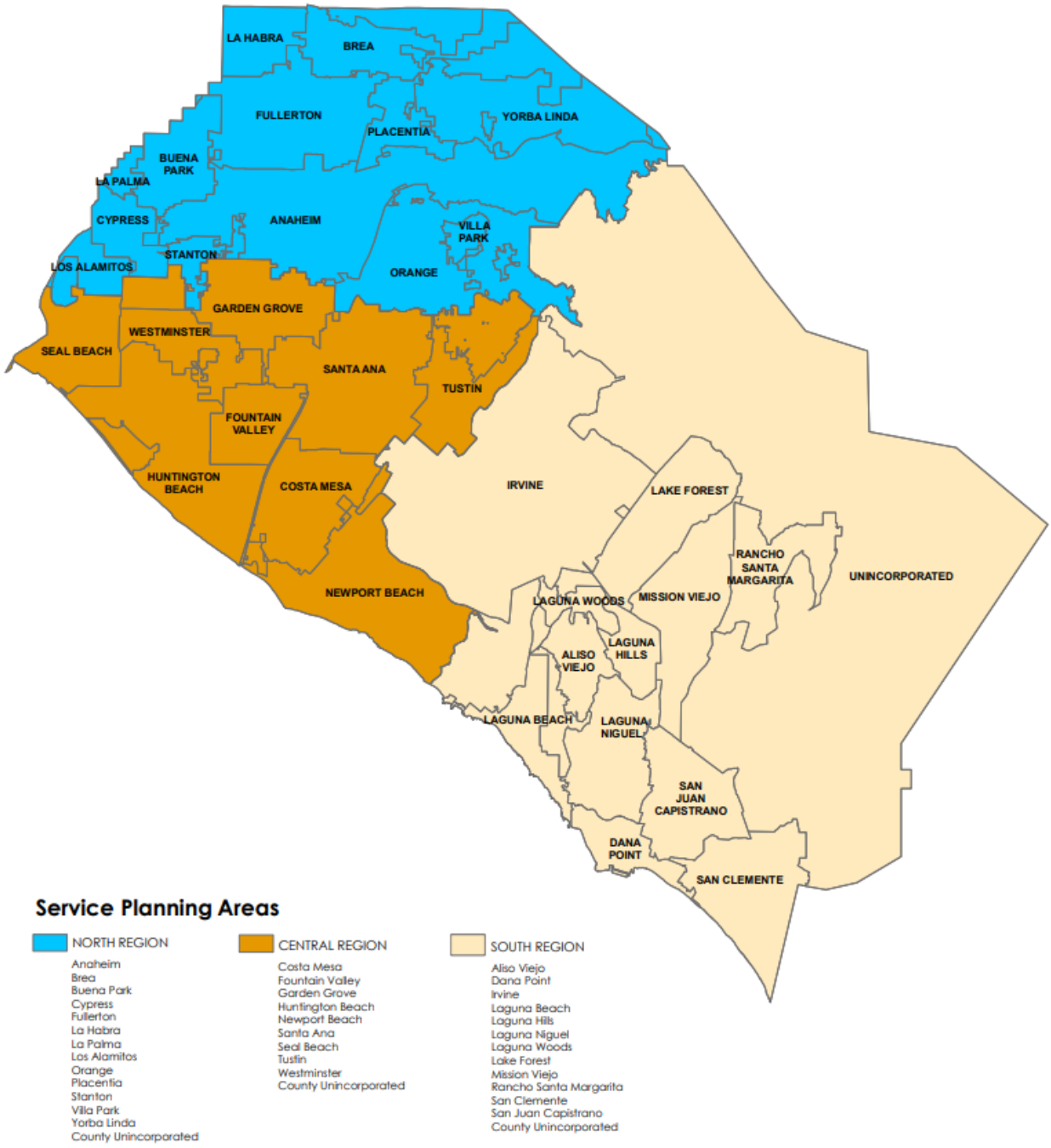
CES LEAD

The Coordinated Entry System (CES) lead agency, County of Orange, is empowered by the Continuum of Care (CoC) to manage the process of determining and updating the prioritization for all CoC funded permanent supportive housing (PSH) and CoC and ESG funded rapid rehousing (RRH), homeless prevention, interim housing, and emergency shelter programs as well as any other housing resources that voluntarily or are required locally or by the State to participate in the CES. The lead agency will work collaboratively with the CES Steering Committee, a

committee of the CoC Board, to develop and review CES policies and procedures every five years, at minimum.

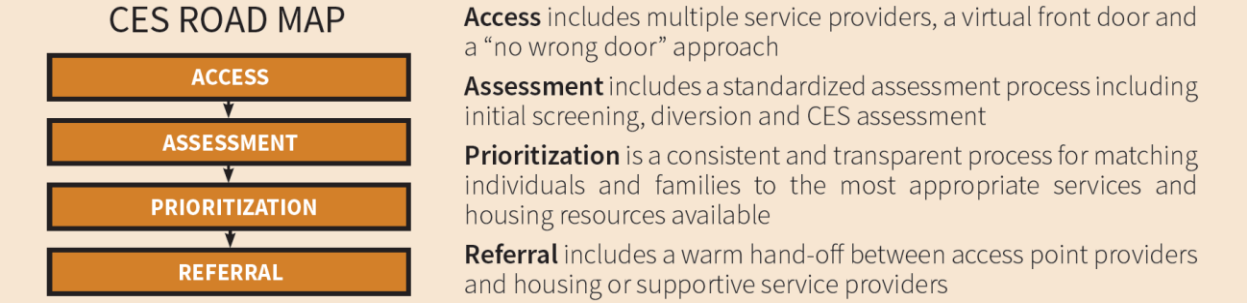
PLANNING

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



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

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



ACCESS

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

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

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

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

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

Access Model

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

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

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

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

Accessibility

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

Safety Planning

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

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

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

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

Virtual Access

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

ASSESSMENT

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

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

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

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

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

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

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

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

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

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

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

PRIORITIZATION

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

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

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

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

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

The primary factors considered during prioritization ~~is~~ are chronic homelessness as defined in 24 CFR 578.3, length of the current episode of homelessness and permanent disabling conditions as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)). Another factor in the prioritization process is connection to shelter, which is aimed at increasing system flow and maximizing limited shelter and housing resources. The sole prioritization factor for households experiencing chronic homelessness will be length of the current episode of homelessness. For households experiencing literal homelessness and not chronic homelessness, the prioritization factors are length of the current episode of homelessness, disabling conditions and shelter status. Exceptions to the prioritization may be made through case conferencing and as appropriate to meet specialized client needs. In addition, case conferencing will be employed to ensure ~~housing~~ resources are aligned to client needs and promote effective resource utilization.

All shelter and housing opportunities available through CES will prioritize chronically homeless individuals and families as defined in 24 CFR 578.3 that are the most appropriate referral to the available resource. Chronically homeless individuals and families with the longest length of the current episode of homelessness and with the most significant service needs (i.e. disabling conditions) will be prioritized over chronically homeless individuals and families with shorter lengths of the current episode of homelessness and less significant needs following the prioritization process described above.

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

Tenant-based and project-based PSH tenants are permitted to move between PSH opportunities and/or graduate to HCVs, as available and eligible. Movement between PSH opportunities is

determined and agreed upon by the housing providers. Vacancies created through tenant movement must be refilled through CES using CES prioritization criteria.

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

Participants remain enrolled in CES until the participant is permanently housed, opts out of participating in CES, or becomes inactive. Participants will be made inactive in CES after 90 days of non-engagement with an access point or participating agencies as documented in HMIS. Participants are removed from ~~on~~ the prioritization list for housing opportunities after 90 days of non-engagement with an access points or participating agencies as documented in HMIS. Participants are removed from the prioritization list for shelter referrals after 7 days of non-engagement with an access point or participating agencies as documented in HMIS.

Scenario 1: CES receives 5 HCVs for non-elderly individuals. Based on the 2022 Point in Time results, homeless households were distributed throughout Orange County's Service Planning Areas as follows: 42% North, 47% Central, and 10% South. Therefore, the vouchers will be designated as follows: two (2) for the North Service Planning Area, two (2) for the Central Service Planning Area, and one (1) for the South Service Planning Area. Individuals experiencing chronic homelessness with the longest lengths of homelessness are matched to these opportunities. If no individuals experiencing chronic homelessness are available, sheltered individuals with a disabling condition and the longest length of homelessness will be considered followed by unsheltered individuals with a disabling condition and the longest length of homelessness. If no individuals with a disabling condition are available, sheltered individuals with the longest length of homelessness will be considered followed by unsheltered individuals with the longest length of homelessness.

Scenario 2: A project-based PSH unit becomes available in the North Service Planning Area for a family. Families experiencing chronic homelessness with the longest length of homelessness from the North Service Planning Area are considered first for this opportunity. If no families experiencing chronic homelessness from the North Service Planning Area are available, families experiencing chronic homelessness from any Service Planning Area will be considered.

Scenario 3: A RRH opportunity becomes available for homeless individuals. Individuals experiencing chronic homelessness with the longest length of homelessness are matched to these opportunities. If no individuals experiencing chronic homelessness are available, sheltered individuals with a disabling condition with the longest length of homelessness will be considered followed by unsheltered individuals with a disabling condition with the longest length of homelessness. If no individuals with a disabling condition are available, sheltered individuals with the longest length of homelessness will be considered followed by unsheltered individuals with the longest length of homelessness.

REFERRAL

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

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

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

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

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

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

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

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

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

EMERGENCY TRANSFER REQUEST POLICY

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

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

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

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

PRIVACY AND DATA MANAGEMENT

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

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

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

GRIEVANCE PROCESS

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

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

- To file a discrimination complaint, contact the Department of Housing and Urban Development through the online portal: https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint

EVALUATION

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

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

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

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

~~**CES DOCUMENTS AND REGULATIONS**~~

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

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

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

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

~~Emergency Solutions Grants Interim Rule 24 CFR 576~~

~~HUD Equal Access rule: 24 CFR 5~~

ATTACHMENT A

Homeless Definition

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

Category 1. Literally Homeless

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

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

Category 2. Imminent Risk of Homelessness

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

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

Category 3. Homeless under other Federal statutes

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

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

Category 4. Fleeing/Attempting to Flee Domestic Violence

Any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence;
- Has no other residence; and

- Lacks the resources or support networks to obtain other permanent housing

At Risk of Homelessness Definition

Information on the definition of at risk of homelessness can be found on HUD Exchange at https://www.hudexchange.info/resource/1927/hearth-esg-program-and-consolidated-plan-conforming-amendments/ and is summarized below. The following three at risk of homelessness categories are eligible to participate in CES.

Category 1. Individuals and Families

An individual or family who:

- Has an annual income below 30% of median family income for the area; and
- Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition; and
- Meets one of the following conditions:
    - Has moved because of economic reasons 2 or more times during the 60 days immediately proceeding the application for assistance; or
    - Is living in the home of another because of economic hardship; or
    - Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; or
    - Lives in a hotel or motel and the cost is not paid for by a charitable organization or by Federal, State, or local government programs for low-income individuals; or
    - Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; or
    - Is exiting a publicly funded institution or system of care; or
    - Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan.

Category 2. Unaccompanied Children and Youth

A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute.

Category 3. Families with Children and Youth

An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

Chronic Homelessness Definition

HUD published the **Defining Chronically Homeless Final Rule** clarifying the definition of chronic homelessness. The definition of chronically homeless is:

- A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:
    - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and
    - Has been homeless and living as described for at least 12 months* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described.
- An individual who has been residing in an institutional care facility for less, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility**; or
- A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

COORDINATED ENTRY SYSTEM POLICIES AND PROCEDURES

Date Approved by Continuum of Care Board: TBD

GOAL

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

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

CES DOCUMENTS AND REGULATIONS

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

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

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

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

Emergency Solutions Grants Interim Rule 24 CFR 576

McKinney-Vento Homeless Assistance Act, As Amended by S. 896 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009

HUD Equal Access rule: 24 CFR 5

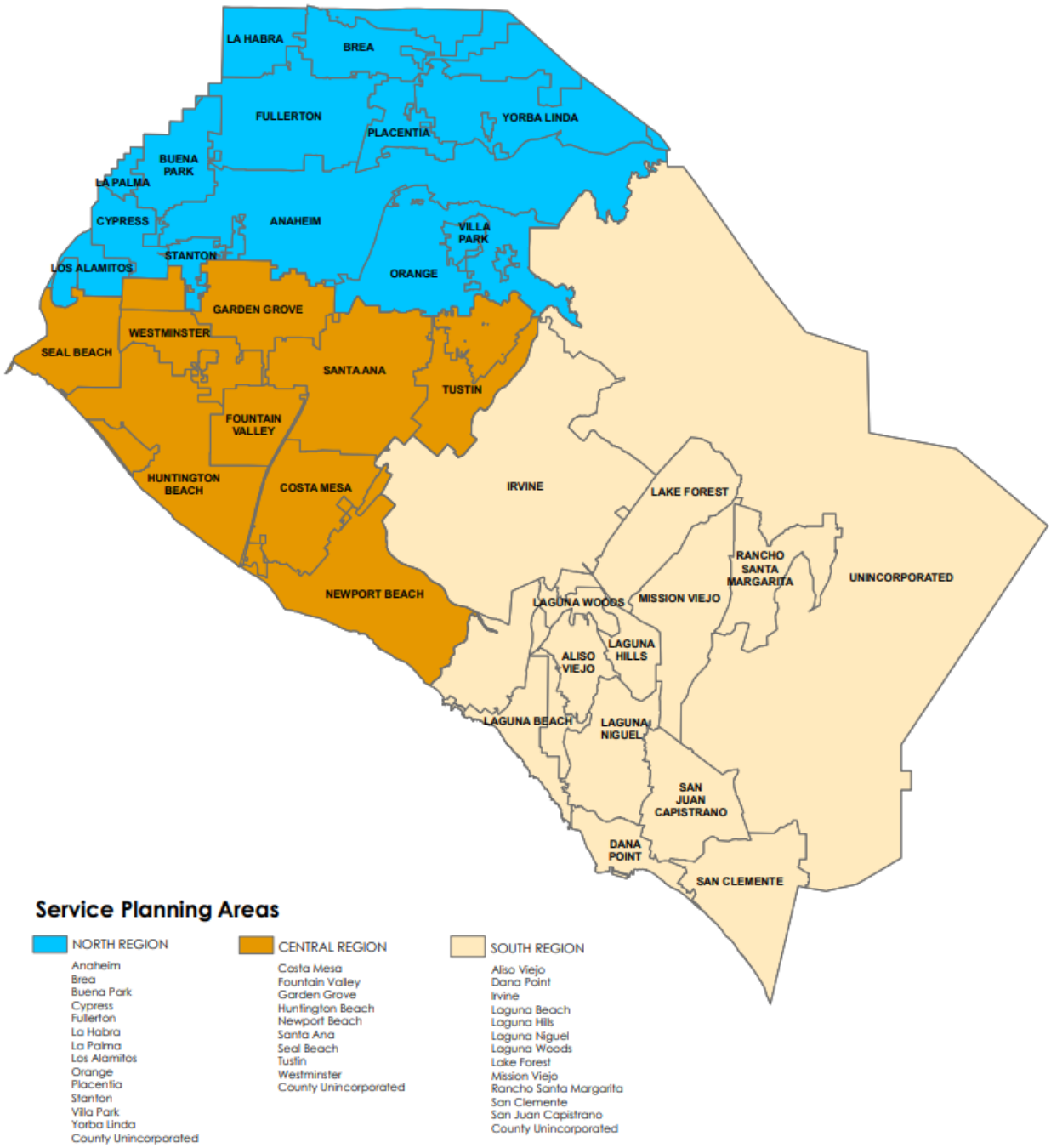
CES LEAD

The Coordinated Entry System (CES) lead agency, County of Orange, is empowered by the Continuum of Care (CoC) to manage the process of determining and updating the prioritization for all CoC funded permanent supportive housing (PSH) and CoC and ESG funded rapid rehousing (RRH), homeless prevention, interim housing, and emergency shelter programs as well as any other housing resources that voluntarily or are required locally or by the State to participate in the CES. The lead agency will work collaboratively with the CES Steering Committee, a

committee of the CoC Board, to develop and review CES policies and procedures every five years, at minimum.

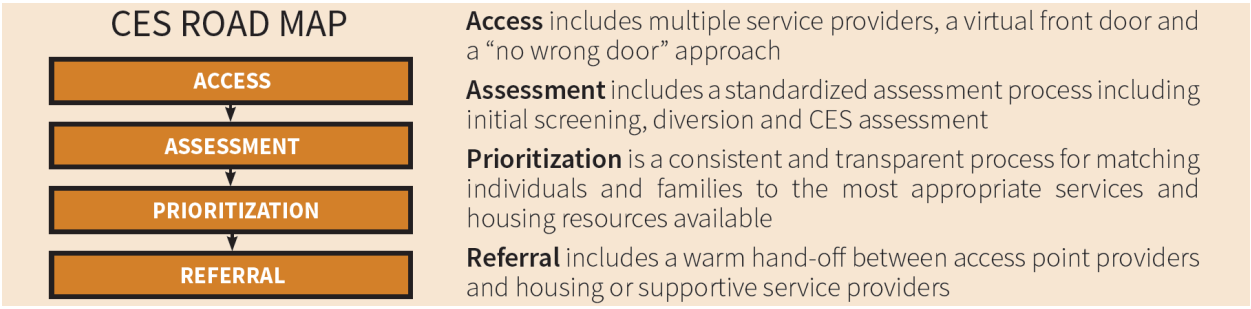
PLANNING

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



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

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



ACCESS

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

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

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

Access to CES occurs after a person's immediate crisis needs have been identified and their basic client information has been entered into the Homeless Management Information System

(HMIS). Throughout Orange County, an array of homeless service providers serves as access points. Access points include mobile street outreach teams, navigation centers, emergency shelters and a virtual front door. Access points are distributed geographically throughout the County in all three Service Planning Areas (North, Central, and South) and the virtual front door provides access 24 hours a day through a call center and online access.

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

Access Model

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

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

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

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

Accessibility

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

Safety Planning

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

Human Options	877-854-3594
Interval House	714-891-8121
Laura's House	866-498-1511
Women Transitional Living Center	714-992-1931 877-531-5522
Sexual Assault Victim Services (North)	714-957-2737
Sexual Assault Victim Services (South)	949-831-9110
2-1-1 Orange County Helpline	211 949-646-4357 888-600-4357

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

Virtual Access

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

ASSESSMENT

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

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

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

- First, provide triage including diversion and prevention;

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

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

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

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

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

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

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

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

PRIORITIZATION

When the need for services is greater than resources available, CES utilizes an established prioritization schema approved by the CoC Board to connect individuals and families experiencing homelessness with available shelter and housing opportunities. Housing opportunities available through CES include Permanent Supportive Housing, Housing Choice Vouchers, Rapid Rehousing, and other housing opportunities as they become available. At minimum, all CoC and

Emergency Solutions Grants (ESG) funded shelter and housing opportunities will prioritize individuals and families with the most urgent and severe needs on the CES prioritization list following the prioritization process described below who are eligible for the shelter or housing opportunity. Other shelter, interim housing or permanent housing resources will be encouraged, but not required, to participate in CES if privately or alternatively funded.

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

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

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

The primary factors considered during prioritization are chronic homelessness as defined in 24 CFR 578.3, length of the current episode of homelessness and permanent disabling conditions as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)). Another factor in the prioritization process is connection to shelter, which is aimed at increasing system flow and maximizing limited shelter and housing resources. The sole prioritization factor for households experiencing chronic homelessness will be length of the current episode of homelessness. For households experiencing literal homelessness and not chronic homelessness, the prioritization factors are length of the current episode of homelessness, disabling conditions and shelter status. Exceptions to the prioritization may be made through case conferencing and as appropriate to meet specialized client needs. In addition, case conferencing will be employed to ensure resources are aligned to client needs and promote effective resource utilization.

All shelter and housing opportunities available through CES will prioritize chronically homeless individuals and families as defined in 24 CFR 578.3 that are the most appropriate referral to the available resource. Chronically homeless individuals and families with the longest length of the current episode of homelessness and with the most significant service needs (i.e. disabling conditions) will be prioritized over chronically homeless individuals and families with shorter lengths of the current episode of homelessness and less significant needs following the prioritization process described above.

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

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

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

Participants remain enrolled in CES until the participant is permanently housed, opts out of participating in CES, or becomes inactive. Participants will be made inactive in CES after 90 days of non-engagement with an access point or participating agencies as documented in HMIS. Participants are removed from the prioritization list for housing opportunities after 90 days of non-engagement with an access points or participating agencies as documented in HMIS. Participants are removed from the prioritization list for shelter referrals after 7 days of non-engagement with an access point or participating agencies as documented in HMIS.

Scenario 1: CES receives 5 HCVs for non-elderly individuals. Based on the 2022 Point in Time results, homeless households were distributed throughout Orange County's Service Planning Areas as follows: 42% North, 47% Central, and 10% South. Therefore, the vouchers will be designated as follows: two (2) for the North Service Planning Area, two (2) for the Central Service Planning Area, and one (1) for the South Service Planning Area. Individuals experiencing chronic homelessness with the longest lengths of homelessness are matched to these opportunities. If no individuals experiencing chronic homelessness are available, sheltered individuals with a disabling condition and the longest length of homelessness will be considered followed by unsheltered individuals with a disabling condition and the longest length of homelessness. If no individuals with a disabling condition are available, sheltered individuals with the longest length of homelessness will be considered followed by unsheltered individuals with the longest length of homelessness.

Scenario 2: A project-based PSH unit becomes available in the North Service Planning Area for a family. Families experiencing chronic homelessness with the longest length of homelessness from the North Service Planning Area are considered first for this opportunity. If no families experiencing chronic homelessness from the North Service Planning Area are available, families experiencing chronic homelessness from any Service Planning Area will be considered.

Scenario 3: A RRH opportunity becomes available for homeless individuals. Individuals experiencing chronic homelessness with the longest length of homelessness are matched to these opportunities. If no individuals experiencing chronic homelessness are available, sheltered individuals with a disabling condition with the longest length of homelessness will be considered followed by unsheltered individuals with a disabling condition with the longest length of

homelessness. If no individuals with a disabling condition are available, sheltered individuals with the longest length of homelessness will be considered followed by unsheltered individuals with the longest length of homelessness.

REFERRAL

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

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

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

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

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

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

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

When an individual or family is denied by shelter or housing providers, the participant is returned to the prioritization list and remains on the prioritization list for a new shelter or housing referral.

The individual or family will continue to be prioritized for available shelter or housing resources following the prioritization process previously described.

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

EMERGENCY TRANSFER REQUEST POLICY

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

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

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

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

PRIVACY AND DATA MANAGEMENT

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

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

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

GRIEVANCE PROCESS

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

- For grievances with Coordinated Entry System policies and procedures, contact Orange County Community Resources at CoordinatedEntry@ocgov.com.
- For service provider related complaints, grievance should be directed to the appropriate service provider for resolution.
- For shelter and housing program related complaints, grievances should be directed to the appropriate shelter or housing provider for resolution.
- To file a discrimination complaint, contact the Department of Housing and Urban Development through the online portal: https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint

EVALUATION

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

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

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

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

ATTACHMENT A

Homeless Definition

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

Category 1. Literally Homeless

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

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

Category 2. Imminent Risk of Homelessness

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

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

Category 3. Homeless under other Federal statutes

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

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

Category 4. Fleeing/Attempting to Flee Domestic Violence

Any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence;
- Has no other residence; and

- Lacks the resources or support networks to obtain other permanent housing

At Risk of Homelessness Definition

Information on the definition of at risk of homelessness can be found on HUD Exchange at https://www.hudexchange.info/resource/1927/hearth-esg-program-and-consolidated-plan-conforming-amendments/ and is summarized below. The following three at risk of homelessness categories are eligible to participate in CES.

Category 1. Individuals and Families

An individual or family who:

- Has an annual income below 30% of median family income for the area; and
- Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition; and
- Meets one of the following conditions:
    - Has moved because of economic reasons 2 or more times during the 60 days immediately proceeding the application for assistance; or
    - Is living in the home of another because of economic hardship; or
    - Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; or
    - Lives in a hotel or motel and the cost is not paid for by a charitable organization or by Federal, State, or local government programs for low-income individuals; or
    - Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; or
    - Is exiting a publicly funded institution or system of care; or
    - Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan.

Category 2. Unaccompanied Children and Youth

A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute.

Category 3. Families with Children and Youth

An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

Chronic Homelessness Definition

HUD published the **Defining Chronically Homeless Final Rule** clarifying the definition of chronic homelessness. The definition of chronically homeless is:

- A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:
    - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and
    - Has been homeless and living as described for at least 12 months* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described.
- An individual who has been residing in an institutional care facility for less, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility**; or
- A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.