

ORANGE COUNTY  
CONTINUUM OF CARE BOARD  
MEETING  
Wednesday, February 22, 2023  
2:00 p.m. – 4:00 p.m.

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

## AGENDA

### Board Members

Nichole Gideon, Individual  
Elida Sanchez, OC Department of Education  
Eric Richardson, Volunteers of America  
Nishtha Mohendra, Families Forward  
Judson Brown, City of Santa Ana  
Maricela Rios-Faust, Human Options  
Dr. Shauntina Sorrells, Orangewood Foundation  
[Secretary]  
Christina Weckerly Ramirez, Health Care Agency  
Jason Phillips, Individual

Kelly Bruno-Nelson, CalOptima Health  
Dawn Price, Friendship Shelter [Chair]  
George Searcy, Jamboree Housing  
Sandra Lozeau, City of Anaheim  
Melanie McQueen, PATH  
Robert “Santa Bob” Morse, Individual  
Ami Rowland, Covenant House California  
Becks Heyhoe, OC United Way [Vice Chair]  
Tim Shaw, Individual

\* In compliance with the Americans with Disabilities Act, and County Language Access Policy, those requiring accommodation and/or interpreter services for this meeting should notify the Office of Care Coordination 72 hours prior to the meeting at (714) 834-5000 or email [CareCoordination@ocgov.com](mailto:CareCoordination@ocgov.com). Requests received less than 72 hours prior to the meeting will still receive every effort to reasonably fulfill within the time provided. \*

**Call to Order** – Dawn Price, Chair

**Board Member Roll Call** – Dr. Shauntina Sorrells, Secretary

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

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

Members of the public may also submit public comment by emailing [CareCoordination@ocgov.com](mailto:CareCoordination@ocgov.com). All comments submitted via email at least 60 minutes before the start of the CoC Board meeting will be distributed to the CoC Board members for their consideration and all comments will be added to the administrative records of the meeting. Please include "CoC Board Meeting Comment" in the email subject line.

**Board Member Comments:** Members of the CoC Board may provide comments on matters not appearing on the agenda so long as the subject matter is within the jurisdiction of the CoC Board.

### **CONSENT CALENDAR**

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

#### **1. Approve CoC Board Meeting Minutes from January 25, 2023**

### **BUSINESS CALENDAR**

- 1. 2023 CoC Board Appointments** – Zulima Lundy, Director of Operations, Office of Care Coordination
  - a. Appoint CoC Committee Chairs and Membership:
    - i. Appoint Christina Weckerly-Ramirez to Chair the Coordinated Entry System (CES) Committee
    - ii. Appoint Judson Brown to Chair the Housing Opportunities Committee
    - iii. Appoint the following CoC Committee Chair membership to the Policies, Procedures, and Standards (PPS) Committee:
      - a) Judson Brown, Chair of the Housing Opportunities Committee;
      - b) Christina Weckerly-Ramirez, Chair of the CES Steering Committee;
      - c) Dr. Shauntina Sorrells, Chair of the Transitional Age Youth Collaborative Committee;
      - d) Eric Richardson, Chair of the Veterans Committee, and
      - e) Nishtha Mohendra, Chair of the Service Provider Forum.
    - iv. Appoint Robert "Santa Bob" Morse as an at-large representative to the PPS Committee.
- 2. Policies, Procedures and Standard (PPS) Committee Recommendations** – Zulima Lundy, Director of Operations, Office of Care Coordination, Erin DeRycke, Vice President of Data Analytics, 211OC, and Becks Heyhoe, Vice Chair
  - a. Approve the recommended Orange County Homeless Management Information System (HMIS) Data Quality Plan.
- 3. Racial Equity Framework Update** – Felicia Boehringer, CoC Administrator, Office of Care Coordination
  - a. Update on Racial Equity Roadmap action planning, implementation and sustainability recommendations provided by C4 Innovations.
- 4. FY2022 System Performance Measures Report** – Erin DeRycke, Vice President, Data Analytics, 2-1-1 Orange County
  - a. Review the FY2022 System Performance Measures Report submitted to the U.S. Department of Housing and Urban Development (HUD).

5. **Orange County Homelessness Updates** – Zulima Lundy, Director of Operations, and Felicia Boehringer, CoC Administrator
  - a. System of Care Update
  - b. Continuum of Care Update
  
6. **Next Meeting:** Wednesday, March 22, 2023, from 2:00 p.m. – 4:00 p.m.

ORANGE COUNTY  
CONTINUUM OF CARE BOARD  
MEETING  
Wednesday, January 25, 2023  
2:00 p.m. – 4:00 p.m.

**Location:**  
**County Administration South (CAS) Building**  
**Conference Center**  
**425 West Santa Ana Blvd. Room 104/106**  
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## MINUTES

### Board Members

Nichole Gideon, Individual  
Elida Sanchez, OC Department of Education  
Eric Richardson, Volunteers of America  
Nishtha Mohendra, Families Forward  
Judson Brown, City of Santa Ana  
Maricela Rios-Faust, Human Options [Chair]  
Dr. Shauntina Sorrells, Orangewood Foundation  
Christina Weckerly Ramirez, Health Care Agency  
Jason Phillips, Individual

Kelly Bruno-Nelson, CalOptima Health  
Dawn Price, Friendship Shelter  
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Sandra Lozeau, City of Anaheim  
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Tim Shaw, Individual

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**Call to Order** – Maricela Rios-Faust, Chair

Chair Maricela Rios-Faust called the meeting to order at 2:03 p.m.

**Board Member Roll Call** – Becks Heyhoe, Vice Chair

Present: Nichole Gideon, Elida Sanchez, Eric Richardson, Nishtha Mohendra, Judson Brown, Maricela Rios-Faust, Dr. Shauntina Sorrells, Jason Phillips, Kelly Bruno-Nelson, Dawn Price, George Searcy, Sandra Lozeau, Melanie McQueen, Robert “Santa Bob” Morse, Ami Rowland, Becks Heyhoe, Tim Shaw

Absent Excused: Christina Weckerly Ramirez.

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- Paula Neal Reza from Family Assistance Ministries (FAM) expressed gratitude to the CoC Nominating Committee and CoC for the Board election process and shared that they look forward to participating with CoC Committees. Public comment was submitted via email in advance of the CoC Board Meeting.
- Paul Hyek provided information of a resource in the City of Brea that provides meals and suggested that shuttle drivers acquire commercial licenses.

**Board Member Comments:** Members of the CoC Board may provide comments on matters not appearing on the agenda so long as the subject matter is within the jurisdiction of the CoC Board.

- Judson Brown shared that with the start of the new year and additional new CoC Board members, he would like to cover three things: 1. encourage public housing authorities (PHAs) to apply for vouchers; 2. Increasing voucher utilization being an important topic; and 3. CalOptima Health's Notice of Funding Opportunity (NOFO) available until January 31, 2023.
- Dr. Shauntina Sorrells emphasized that Transitional Aged Youth (TAY) populations are more than just foster youth and although Foster Youth to Independence (FYI) vouchers support the housing foster youth who have experienced homelessness, there are additional opportunities needed for TAY.

## **CONSENT CALENDAR**

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1. **Approve CoC Board Meeting Minutes from November 16, 2022**
2. **Approve CoC Board Meeting Minutes from December 21, 2022**
3. **Agencies and Jurisdictions Approved for Homeless Management Information System (HMIS) Access**
  - a. Receive and file list of agencies and jurisdictions approved for HMIS access from November 10, 2022, through January 20, 2023.

Dawn Price motioned to approve the items on the Consent Calendar. Dr. Shauntina Sorrells seconded the motion. Nichole Gideon, Elida Sanchez, Eric Richardson, Nishtha Mohendra, Judson Brown, Maricela-Rios Faust, Dr. Shauntina Sorrells, Jason Phillips, Kelly Bruno-Nelson, Dawn Price, Robert Morse, Ami Rowland, Becks Heyhoe, and Tim Shaw voted yes. Sandra Lozeau and Melanie McQueen abstained. Motion passed.

## **BUSINESS CALENDAR**

## 1. 2023 CoC Board Appointments – Zulima Lundy, Director of Operations, Office of Care Coordination

The Orange County CoC Board and its committees are chaired by designated representatives to ensure the sustained vision and support of CoC Board initiatives. Zulima Lundy provided an overview of the available CoC Board Officer positions and representatives, as well as a roles and responsibilities. Maricela Rios-Faust provided an overview of the election process rules to elect CoC Board Officers and representatives for the upcoming term.

### Recommended Action A: Elect CoC Board Officers for the upcoming term:

- Becks Heyhoe motioned to nominate Dawn Price to the position of CoC Board Chair. Robert Morse seconded the motion. Dawn Price accepted the nomination. Motion passed unanimously.
- Tim Shaw motioned to appoint Vice Chair Becks Heyhoe to the position of CoC Board Vice Chair. Dr. Shauntina Sorrells seconded the motion. Vice Chair Becks Heyhoe accepted the nomination. Motioned passed unanimously.
- George Searcy motioned to appoint Dr. Shauntina Sorrells to the position of CoC Board Secretary. Dawn Price seconded the motion. Dr. Shauntina Sorrells accepted the nomination. Motioned passed unanimously.

### Recommended Action B: Appoint CoC Committee Chairs to fill current vacancies:

- Tim Shaw motioned to appoint Becks Heyhoe to the position of the Policies, Procedures and Standards (PPS) Committee Chair. Robert Morse seconded the motion. Becks Heyhoe accepted the nomination. Motion passed unanimously.
- Vice Chair Becks Heyhoe motioned to appoint Nichole Gideon to the position of the Lived Experience Advisory Committee Chair. Dr. Shauntina Sorrells seconded the motion. Nichole Gideon accepted the nomination. Motion passed unanimously.
- Tim Shaw motioned to appoint Nishtha Mohendra to the position of Service Provider Forum Chair. Robert Morse seconded the motion. Nishtha Mohendra accepted the nomination. Motion passed unanimously.

### Recommended Action C: Recommend two CoC Board Members to the two CoC Representative seats for the Commission to End Homelessness

- Dawn Price motioned to recommend Maricela Rios-Faust to serve in one of the CoC Representative seat for the Commission to End Homelessness. Becks Heyhoe seconded the motion. Maricela Rios-Faust accepted the nomination. Nichole Gideon, Elida Sanchez, Eric Richardson, Nishtha Mohendra, Judson Brown, Maricela Rios-Faust, Dr. Shauntina Sorrells, Jason Phillips, Dawn Price, Sandra Lozeau, Melanie McQueen, Ami Rowland, Becks Heyhoe, and Tim Shaw voted yes. Kelly Bruno-Nelson, George Searcy, and Robert Morse abstained. Motioned passed.
- George Searcy motioned to recommend Judson Brown to serve in one of the CoC Representative seat for the Commission to End Homelessness. Dr. Shauntina Sorrells seconded the motion. Judson Brown accepted the nomination. Elida Sanchez, Eric Richardson, Nishtha Mohendra, Judson Brown, Dr. Shauntina Sorrells, Kelly Bruno-Nelson, George Searcy, Sandra Lozeau, and Melanie McQueen voted yes. Nichole Gideon, Maricela Rios-Faust, Jason Phillips, Dawn Price, Robert “Santa Bob” Morse, Ami Rowland, Becks Heyhoe, and Tim Shaw abstained. Motion did not pass.
- Vice Chair Becks Heyhoe motioned to recommend Robert Morse to serve in one of the CoC Representative seat for the Commission to End Homelessness. Dawn Price seconded the motion. Robert Morse accepted the nomination. Nichole Gideon, Maricela Rios-Faust, Jason Phillips, Kelly Bruno-Nelson, Dawn Price, George Searcy, Robert “Santa Bob” Morse, Ami Rowland, Becks Heyhoe, and Tim Shaw voted yes. Elida Sanchez, Eric Richardson, Nishtha Mohendra, Judson Brown, Dr. Shauntina Sorrells, Sandra Lozeau, and Melanie McQueen abstained. Motion passed.

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

In mid-2022, the Office of Care Coordination and the CoC Committee Chairs met to discuss CoC Committee Governance Charter feedback and recommendations for revisions. Each committee Chair and/or Vice Chair was asked to review the charter for their respective committee and provide feedback on the charter. The Office of Care Coordination consolidated the feedback received from the committee Chairs and/or Vice Chairs and revised each of the committee governance charters, seeking to ensure consistency in the governance structure of the established CoC Committees. A notable recommendation incorporated into the governance charters are the added option for CoC Committee Chairs to appoint a Vice Chair to support with the committee’s efforts. Additionally, all committee governance charters were revised to include language that aligns with the CoC Board Leadership Vision and commitment to racial equity efforts as part of the Racial Equity Roadmap Action Planning implementation.

Recommended Action A: Approve new and revised CoC Committee Governance Charters to align with the CoC Board Leadership Vision, include commitment to racial equity efforts and incorporate CoC Committee Chairs’ and Vice Chairs’ feedback.

- i. Approve Lived Experience Advisory Committee Governance Charter
- ii. Approve Service Provider Forum Committee Governance Charter
- iii. Approve Coordinated Entry System Steering Committee Governance Charter
- iv. Approve Transitional Age Youth Collaborative Committee Governance Charter
- v. Approve revised Policies, Procedures and Standards Committee Governance Charter
- vi. Approve revised Housing Opportunities Committee Governance Charter
- vii. Approve Veterans Committee Governance Charter

Dawn Price motioned to approve the recommended action. Robert Morse seconded the motion. The motion passed unanimously.

CoC Board Member Comments:

- Nishtha Mohendra inquired if the CoC Board has the ability to update the Committee Charters on an annual basis.
- Dr. Shauntina Sorrells asked for clarification regarding the CoC Board Member seats.

**3. CalOptima Health’s HMIS Data Release Updated Request and Housing and Homelessness Incentive Program Update** – Zulima Lundy, Director of Operations, Office of Care Coordination and Danielle Cameron, Director of Program Development, CalAIM at CalOptima Health

Zulima Lundy provided an overview of CalOptima Health’s Homeless Management Information System (HMIS) Data Request including background information on the original request. The California Department of Health Care Services (DHCS) established the Housing and Homelessness Incentive Program (HHIP) to improve health outcomes and access to whole person care services by addressing housing insecurity and instability as a social determinant of health. Incentives earned through this program are to be invested back in the community to address and prevent homelessness – not to CalOptima Health benefit, but to support persons experiencing homeless and organizations on the front lines doing the work. CalOptima Health is returning to the CoC Board to request the full Social Security Number (SSN) be included in the HMIS data request to ensure the member match with HMIS data is as accurate as possible.

Danielle Cameron shared background on CalOptima Health's NOFO that is making approximately \$36 million in funding available in three different funding priorities: \$5 million in equity grants, \$10.5 million in capacity building and infrastructure grants, and \$21 million in capital grants. CalOptima Health is prioritizing projects and programs that are trauma-informed, inclusive, non-residency restricted, low barrier, and aligned with housing-first and harm-reduction principles. This includes ensuring the voice of people with lived experience of homelessness is integrated into all phases: design, development, implementation, and evaluation. The NOFO application deadline is on Tuesday, January 31, 2023, at 11:59 p.m. PST.

CoC Board Member Comments:

- Chair Maricela Rios-Faust inquired on how the member-cross matching process has changed since the December 2022 approved request to now and also asked how many other CoCs have approved the data request from Managed Care Plans (MCP). From a licensed clinical social worker standpoint, Chair Maricela Rios-Faust shared that she is not confident that the data request is done in a consistent manner and struggle with the threshold for informed consent.
- Sandra Lozeau inquired on the process of the Release of Information (ROI) and emphasized that considering the homeless deaths rising at high rates, CalOptima Health is a partner, and the approval of this request can benefit regionally. Sandra Lozeau commented that keeping families housed does not just entail homelessness on the street but should also consider prevention and suggested that for community outreach, others can join in.
- Judson Brown commented that with the increasing rates of homeless deaths, he was not sure as to why the data request was being questioned. Judson Brown praised CalOptima Health and shared that he was excited for the priority of placing housing choice voucher holders in permanent housing units.
- Dr. Shauntina Sorrells asked a clarifying question regarding the HMIS data information transfer process. In regard to the NOFO, Dr. Shauntina Sorrells commented that the "no match" requirement opens opportunities for smaller nonprofits and suggested that for the ramp up, nonprofits should partner together as problems are often solved by collaborating together.
- Nichole Gideon stated that as a person with lived experience, in her opinion, if people are adding their information onto HMIS, they would like to get matched to as many opportunities.
- Eric Richardson inquired on what happens to the HMIS data after the transfer.
- Tim Shaw emphasized that the CoC Board should consider the source of who is requesting this information and stated that CalOptima Health has a high threshold. Tim Shaw suggested that when the NOFO process is done, CalOptima Health should return to the CoC Board to provide more information and what was done in the process and maybe form an ad hoc on what projects are coming up in the pipeline.
- George Searcy commented that he trust Health Insurance Portability and Accountability Act (HIPAA) and asked if there is sufficient precedence with other CoCs sharing information with MCPs.
- Dawn Price provided context and clarified information for new CoC Board members.
- Nishtha Mohendra shared that she discussed CalOptima Health's HMIS data request with other staff and gained more knowledge on the process of integration with health providers. In regard to the NOFO, Nishtha Mohendra thanked CalOptima Health for the presentation and asked if the \$36 million from the NOFO is just a one-time homelessness response for Orange County.

Recommended Action A: Approve CalOptima Health's HMIS data updated request to support CalOptima Health's participation in the California Department of Health Care Services Housing and Homelessness Incentive Program.

Nishtha Mohendra motioned to approve the recommended action. George Searcy seconded the motion. Nichole Gideon, Elida Sanchez, Eric Richardson, Nishtha Mohendra, Judson Brown, Dr. Shauntina Sorrells,



Jason Phillips, Kelly Bruno-Nelson, Dawn Price, Sandra Lozeau, Melanie McQueen, Robert “Santa Bob” Morse, Ami Rowland, Becks Heyhoe, and Tim Shaw voted yes. Maricela-Rios Faust abstained. The motion passed.

Public Comments:

- Paul Hyek shared that he got his housing from one of the PHA and suggested that the data request should also provide date of births to accompany the full SSN data. Paul also suggested that shuttle drivers acquire commercial licenses and that all shelters should be walk-in.

**4. CoC Board Calendar Year 2023 - 2025 Leadership Vision and Objectives** – Zulima Lundy, Director of Operations, Office of Care Coordination and CoC Vision Ad Hoc Membership

The CoC Vision Ad Hoc and the Office of Care Coordination collaboratively developed drafted objectives under each strategic aim of the vision document, ensuring objectives were specific, measurable, achievable, relevant, time-bound, inclusive, and equitable (SMARTIE). The drafted objectives were shared at the August 12, 2022, meeting of the CoC Vision Ad Hoc and further refined to incorporate feedback and recommendations. The Office of Care Coordination merged the CoC Vision and Objective drafts into one document, for review at the December 9, 2022, meeting of the CoC Vision Ad Hoc. As the ad CoC Vision ad hoc reached consensus on appropriate objectives to include under each strategic aim, the CoC Board Leadership Vision and Objectives document was finalized.

CoC Board Member Comments:

- Sandra Lozeau inquired if there was a specific reason for the Calendar Year 2023–2025 time frame and asked if the document can be kept and reviewed on a bi-annual basis. Sandra Lozeau suggested an amended motion to keep the document as a permanent vision and objectives and do an as-needed review.
- Tim Shaw clarified that with the approval, the recommendation made by Sandra Lozeau can be taken back to the CoC Vision ad hoc for discussion.
- Jason Phillips asked if the vision document will be reviewed in a continuous basis.
- Nishtha Mohendra suggested the collaboration with health care systems.

Recommended Action: Adopt the CoC Board Calendar Year 2023 - 2025 Leadership Vision and Objectives.

Tim Shaw motioned to approve the recommended action. Robert Morse seconded the motion. The motion passed unanimously.

Public Comment:

- Peter Warner suggested that Lutheran Social Services should provide more insight on their shelters in other states and propose to Orange County to get more shelters started. Peter Warner also emphasized that food from shelters should be handled properly with safety to prevent food poisoning.

**5. OC Aging Services Collaborative HMIS Data Release Request**

Zulima Lundy provided an overview OC Aging Services Collaborative’s HMIS Data Request. On January 6, 2023, the OC Aging Services Collaborative submitted a data request to 2-1-1 Orange County (211OC) requesting a single data download of all individuals within the Orange County Continuum of Care’s HMIS who are age 55 and older. The OC Aging Services Collaborative is working to develop a new section in their “Report on Aging in Orange County” specific to housing. The purpose of this HMIS data request is to gather

temporary and permanent housing data on older adults in Orange County which will be used in addition to other information already obtained by the OC Aging Services Collaborative to help create an overview of the current housing climate in Orange County.

CoC Board Member Comments:

- Vice Chair Becks Heyhoe inquired on when the report will be published, how the report data be analyzed, and what context will be provided for the data within the report.
- Melanie McQueen noted that there was not a specific data field being requested for veteran status and suggested that it would be helpful to pull veteran data as part of the request.
- Sandra Lozeau asked for information regarding report format and whether the information will be an overview.
- Chair Maricela Rios-Faust noted that there was not a specific data field being requested for domestic violence and suggested that it would be helpful to pull domestic violence data as part of the request.

Amended Recommended Action A: Approve OC Aging Services Collaborative HMIS data request to support with a report on the current housing climate for older adults in the published Report on Aging in Orange County 2023 and include data on veterans and domestic violence populations.

Kelly Bruno-Nelson left during Agenda Item 5 and did not vote. Robert Morse motioned to approve the recommended action. Tim Shaw seconded the motion. The motion passed unanimously.

**6. Racial Equity Framework Update** – Felicia Boehringer, CoC Administrator, Office of Care Coordination

Item was continued to the next meeting of the CoC Board.

**7. Orange County Homelessness Updates** – Zulima Lundy, Director of Operations, and Felicia Boehringer, CoC Administrator

Item was continued to the next meeting of the CoC Board.

Dr. Shauntina Sorrells motioned to adjourn the meeting. Dawn Price seconded the motion. The motion passed by unanimous consent. Meeting adjourned at 4:02 pm.

**8. Next Meeting:** Wednesday, February 22, 2023, from 2:00 p.m. – 4:00 p.m.

**Date:** February 22, 2023

**Subject:** 2023 Continuum of Care (CoC) Board Appointments

**Recommended Actions:**

- a. Appoint CoC Committee Chairs and Membership:
  - i. Appoint Christina Weckerly-Ramirez to Chair the Coordinated Entry System (CES) Committee
  - ii. Appoint Judson Brown to Chair the Housing Opportunities Committee
  - iii. Appoint the following CoC Committee Chair membership to the Policies, Procedures, and Standards (PPS) Committee:
    - i. Judson Brown, Chair of the Housing Opportunities Committee;
    - ii. Christina Weckerly-Ramirez, Chair of the CES Steering Committee;
    - iii. Dr. Shauntina Sorrells, Chair of the Transitional Age Youth Collaborative Committee;
    - iv. Eric Richardson, Chair of the Veterans Committee, and
    - v. Nishtha Mohendra, Chair of the Service Provider Forum.
  - iv. Appoint Robert "Santa Bob" Morse as an at-large representative to the PPS Committee.

**Background and Analysis**

The Orange County Continuum of Care (CoC) committees are chaired by designated representatives of the Orange County CoC Board membership to ensure the sustained vision and support of CoC Board initiatives. At the January 25, 2023, meeting of the CoC Board, the Housing Opportunities Committee and Coordinated Entry System (CES) Steering Committee governance charters, along with the other CoC Committee governance charters, were approved by the CoC Board membership. Because the governance charters provided clarification on the terms of the committee chairs aligning with the CoC Board member term, there is a need to re-appoint Judson Brown as Chair of the Housing Opportunities Committee and Christina Weckerly-Ramirez as Chair of the CES Steering Committee. Both Judson Brown and Christina Weckerly-Ramirez were re-elected in December 2022 to continue serving as CoC Board members. For the term January 1, 2023 to December 31, 2025. As such, both representatives are being recommended to be appointed to their respective committees to ensure continuity of the established committees' efforts.

Additionally, the Policies, Procedures and Standards (PPS) Committee membership is being appointed for the upcoming term due to appointment of new committee Chairs and former members completing their terms. As outlined in the PPS Committee Governance Charter approved on January 25, 2023, the PPS Committee membership shall be comprised of the Chairs of any ongoing CoC Board Committees, as well as no fewer than one and no more than two at large board members. The PPS Committee members being appointed include:

- Judson Brown, Chair of the Housing Opportunities Committee;
- Christina Weckerly-Ramirez, Chair of the Coordinated Entry System (CES) Steering Committee .

- Dr. Shauntina Sorrells, Chair of the Transitional Age Youth (TAY) Collaborative Committee
- Eric Richardson, Chair of the Veterans Committee
- Nishtha Mohendra, Chair of the Service Provider Forum

The CoC Board is also being asked to appoint an Robert “Santa Bob” Morse as an at-large representative to the PPS Committee to ensure compliance with the PPS Committee Governance Charter. Appointment of the additional at large representative will support a broad representation of the CoC Board and support in completing the purpose and functions of the PPS Committee.

## **Attachments**

Attachment A – Committee Descriptions

### Committee Descriptions

Please note, CoC Committee Chair responsibilities are further detailed in each committee governance charter.

#### Coordinated Entry System (CES) Committee Chair

- The Coordinated Entry System (CES) Committee shall be chaired by a member of the CoC Board and shall serve for the duration of their term on the CoC Board.
- The CES chair will meet every other month for a planning meeting with the Office of Care Coordination.
- In addition to facilitating the committee meeting, the CES chair will support in bringing committee recommendations or presentations to the CoC board as appropriate.
- The CES Committee is responsible for the following functions:
  - Creating any workgroups necessary for the proper and efficient functioning of the CES and dissolving workgroups if they are determined to be unnecessary for the proper and efficient functioning of the CES.
  - Vetting all proposed policies arising from workgroups to ensure adherence to the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, U.S. Department of Housing and Urban Development (HUD) Notices and regulations, and evidence-based practices. The CES Committee will then determine whether proposed policies and standards will be referred for additional input and recommendation to the PPS Committee.
  - Identify opportunities and develop recommendations to strengthen and improve the CES core elements of access, assessment, prioritization and referral.

#### Housing Opportunities Committee Chair

- The Housing Opportunities Committee shall be chaired by a member of the CoC Board and shall serve for the duration of their term on the CoC Board.
- The Housing Opportunities Committee chair will meet every other month for a planning meeting with the Office of Care Coordination.
- In addition to facilitating the committee meeting, the Housing Opportunities Committee chair will support in bringing committee recommendations or presentations to the CoC board as appropriate.
- The Housing Opportunities Committee is responsible for the following functions:
  - Coordinating information and resources amongst regional housing providers to reduce homelessness.
  - Implementing regional, system wide collaboration that includes the participation of regional affordable housing developers, homeless service providers, cities and Public Housing Authorities.

## Item 1. Attachment A

- Identifying opportunities to increase housing opportunities for people experiencing homelessness, including sharing information on various funding opportunities and implementing strategies to provide more housing opportunities, including affordable and permanent supportive housing.

### Policies, Procedures and Standards (PPS) Committee Membership

- The PPS Committee shall be chaired by the CoC Board's Vice Chair. The PPS Committee chair will meet for a monthly PPS Committee Planning Meeting with the Office of Care Coordination.
- Additional membership shall be comprised of the chairs of any ongoing CoC Board Committees, as well as no fewer than one and no more than two at large board members.
- At large members shall be nominated by the CoC Board annually upon completion of the CoC Board Officer elections, with the exception of the first year.
- The PPS Committee is responsible for the following functions:
  - Recommending any committees, workgroups, and ad hoc groups necessary for the proper and efficient functioning of the Orange County CoC and recommending dissolving any committees, workgroups, and ad hoc groups, if they are determined to be unnecessary for the proper and efficient functioning of the Orange County CoC.

**Date:** February 22, 2023

**Subject:** Policies, Procedures and Standard (PPS) Committee Recommendation

**Recommended Action:**

- a. Approve the recommended Orange County Homeless Management Information System (HMIS) Data Quality Plan.

**Background and Analysis**

[HMIS Data Quality Plan](#)

2-1-1 Orange County (211OC) as the Homeless Management Information System (HMIS) Lead for the Orange County Continuum of Care (CoC), has developed the Orange County HMIS Data Quality Plan (Data Quality Plan) for all agencies participating in the OC HMIS. The purpose of the Data Quality Plan is to provide a centralized document that all agencies can access and can be used as a tool to improve data quality for the agency and OC HMIS as a whole.

The Data Quality Plan (Attachment A) includes an overview of the different components of data quality and how users can review their agency’s data quality for each component. The document also includes the established quarterly data quality review process lead by 211OC, as well as incentives and enforcements for the Data Quality Plan.

The Summary of the Tools and Reports for Data Quality Review (Attachment B) is a “cheat sheet” of reports and other tools users can access to support with improving their agency’s data quality. This guide also includes details on where these reports and tools can be accessed.

In November 2022, the HMIS Working Group met twice to review and provide feedback on these documents. Most of the discussion from the group was regarding incentives and enforcements proposed in the Data Quality Plan. The updated documents were shared at the December 2022 Data and Performance Management Committee meeting. A draft of the Data Quality Plan for the Orange County HMIS was shared with all HMIS users for review and feedback, followed by a two-week feedback period held in December.

The proposed HMIS Data Quality Plan was presented to the PPS Committee membership on Tuesday, February 14, 2023. The PPS Committee took action to recommend that the Data Quality Plan be presented to the CoC Board for approval.

**Attachments**

Attachment A – Data Quality Plan for the Orange County HMIS

Attachment B – Summary of the Tools and Reports for Data Quality Review in the OC HMIS

## Data Quality Plan for the Orange County HMIS

Ensuring high-quality data in the Orange County Continuum of Care Homeless Management Information System (OC HMIS) is crucial for understanding the scope of homelessness in our community, understanding its performance, and determining the appropriate strategies and resources to address this problem.

The following Data Quality Plan lays the framework, establishes parameters and processes, and outlines individual responsibilities to improve data quality across projects within the OC HMIS. The Data Quality Improvement Plan includes several key concepts that determine the reliability and the comprehensiveness of our community’s data.

The key components that are encompassed under the concept of data quality are data completeness, data coverage, utilization, data timeliness, data accuracy, and data consistency.

### Data Quality Components

#### Data Completeness

Data Completeness refers to the degree to which all required data is known and documented. Coverage and utilization are both forms of completeness. Data completeness is crucial in ensuring that the recorded information in the OC HMIS accurately represents the population served in projects within the community. Missing data causes information gaps that are detrimental to accurate analysis of the data collected about Orange County’s population experiencing homelessness. Additionally, missing information makes it difficult to deduplicate the number of clients served in the community, which distorts our understanding of the extent to which Orange County residents experience homelessness.

Data completeness is achieved when all the required data elements are answered for all the clients enrolled in projects within the system. For this purpose, Homeless Services Providers should review the *Data Completeness Reports (Appendix A)*, the *Data Quality Corrections Report (Appendix C)*, and the *Data Quality Report Cards Dashboard (Appendix E)* quarterly and should strive to complete missing information per this review as best as their ability.

There are two categories of data elements used in HMIS:

1. Universal Data Elements (UDE) - Required of all projects that participate in the OC HMIS.
2. Program Specific Data Elements (PSDE) - Requirements vary by project type and funding source.

The table below shows the current Data Completeness thresholds by project type for each type of data element collected in HMIS: Universal Data Elements, Program Specific Data Elements at Entry, and Program Specific Data Elements at Exit.

Project Type	UDE	PSDE Entry	PSDE Exit
<b>Coordinated Entry</b>	95%	N/A	N/A
<b>Emergency Shelter</b>	98%	96%	65%
<b>Homeless Prevention</b>	98%	96%	95%
<b>Permanent Supportive Housing/ Other Permanent Housing</b>	98%	96%	95%
<b>Rapid Re-Housing</b>	98%	96%	95%
<b>Services Only</b>	95%	90%	50%
<b>Street Outreach</b>	95%	90%	50%
<b>Transitional Housing</b>	98%	96%	95%



## Item 2. Attachment A

Table 1: Current Data Completeness Thresholds by Project Type

### Data Coverage

Data Coverage refers to the degree to which all Homeless Services Providers within the CoC's geographic coverage area enter all homeless clients' information into the OC HMIS. Providers include those funded by the CoC and ESG Program, federal partner agencies, foundations, and private organizations.

Data Coverage is essential for a community as it allows it to understand the complete scope of efforts that have been deployed to house Orange County's residents experiencing homelessness. It also allows the community to align efforts and work collectively towards the same goal of preventing and ending homelessness in Orange County. Partial participation of homeless services providers in HMIS negatively affects the ability of the CoC to evaluate how the community is performing as a whole towards the goal of ending homelessness.

Data Coverage is achieved when all Homeless Services Providers of the community, regardless of the funding source, do participate in the OC HMIS and enter all the information from clients served by the entirety of their projects into the system. In the OC Continuum of Care, coverage data is collected and reviewed during the Housing Inventory Count (HIC) that is submitted to HUD every year. The coverage information is also submitted as part of the CoC application.

The current goal that Orange County has for data coverage is 85%. In order to reach that rate, partially participating and non-participating providers should be encouraged by the Continuum of Care to start collecting their information into the OC HMIS by emphasizing the benefits that using the system has for the success of their projects' operations and achievements of their goals.

### Bed Utilization

Bed utilization refers to the degree to which the total number of homeless beds within the HMIS is recorded as occupied divided by the total number of homeless beds within the CoC's geographic coverage area. A bed utilization percentage between 50% and 105% is a good indicator of data quality as it is difficult to gauge the degree of quality in the system's information if the utilization rate is too low (below 50%) or too high (105%) without a reasonable explanation.

A proper utilization rate is important as it allows Orange County to optimize the usage of beds and units that are available for serving the homeless population. An optimal utilization rate can only be obtained when the number of beds recorded in HMIS is accurate, which requires providers to enter data into HMIS for every client they serve and exit these clients once they are no longer being served by their projects.

Bed and Unit Utilization is reviewed for all Homeless Services Providers' projects within the CoC geographic area annually in the Housing Inventory Count submission to HUD. Additionally, agencies can review their residential projects' utilization on the Project Performance Reports (PPR) that are published by 211OC twice a year for each project type. Moreover, utilization is reviewed as part of the CoC Application. Current thresholds by Project Type are specified in the table below.

Project Type	Utilization
<b>Emergency Shelter</b>	70%
<b>Permanent Supportive Housing</b>	95%
<b>Other Permanent Housing</b>	95%
<b>Transitional Housing</b>	80%

Table 2: Current Utilization Thresholds by Project Type

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### Data Timeliness

Data Timeliness refers to the degree to which the data is collected in HMIS and available when it is needed. Timely data entry is indispensable for the good performance of the system as it ensures data recorded in HMIS is the most current information on the clients served by participating projects. Up-to-date information can only be achieved when the clients' data is entered in HMIS as soon as it is collected. Entering data in a timely manner can reduce human error when too much time has elapsed between data collection and data entry.

It is expected for users of the OC HMIS to record intake, exit, and services information in HMIS within **three calendar days** of the client's actual Project Start, Project Exit, or Service Provision date, respectively. For this purpose, agencies should review the *Data Timeliness Reports (Appendix B)* and the *Data Timeliness* section of the *Data Quality Report Cards Dashboard (Appendix E)* so they can identify how many days on average does it take to record this data in the system for all projects. A minimum of quarterly reviews of these materials would facilitate the determination of strategies for reaching the timeliness goal of three days maximum between data collection from clients served and the data's entry into HMIS.

### Data Accuracy

Data accuracy refers to the degree to which data entered in HMIS represents the real information about the clients that are served in the projects contributing data to the system and the services that are provided to clients. Data accuracy depends on the client's ability to provide correct information and the intake worker's ability to document and enter the data accurately. Data accuracy in HMIS is hard to assess and measure as there is no standardized baseline of clients' accurate information.

Given the uniqueness of each agency's operation, all providers should establish their own process for monitoring the data they contribute to the OC HMIS to verify that it reflects clients' information accurately. For this purpose, it is recommended to take into consideration the following steps:

- Establish a simple process for HMIS users to report and correct errors as they are discovered.
- Emphasize to clients and intake staff that it is preferable to enter "client doesn't know" or "data not collected" than to enter inaccurate information.
- Provide clients with access to review and correct the personal information that has been entered in HMIS.
- Ensure clients' first and last names are spelled correctly and that dates of birth are properly verified by cross checking this information on clients' identification documents when possible.

To support the specific data accuracy monitoring process that each agency establishes, Agency Administrators (AAs) should review the *Data Accuracy Dashboard (Appendix F)* in HMIS. Additionally, to assess accuracy in the system, AAs should review the data issues flagged in the *Data Quality Corrections Report (Appendix C)* and displayed in the *Data Completeness and Accuracy* section of the *Data Quality Report Cards Dashboard (Appendix E)*.

### Data Consistency

Data consistency refers to the degree to which the data is equivalent in the way it is collected and stored among all the Homeless Services Providers that participate in the OC HMIS. In order to have consistency in the data, all HMIS users across all agencies need to have the same understanding of what is the clients' information that should be collected, the interpretation of this information, and how it should be collected and entered in the HMIS.

Having consistency in the way the data is entered in the system is crucial as it directly affects the accuracy of the clients' information. Furthermore, different interpretations of how to ask data entry questions, or what answers to those questions mean, lead to aggregate information that cannot be correctly interpreted and presented.

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In order to standardize and clarify the interpretation of the questions and response options associated with the data elements collected in HMIS, agencies should review the *Data Consistency Cheat Sheets (Appendix F)*. By studying these sheets, data entry staff will be able to have the same understanding of the information that each field is meant to collect. Additionally, HMIS users will know with certainty the impact that the responses to the data elements fields have on their projects' performance.

### Data Quality Monitoring and Reporting Process

In order to ensure a high level of data quality in OC HMIS, it is necessary to establish individual responsibilities for Participating Agencies as well as the HMIS Lead/System Administrators.

The following section outlines the steps and specific actions to review and improve data quality in the OC HMIS. This process should be completed every quarter.

#### Step 1: 211OC sends Data Quality Corrections to Agency Administrators

- 211OC generates the *Data Quality Correction Report* for all active projects in the OC HMIS for the previous quarter.
- 211OC sends Agency Administrators the *Data Quality Correction Report* which flags Data Completeness and Accuracy errors across fields associated with the Universal Data Elements (UDE) for active enrollments during the previous quarter.

#### Step 2: Agencies correct missing data/errors in HMIS

- Agencies complete missing information where possible and make appropriate corrections to the clients' enrollments in HMIS according to the DQ errors highlighted in the *Data Quality Correction Report*.
- Agencies review the *Data Quality Corrections Reference Guide* to see a description of the data quality errors highlighted in the report and see instructions on how to correct data issues.
- Victim Service Providers send 211OC Data Quality Exports of active enrollments in their projects during the previous quarter.

#### Step 3: 211OC runs and publishes Data Quality Report Cards

- 211OC publishes the *Data Quality Report Cards Dashboard* which assesses Data Completeness, Accuracy, and Timeliness for active enrollments during the previous quarter in all the projects participating in the OC HMIS.
- The *Data Quality Report Cards Dashboard* includes the percentage of data errors and valid responses for each UDE by project, the Average Data Completeness Score for each project, and the average number of days it takes agencies to record intake, exit, and services information in HMIS for each project.

In preparation for the data quality monitoring and reporting process, Agency Administrators should utilize the additional reports and tools that 211OC has made available to review the data quality in their projects. These reports and tools are explained further in the appendices of this document and are outlined in the *Summary of Tools and Reports for Data Quality Review* document.

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### Quarterly Due Dates

The following table specifies the timeframe for each step in the Data Quality Monitoring and Reporting Process.

Quarters	Step 1 211OC Sends DQ Corrections to Agency Administrators	Step 2 Agencies correct DQ errors and missing information in HMIS	Step 3 211OC publishes Data Quality Report Cards
Q1: 1/1 – 3/31	April 5 <sup>th</sup>	April 18 <sup>th</sup>	April 30 <sup>th</sup>
Q2: 4/1/ – 6/30	July 5 <sup>th</sup>	July 18 <sup>th</sup>	July 30 <sup>th</sup>
Q3: 7/1/ – 9/30	October 5 <sup>th</sup>	October 18 <sup>th</sup>	October 30 <sup>th</sup>
Q4: 10/1 – 12/31	January 5 <sup>th</sup>	January 18 <sup>th</sup>	January 30 <sup>th</sup>

Table 3: Generic Quarterly Due Dates

The date will be changed to the first business day after dates that fall on a holiday or weekend

### Incentives and Enforcements

This section describes the actions that the Orange County CoC will take in order to incentivize agencies to have high data quality, and the interventions needed to assist projects that have not been able to meet the data quality thresholds. The implementation of incentives and enforcements will allow the HMIS Lead to prioritize the projects that need to be assisted with additional technical support.

#### Incentives

- Agencies with projects that met data quality thresholds for all four quarters in the calendar year will be shared with the CoC Board
- Agencies with projects that met data quality thresholds for all four quarters in the calendar year will be published on the ochmis.org website

#### Enforcements:

- Projects with at least four data elements under 80% in any quarter will receive technical support from 211OC.
- Projects whose average data quality score is less than 80% for all four quarters in the calendar year will be put on a performance improvement plan.
- Projects that do not meet performance improvement goals by the agreed upon deadline and are not required to participate in HMIS will be removed. The project may reapply for access after 3 months.
- Projects receiving CoC and/or ESG funding and do not meet performance improvement goals by the agreed upon deadline will be shared with ESG funders and the CoC Board.
- Agencies with projects on a performance improvement plan are not eligible to apply for new funding opportunities approved by the CoC Board.

# Appendices

## Appendix A: Data Completeness Reports

Completeness reports assess the degree to which all required data elements are answered in HMIS for all the clients to whom these data elements apply. It is recommended for Homeless Services Providers to run and review Completeness Reports quarterly in order to identify incomplete or missing information. The following reports are located in the Reports Page of HMIS, under the Data Analysis tab, Data Quality section.

- Universal Data Elements (UDE) Completeness Report:  
This report shows the client responses to the UDE defined by HUD in the [HMIS Data Standards](#). These data elements are required to be collected by all projects participating in the OC HMIS, regardless of funding source.
- Common Program Specific Data Elements (PSDE) Reports:
  - PSDE at Entry Completeness Report:  
This report shows the client responses to the Common PSDE at Project Entry defined by HUD in the [HMIS Data Standards](#). These data elements are collected across most HMIS Federal Partner programs at the start of the clients' enrollments.
  - PSDE at Exit Completeness Report:  
This report shows the client responses to the Common PSDE at Project Exit defined by HUD in the [HMIS Data Standards](#). These data elements are collected across most HMIS Federal Partner programs at the end of the clients' enrollments.
- Federal Partner Program Specific Data Elements:  
The following reports show the client responses to the data elements developed by each Federal Partner defined by HUD in [the HMIS Federal Partner Programs Manual](#). These data elements can be limited to one or two federal partner programs or a single component of one of the Federal Partner programs.
  - HOPWA Specific Data Elements:  
This report shows the client responses to the Federal Program Specific Data Elements that need to be collected by HOPWA funded projects as defined in the [HOPWA Program HMIS Manual](#).
  - PATH Specific Data Elements  
This report shows the client responses to the Federal Program Specific Data Elements that need to be collected by PATH funded projects as defined in the [PATH Program HMIS Manual](#).
  - RHY Specific Data Elements  
This report shows the client responses to the Federal Program Specific Data Elements that need to be collected by RHY funded projects as defined in the [RHY Program HMIS Manual](#).
  - VA Specific Data Elements  
This report shows the client responses to the Federal Program Specific Data Elements that need to be collected by VA funded projects as defined in the [VA Program HMIS Manual](#).

## Appendix B: Data Timeliness Reports

Timeliness reports show the time it takes for Homeless Services Providers to record intake, exit, and services information in the OC HMIS for each project on a client level. It is recommended to run and review these reports

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every quarter in preparation for the Data Quality Report Cards publication. The following reports are located in the Reports Page of HMIS, under the Data Analysis tab, Data Quality section.

- **Project Start Data Timeliness Report:**  
This report shows the number of days taken to record Project Start data into HMIS for each client enrollment.
- **Services Data Timeliness Report:**  
This report shows the number of days taken to record Services data into HMIS for each client enrollment.
- **Project Exit Data Timeliness Report:**  
This report shows the number of days taken to record Project Exit data into HMIS for each client enrollment.

### Appendix C: Data Quality Corrections Report

This report is sent quarterly by 211OC to all Homeless Services Providers that participate in the OC HMIS. The report flags Data Completeness and Data Accuracy errors across fields associated with the Universal Data Elements (UDE) for all projects. These errors are identified according to the [HMIS Reporting Terminology Glossary released by HUD](#).

There are three types of errors highlighted in the report:

- Client doesn't know/Client Refused, highlighted in orange
- Missing Information, highlighted in gray
- Data Issues, highlighted in magenta

Agency Administrators should review this report, identify all the errors flagged for their projects, and complete and/or correct the appropriate fields for the appropriate client enrollments in HMIS. To identify data quality errors in the *Data Quality Correction Report*, each column in the spreadsheet should be [filtered by the colors](#) associated with each type of error. The filtering process pinpoints the exact responses that present errors as well as the clients that present these errors. Additionally, to facilitate the correction process Agency Administrators should review the Data Quality Corrections Reference Guide explained in the next appendix.

### Appendix D: Data Quality Corrections Reference Guide

The [Data Quality Corrections Reference Guide](#) is available in the HMIS Data Quality section of the OC HMIS website. This guide describes what constitutes a data completeness and accuracy error for all the Universal Data Elements fields on the *Data Quality Corrections Report (Appendix C)*. Data completeness errors include responses such as client doesn't know, client refused, data not collected, and unanswered fields. Data accuracy issues include responses that are not valid for each data element according to the [HUD Data Standards](#), as well as responses that present data incongruences.

### Appendix E: Data Quality Report Cards Dashboard

The data quality report cards are published quarterly by 211OC. They are available on the [HMIS Data Quality Report Cards](#) page on the OC HMIS website. This dashboard assesses Data Completeness, Data Accuracy and Data Timeliness for all the projects participating in the OC HMIS. The Data Quality Report Cards are published after agencies make revisions and corrections on their data using the Data Quality Corrections Report.

The first tab of the dashboard, Data Completeness and Accuracy, shows the percentage of data errors and valid responses for each Universal Data Element (UDE) by project. A response is considered valid when it is in

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accordance with the HUD Data Standards and it is different from “Client doesn’t know”, “Client Refused”, and “Data not Collected.” This tab also shows the Average Data Completeness Score for each project, which is a unique indicator of data completeness for each project, calculated by dividing the total valid responses that the project has across all the Universal Data Elements by the total clients that need an answer to each UDE.

The second tab of the dashboard, Data Timeliness, shows the average number of days it takes for homeless service providers to record intake, exit, and services information in HMIS for each project. The client-level data that contribute to the average timeliness calculations can be reviewed by the Agency Administrators by running the Data Timeliness Reports (See Appendix B).

### Appendix F: Data Accuracy Dashboard

The Data Accuracy Dashboard is available to Agency Administrators in HMIS. Agency Administrators should review this dashboard monthly for all projects at their agency in order to identify and correct any client information that is not truthful or accurate. It is important for Agency Administrators to share the dashboard information with all case managers and data intake staff that are familiar with the client information of each project, so they can report any data in the dashboard that doesn’t coincide with the real information of the clients they serve.

### Appendix G: Data Consistency Cheat Sheets

The following Data Consistency Cheat Sheets are available on the [OC HMIS website](#). They provide a detailed explanation of critical data elements that need to be collected by the Homeless Services Providers.

- [HMIS Data Element Cheat Sheet: Profile Creation and Enrollment:](#)  
This sheet gives guidance on how to collect and record client intake and project enrollment information in a standardized and consistent manner. It provides further explanation on the definition of intake and enrollment questions and response options. Additionally, it offers case managers questions they can use as guides to help collect certain data elements.
- [HMIS Data Element Cheat Sheet: Exiting, Annual, and Status Assessments:](#)  
This sheet gives guidance on how to collect client status updates and exit information in a standardized and consistent manner. It provides further explanation on the definition of the assessment and exit questions and response options. It also provides clarification on how to collect Project Exit Date and Destination by project type and lists examples of various scenarios.
- [HMIS Data Elements and Reporting Guide:](#)  
This sheet explains the way in which each data element affects project level and system-wise reports in the HMIS. It specifies the performance measure in which each data element is used and how missing or inaccurate data can yield data issues.

## Summary of the Tools and Reports for Data Quality Review in the OC HMIS

The following table summarizes the tools and reports available for Agency Administrators (AA) to review Data Quality in the OC HMIS. These tools and reports are explained further in the Data Quality Plan for the Orange County HMIS.

Data Quality Component	Specific Tool/Report for Review	Available at	How should the tool/report be used?	Section on DQ Plan
COMPLETENESS	<b>Data Completeness Reports</b>	Available in HMIS, on the Reports Page > Data Analysis tab > Data Quality section.	Agency Administrators (AA) should run the <i>Data Completeness Reports</i> , as needed, to spot missing information in their projects' data.  It is recommended to run and review Completeness Reports at least quarterly.	Appendix A
	<b>Data Quality Corrections Report</b> (Completeness section)	Sent by 211 OC HMIS quarterly to AA.	AA should review the <i>Data Quality Corrections Report</i> to identify completeness errors highlighted in the report, and complete missing information in Clarity accordingly.  To facilitate the reviewing process, refer to the <i>Data Quality Corrections Reference Guide</i> , available in the OC HMIS website.	Appendix C Appendix D
	<b>Data Quality Report Cards Dashboard</b> (Completeness section)	Available quarterly in the OC HMIS website, HMIS Data Quality Report Cards page.	<i>The Data Quality Report Cards Dashboard</i> is compiled and published quarterly by 211OC.  AA should review the <i>Data Completeness and Accuracy</i> tab of the dashboard to see the Average Data Completeness Score for each of their projects, as well as the percentage of completes errors by data element.	Appendix E
TIMELINESS	<b>Data Timeliness Reports</b>	Available in HMIS, on the Reports Page > Data Analysis tab > Data Quality section.	AA should run the <i>Data Timeliness Reports</i> , as needed, to see how long their agency takes to record intake, exit, and services data into HMIS for each client.  It is recommended to run and review the <i>Data Timeliness Reports</i> at least quarterly.	Appendix B
	<b>Data Quality Report Cards Dashboard</b> (Timeliness section)	Available quarterly in the HMIS Data Quality report Cards page, of the OC HMIS website.	<i>Data Quality Report Cards Dashboard</i> is compiled and published quarterly by 211OC.  AA should review the Data Timeliness tab of the dashboard to see the average number of days it takes the agency to record intake, exit, and services data into HMIS for each project.	Appendix E



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Data Quality Component	Specific Tool/Report for Review	Available at	How should the tool/report be used?	Section on DQ Plan
ACCURACY	<b>Data Quality Corrections Report</b> (Data issues section)	Sent by 211 OC HMIS quarterly for AAs to review and make data issues corrections.	AA should review the <i>Data Quality Corrections Report</i> to identify data accuracy issues highlighted in the report and correct these invalid and incongruent responses in Clarity accordingly.  To facilitate the reviewing process, refer to the <i>Data Quality Corrections Reference Guide</i> , Data Accuracy Issues column, available in OC HMIS website	Appendix C Appendix D
	<b>Data Quality Report Cards Dashboard</b> (Data issues section)	Compile by 211OC. Available quarterly in the OC HMIS website.	<i>The Data Quality Report Cards Dashboard</i> is compiled and published quarterly by 211OC.  AA should review the <i>Data Completeness and Accuracy</i> tab of the dashboard to see the percentage of responses that present data accuracy issues by data element.	Appendix E
	<b>Data Accuracy Dashboard</b>	Available in HMIS, on the Reports Page > Data Analysis tab > Data Quality section.	AA should review the <i>Data Accuracy Dashboard</i> for all the projects at their agency to verify that the data entered in Clarity reflects the information of the clients they serve accurately and truthfully.	Appendix F
	<b>Agency Accuracy Monitoring Process</b>	Established autonomously by each Homeless Services Provider.	Agencies should establish their own process for monitoring the data they contribute to the OC HMIS to verify that data in the OC HMIS represents the real information of the clients they serve.	Accuracy section
CONSISTENCY	<b>Data Consistency Cheat Sheets:</b> —Profile Creation and Enrollment —Exiting, Annual, and Status Assessments —Data Elements and Reporting Guide	Available in OC HMIS website for all HMIS users to review	All HMIS users, especially the ones in charge of collecting and entering the data in HMIS, should review the Data Consistency Cheat Sheets to have the same understanding of the client information to be collected and the way it should be collected.	Appendix G

**Date:** February 22, 2023

**Subject:** Racial Equity Framework Update

### Background and Analysis

In December 2021, the Office of Care Coordination contracted with C4 Innovations for the development of a Racial Equity Roadmap for the Orange County Continuum of Care (CoC) to guide the work and establish equitable policies and practices in homeless service delivery. The development of the Racial Equity Roadmap took place in three phases, from December 2021 through December 2022:

- Phase 1: Assessment and Learning
- Phase 2: Action Planning and Continued Learning
- Phase 3: Implementation Support and Sustainability

Each phase of the Racial Equity Roadmap development has involved participation from various stakeholders, including the Office of Care Coordination, 2-1-1 Orange County as the Homeless Management Information System (HMIS) Lead Agency, Coordinated Entry System (CES) leaders, CoC Board members, local system leaders, service providers and people with lived expertise.

In December 2022, C4 Innovations facilitated two implementation planning session and one sustainability coaching session with the Office of Care Coordination, Results Academy Team, and relevant stakeholders to review the final draft of the OC Racial Equity Roadmap Action Plan and discuss the implementation of the strategies and action steps identified. Phase 3 of the Racial Equity Roadmap initiative concluded with a working draft of the Racial Equity Roadmap Action Plan and recommendations from C4 Innovations on how to implement and sustain the collaboratively designed goals and strategies. The Orange County CoC Racial Equity Roadmap and Recommendations for Implementation and Sustainability brief, produced by C4 Innovations, is available for reference in Attachment A.

### Attachments

Attachment A – Orange County CoC Racial Equity Roadmap and Recommendations for Implementation and Sustainability Final Brief



# Orange County CoC

Racial Equity Roadmap and  
Recommendations for Implementation  
and Sustainability

**Acknowledgements**

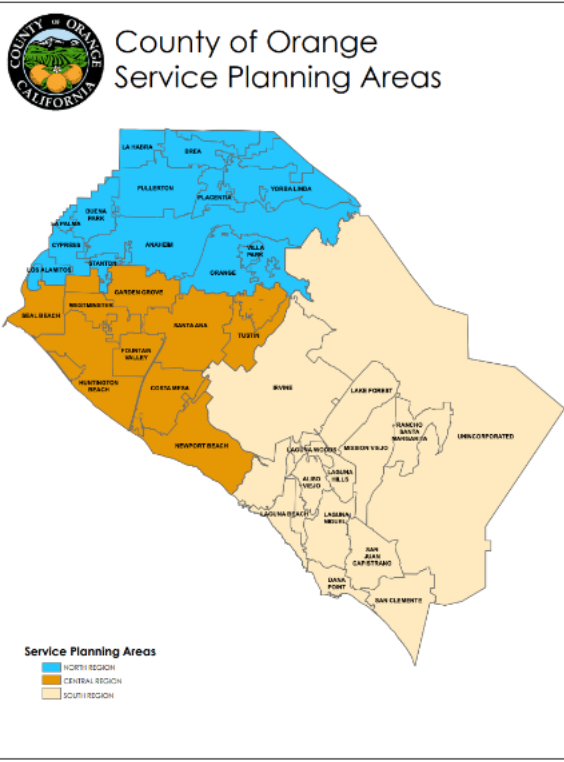
The C4 REDI Team would like to express our sincere appreciation to all those who participated in the Orange County CoC racial equity analysis and roadmap development. The [OC Racial Equity Roadmap/Action Plan - Working Draft](#) reflects a shared vision for a more equitable homeless response system across the region, and it provides a path forward that can improve access and outcomes for Black, Indigenous and communities of color who are most disproportionately impacted by homelessness. This brief will highlight particular areas of the plan that need further development and provide recommendations to address technical challenges (e.g., needed resources, additional trainings, evaluation, etc.) as well as adaptive leadership challenges (e.g., shifts in power, more inclusive decision-making, cultural shifts) to ensure successful implementation and sustainability.

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**County of Orange  
Service Planning Areas**

**Service Planning Areas**

- NORTHERN REGION
- CENTRAL REGION
- SOUTHERN REGION

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*Thank  
You*

## Item 3. Attachment A

### Background

The County of Orange partnered with C4 Innovations to engage and support the Orange County CoC to assess its homeless response system, prioritize areas for action, and develop implementation strategies to achieve more racially equitable outcomes.

The C4 Racial Equity Design and Implementation (REDI) Team has developed a framework for racially equitable systems change that starts with acknowledging that every system in this country has been built on the foundation of white supremacy ideology, designed to advantage White individuals, while systematically disadvantaging Black, Brown, and Indigenous people. The long-lasting and intergenerational damage caused by this faulty foundation can be seen in the racial disparities that exist across health, education, employment, justice system, and housing outcomes. The REDI framework has three major pillars that shape our approach. Across all three, we ask, *“How can CoCs de-center whiteness and explicitly center the Black, Indigenous, People of Color (BIPOC) they aim to serve?”*



**1. Culture Shift:** There must be a seismic shift away from [White Supremacy Cultural \(WSC\) Characteristics](#) in order to move to a more inclusive and anti-racist culture. The foundation must be examined, torn apart/broken down, and rebuilt based on shared values that promote equitable outcomes for all. The REDI framework creates space for exploration and processing through a series of foundational learning sessions as well as opportunities for continued learning and self-reflection. During this project, network providers and community members attended a series of foundational learning sessions to build a shared language, examine the historical and current conditions that have led to Black, Indigenous and people of color (BIPOC) experiencing homelessness at higher rates, and disrupt implicit biases. This not only helps to build commitment towards designing a more equitable homeless response system, but it also ensures that any resulting changes can be sustained. As part of this culture shift, it is important to recognize that leadership and decision-making roles cannot continue to be reserved for those in powerful positions. Power must be given back to community, and the people who will be most impacted by policies must be involved in driving and sustaining system change.



**2. Centering Lived Experience:** To develop community-driven solutions that are sustainable, it is necessary to authentically engage and partner with those who have the best vantage point and most relevant expertise at decision-making tables. The County was provided with coaching and support to convene a Results Academy Team made up of stakeholders who were racially and ethnically representative of those most disproportionately impacted by homelessness and inclusive of partners with lived experience of homelessness, frontline staff, and system leaders. The team met biweekly over the course of the 15-month engagement to analyze quantitative and qualitative data and keep the experiences of people who are using the homeless response system at the center of strategy development. They identified racial inequities, envisioned a desired end result

for regional change, and worked to develop strategies that can impact the policies, mental models, and structures that have led to these disparities.



### 3. Implementation of Anti-Racist Practices, Policies, Tools, and Frameworks:

Undoing racist structures requires that communities move from awareness of inequities to action. The foundation must be rebuilt, brick by brick, to ensure an equitable homeless response system. This is a long-term commitment that requires intentionality, action, and shared accountability. The REDI framework supports community members to operationalize what they have learned and apply their knowledge in ways that will lead to improved outcomes for those most disproportionately impacted by homelessness. Participants build the capacity and skills to interrogate every part of the homeless response system and integrate racial equity into processes such as reviewing policies and procedures with a racial equity lens and embedding cultural humility into services. Throughout the course of the project, Results Academy team members began to move away from “business as usual,” engaging community members in the planning and decision-making process who, historically, have been excluded and strengthening commitments from system leaders to ensure the successful implementation and sustainability of the racial equity action plan.

### Technical and Adaptive Leadership Challenges and Recommendations

#### Authentic Engagement of Partners with Lived Experience:

In the initial phase of the project, the County of Orange recruited members for the Results Academy team. Great efforts were made to engage people with lived experience, from diverse racial and ethnic backgrounds, and varied positions within the homeless service system. There was a clear commitment to compensating partners with lived experience for their time and knowledge. However, the County had little flexibility in how the payments could be made. Compensating persons with lived experience is not one size fits all. It is important that individuals have the ability to choose how they are compensated. This could include checks, gift cards, cash, or electronic cash transfers.

#### Recommendation:

Identify a nonprofit or philanthropic partner that can compensate partners with lived experience in various ways that best meet their needs.

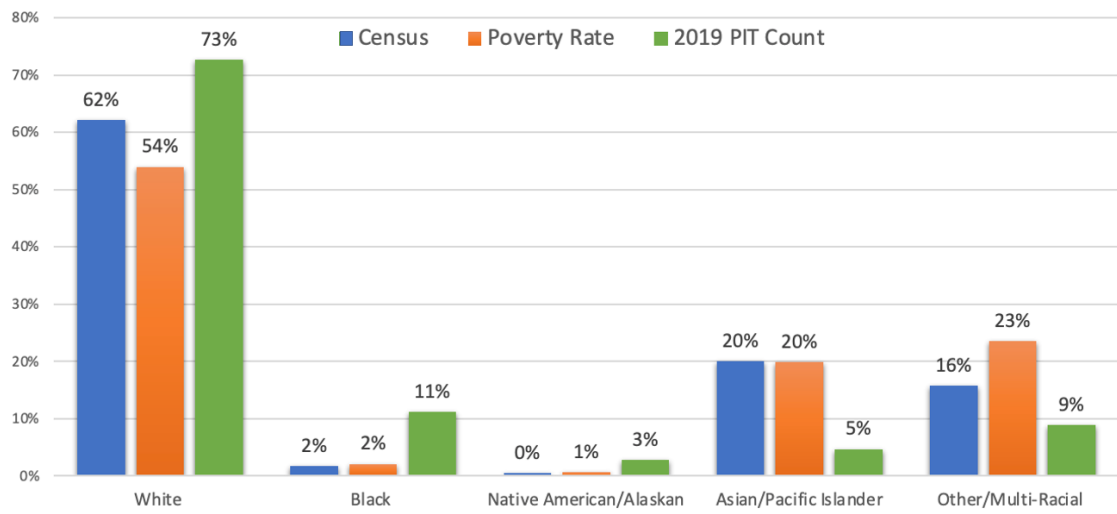
It is also important to ensure there is a supportive infrastructure that enables partners with lived experience to *lead* the work of system change. Inviting them to the table is only the beginning. The CoC must ensure that partners with lived experience are building their skills and capacity and given opportunities to facilitate meetings and trainings, set the agenda, sit in positions of leadership, and make impactful decisions about the system (e.g., resource allocation, policy change, program design, etc.).

### Item 3. Attachment A

#### Shared Power and Decision-Making with Black/African American Stakeholders:

Quantitative data analysis reveals that across the Orange County CoC, Black and/or African American households are the most overrepresented demographic group experiencing homelessness when comparing the racial and ethnic population distributions in Census data to Point-in-Time (PIT) count data from 2019.

Table 1 - Census, Poverty, and PIT Count Data by Race



Although the Results Academy team members were diverse in many ways, (gender, age, race, ethnicity, etc.), only one individual identified as Black/African American. This was also the case across other planning bodies.

#### Recommendation:

Increase representation of Black/African American stakeholders in every part of the process to advance racial equity. They understand what works best for their communities and should share decision-making power in developing the strategies to address inequities, as well as in the implementation and monitoring/evaluation phases of the racial equity action plan.

#### Multiple Equity Initiatives:

In Orange County, there are several collaboratives working in different spaces to promote and advance equity in the healthcare and homeless service systems. These systems often operate independently from each other, their policies and practices solely reflecting their own bodies of knowledge, producing and reinforcing fragmentation.

#### Recommendation:

Align the Orange County CoC Racial Equity Roadmap/Action Plan with the objectives of other racial equity initiatives. Specifically, ensure the plan is aligned with California Advancing and Innovating Medical (CalAIM's) racial equity strategies, the CA Racial Equity Action Lab (facilitated by TAC), Equity in OC, and the equity objectives of the CoC Leadership Vision. Develop a shared vision for what equitable housing and healthcare looks like in Orange County and shared

### Item 3. Attachment A

measures of progress. This will ensure that systems are working together to address the holistic concerns of community members, especially those that have been most marginalized.

#### Building Buy-In:

To achieve successful implementation of the Racial Equity Action Plan, there must be involvement from the entire network of CoC members. The Results Academy team are not meant to be solely responsible for the plan. Currently, the plan still has many recommended action steps without any responsible parties identified to lead the work. It is important that partners take ownership of areas where they may have the most influence/impact.

There is also concern that many partners may lack capacity to take on some of the work. However, there will never be a better time than now to engage in the work of racial equity. There will always be competing priorities. Therefore, it is important to consider how partners can build capacity and skills to do this work and engage in ways that they are able to now.

Network providers should have opportunities, and be provided with any information necessary, to define their priorities within the plan.

#### Recommendation:

Share the plan with stakeholders across the CoC and partners from adjacent systems in a dynamic and engaging way that builds commitment and collaboration. Plan an Equity Summit/Convening for the Homeless Response System to map out everybody's roles in the plan and get partners to take ownership (early in the year, maybe in February).

Participants can engage in a "Gallery Walk" with the Racial Equity Roadmap displayed on the walls, allowing community members to leave comments on each part of the plan where there is already progress or where they see themselves taking on some of the work.

Additionally, the County can survey agencies to determine how they are currently working on advancing racial equity to leverage work that is already happening and conduct a focused listening session with some of the providers to determine their priorities.

#### Culture Shift:

Several CoC Board members have been involved in system analysis and action planning to develop the Racial Equity Roadmap/Action Plan. The CoC has embedded equity objectives into their leadership vision and are committed to advancing racial equity. However, they have expressed that making time and space to create more inclusive spaces for authentic partnering with people with lived experience and Black, Indigenous, people of color has been difficult. The Board meetings are governed by processes that can perpetuate exclusion, and packed agendas leave little time to orient new members or ensure everyone's voice is heard.

The culture of the CoC also shapes the experiences of frontline staff. The goal is to ensure that all providers can be racial equity practitioners who are working to achieve equitable access and outcomes for all. It is extremely important to consider the current demands on homeless



## Item 3. Attachment A

service staff and receive their input prior to mandating a series of new trainings. Most frontline staff in homeless service systems across the country are overworked and underpaid.

### Recommendation:

Continue to strengthen Board engagement and educate Board members around racial equity objectives. The CoC Board has to be intentional about making space to discuss and implement racial equity principles and disrupt existing White supremacy cultural characteristics.

The Board may benefit from coaching sessions around the CoC governance structure to determine how racial equity principles and practices can be embedded in different committees, roles, etc. Initially, an ad hoc committee that is primarily focused on racial equity may be beneficial.

Additional trainings for service providers and Board members can also support the continued application of racial equity principles and practices. This may require contracting with a subject matter expert who can provide a series of knowledge and skill building sessions.

The CoC will need to find resources to support some of these cultural shifts (e.g., increased pay for frontline staff, flexible service dollars, the hiring of peers, trainings, etc.). Examine all federal funding streams to identify available service dollars, and partner with additional funders to explore additional funding that may be more flexible.

### Accountability Structure:

It is important that the community feels a shared sense of accountability for reaching benchmarks related to racial equity. There have to be identified champions who lead the work as well as a way to incentivize partners to participate.

### Recommendation:

If the CoC sets expectations (e.g., equity will be established as a part of the scoring/ranking process), it will be important to provide support to ensure they can meet those expectations.

Facilitate an Equity Retreat/Implementation Working Session for the CoC Board. Start the year by taking the time to embed racial equity principles into existing processes and orient new board members to the priorities within the Racial Equity Roadmap/Action Plan.

Create accountability pathways. In every meeting CoC Board members can check themselves on indicators that they set for themselves that are public (e.g., making space to respond thoughtfully to public comment). Accountability pathways can also be integrated into other committee structures.

Set benchmarks and utilize the Racial Equity Dashboard to hold each other accountable to affecting real change. Identify system performance measures specific to racial equity and share data in ways that lead to greater accountability and impact. Continually ask, “Who will implement

### Item 3. Attachment A

changes for the larger system? How is data being used? What policies/practices have changed? etc.”

Empower the Results Academy Team as a subcommittee under Vision Ad Hoc Committee or under Policies, Procedures, and Standards Committee.

After collecting feedback from the community, work to frame some of the strategies under each committee (e.g., Lived Experience Committee) and continue to share updates to the plan with all partners.

#### **Summary**

Orange County CoC has developed shared foundational knowledge across the community, built an infrastructure to move the work forward, and committed time and resources to addressing racial disparities. Working towards racial equity is a long-term commitment, and at times, the work may need to pause or even take a few steps back before it can move forward again.

Implementation to achieve maximum impact will require:

- Public accountability and community-wide ownership
- A process to collect ongoing feedback and work through challenges/barriers
- Full integration of people with lived experience
- Acknowledging that there will be a need for ongoing evaluation of impact and course correction

**Date:** February 22, 2023

**Subject:** FY2022 System Performance Measures Report

### Background and Analysis

A critical aspect of the McKinney-Vento Homeless Assistance Act, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, is a focus on viewing the local homeless response as a coordinated system of homeless assistance options, as opposed to homeless assistance programs and funding sources that operate independently in a community. Because of this change, Continuums of Care (CoCs) are now required to measure their performance annually as a coordinated system through the System Performance Measures (SPM) Report.

The SPM Report allows CoCs to regularly measure their progress in meeting the needs of people experiencing homelessness in their community and to report this progress to the U.S Department of Housing and Urban Development (HUD).

The SPM is pulled from the local Homeless Management Information System (HMIS) and submitted to HUD annually by CoCs around the country. The reporting period for all SPM report aligns with the federal fiscal year from October 1st to September 30th. The SPM analyzes the performance of Safe Haven, Street Outreach, Emergency Shelter, Transitional Housing, and Permanent Housing (including Permanent Supportive Housing, Rapid Rehousing, and Other Permanent Housing) project types in HMIS.

The System Performance Report looks at the following measures:

- Measure 1: Length of Time Persons Remain Homeless
- Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness (Recidivism)
- Measure 3: Number of Homeless Persons\*
- Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects
- Measure 5: Number of persons who become homeless for the first time
- Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

\*With the exception of Metric 3.1 (see Attachment A) which includes data from the Unsheltered Point-In-Time count, all data comes from HMIS.

2-1-1 Orange County (211OC), as the HMIS Lead, worked to complete the SPM Report in advance of the deadline. Attachment A is the FY2022 SPM Report for the Orange County CoC as submitted to HUD. Attachment B is a comparison of Orange County CoC's performance on certain SPM for each funding year (October 1st to September 30th) from 2015 to 2022.

## Attachments

Attachment A – FY2022 SPM Report for the Orange County CoC

Attachment B – SPM Report Comparison from 2015 - 2022

## FY2022 - Performance Measurement Module (Sys PM)

### Summary Report for CA-602 - Santa Ana, Anaheim/Orange County CoC

#### Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

**Metric 1.1:** Change in the average and median length of time persons are homeless in ES and SH projects.

**Metric 1.2:** Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	6020	6052	161	174	13	91	95	4
1.2 Persons in ES, SH, and TH	6756	6694	178	184	6	102	103	1

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

## FY2022 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	7736	8449	972	1071	99	457	493	36
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	8466	9078	944	1041	97	443	481	38

## FY2022 - Performance Measurement Module (Sys PM)

### Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	185	12	6%	7	4%	17	9%	36	19%
Exit was from ES	1483	158	11%	52	4%	99	7%	309	21%
Exit was from TH	462	19	4%	31	7%	12	3%	62	13%
Exit was from SH	0	0		0		0		0	
Exit was from PH	1172	32	3%	40	3%	67	6%	139	12%
TOTAL Returns to Homelessness	3302	221	7%	130	4%	195	6%	546	17%

### Measure 3: Number of Homeless Persons

#### Metric 3.1 – Change in PIT Counts

## FY2022 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		5718	
Emergency Shelter Total	1873	2102	229
Safe Haven Total	0	0	0
Transitional Housing Total	568	559	-9
Total Sheltered Count	2441	2661	220
Unsheltered Count		3057	

### Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	6831	6968	137
Emergency Shelter Total	6097	6316	219
Safe Haven Total	0	0	0
Transitional Housing Total	870	730	-140



## FY2022 - Performance Measurement Module (Sys PM)

### Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	1057	1024	-33
Number of adults with increased earned income	72	82	10
Percentage of adults who increased earned income	7%	8%	1%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	1057	1024	-33
Number of adults with increased non-employment cash income	606	533	-73
Percentage of adults who increased non-employment cash income	57%	52%	-5%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	1057	1024	-33
Number of adults with increased total income	649	589	-60
Percentage of adults who increased total income	61%	58%	-3%

## FY2022 - Performance Measurement Module (Sys PM)

### Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	311	292	-19
Number of adults who exited with increased earned income	52	62	10
Percentage of adults who increased earned income	17%	21%	4%

### Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	311	292	-19
Number of adults who exited with increased non-employment cash income	101	108	7
Percentage of adults who increased non-employment cash income	32%	37%	5%

### Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	311	292	-19
Number of adults who exited with increased total income	140	153	13
Percentage of adults who increased total income	45%	52%	7%

## FY2022 - Performance Measurement Module (Sys PM)

### Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	5577	5494	-83
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2337	2057	-280
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	3240	3437	197

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	7858	9240	1382
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2791	3165	374
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	5067	6075	1008

## FY2022 - Performance Measurement Module (Sys PM)

### Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period.

### Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	7288	12203	4915
Of persons above, those who exited to temporary & some institutional destinations	1659	1629	-30
Of the persons above, those who exited to permanent housing destinations	188	340	152
% Successful exits	25%	16%	-9%

Metric 7b.1 – Change in exits to permanent housing destinations

## FY2022 - Performance Measurement Module (Sys PM)

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	5171	5802	631
Of the persons above, those who exited to permanent housing destinations	2133	2118	-15
% Successful exits	41%	37%	-4%

### Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	3083	3944	861
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	3050	3895	845
% Successful exits/retention	99%	99%	0%

## FY2022 - SysPM Data Quality

### CA-602 - Santa Ana, Anaheim/Orange County CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022
1. Number of non-DV Beds on HIC	1771	1993	2072	1017	909	836	2351	2791	2869	703	529	671			
2. Number of HMIS Beds	1381	1768	1943	649	577	544	2295	2791	2869	703	430	671			
3. HMIS Participation Rate from HIC ( % )	77.98	88.71	93.77	63.82	63.48	65.07	97.62	100.00	100.00	100.00	81.29	100.00			
4. Unduplicated Persons Served (HMIS)	6701	7793	6118	1396	1147	870	2960	2956	3382	2069	2590	3922	3200	5220	8304
5. Total Leavers (HMIS)	4509	5995	4168	930	764	601	298	308	225	1371	1228	1891	2430	4140	7335
6. Destination of Don't Know, Refused, or Missing (HMIS)	2214	2340	1044	67	76	68	4	8	9	49	42	120	1436	2322	3923
7. Destination Error Rate (%)	49.10	39.03	25.05	7.20	9.95	11.31	1.34	2.60	4.00	3.57	3.42	6.35	59.09	56.09	53.48

# Orange County

## HUD System Performance Measures

2015 - 2022



### What are the HUD System Performance Measures?

A key aspect of the McKinney-Vento Homeless Assistance Act, as amended by the HEATH Act, is a focus on viewing the local homeless response as a coordinated system of homeless assistance options as opposed to independently operating programs and funding sources. Because of this change, Continuums of Care (CoCs) are now required to measure their performance as a coordinated system. The System Performance Measures (SPM) allows CoCs to regularly measure their progress in meeting the needs of people experiencing homelessness in their community and to report this progress to HUD.

The SPM is pulled from the local Homeless Management Information System (HMIS) and submitted to HUD annually by CoCs around the country. The reporting period for all SPM reports is October 1st to September 30th. With the exception of Metric 3.1 which includes data from the Unsheltered Point-In-Time count, all data comes from Orange County's HMIS.

### What gets measured?

There are 7 System Performance Measures, some made up of 2 to 4 submeasures or metrics. The measures are:

Measure 1. Length of time persons remain homeless

Measure 2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness

Measure 3. Number of homeless persons

Measure 4. Jobs and income growth for homeless persons in CoC Program-funded projects

Measure 5. Number of persons who become homeless for the first time;

Measure 6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects

Measure 7. Successful housing placement

Orange County submits measures one through five and seven to HUD annually. Measure 6 has yet to be applicable to any CoC.

### What is included in this report?

This report contains a comparison of Orange County's performance on certain System Performance Measures for each funding year (10/1 - 9/30) from 2015 to 2022. This report will be updated on an annual basis after 211OC completes the final analysis for that year's System Performance Measures submission.

For measures with multiple sub-measures, we have chosen to highlight the most comprehensive sub-measure or metric. For example, Measure 4, Employment and Income Growth for Homeless Persons in CoC Program-funded Projects, includes 6 metrics that differentiate sources of income a client may receive. In this report, we focus on metrics 4.3 and 4.6 which include all income sources.

To view all of Orange County's System Performance Reports submitted to HUD, please visit [ochmis.org](http://ochmis.org).

### What is Orange County's bed participation information?

Project Type	Non-DV Beds on HIC	HMIS Participating Beds	HMIS Participation Rate
All ES, SH	2072	1943	94%
All PSH-OPH	2869	2869	100%
All RRH	671	671	100%
All TH	836	544	65%

National System Performance Measures data is released by HUD each year for the previous funding year's analysis. Throughout this report, look for orange boxes that will show you how Orange County compared to California and the United States in 2021.

The extent to which data is missing or incomplete in HMIS affects the accuracy of the metrics on the System Performance Report. Look for teal boxes throughout the report that will let you know when and if a measure is affected by data quality.

## Measure 1

### Length of Time Persons Remain Homeless

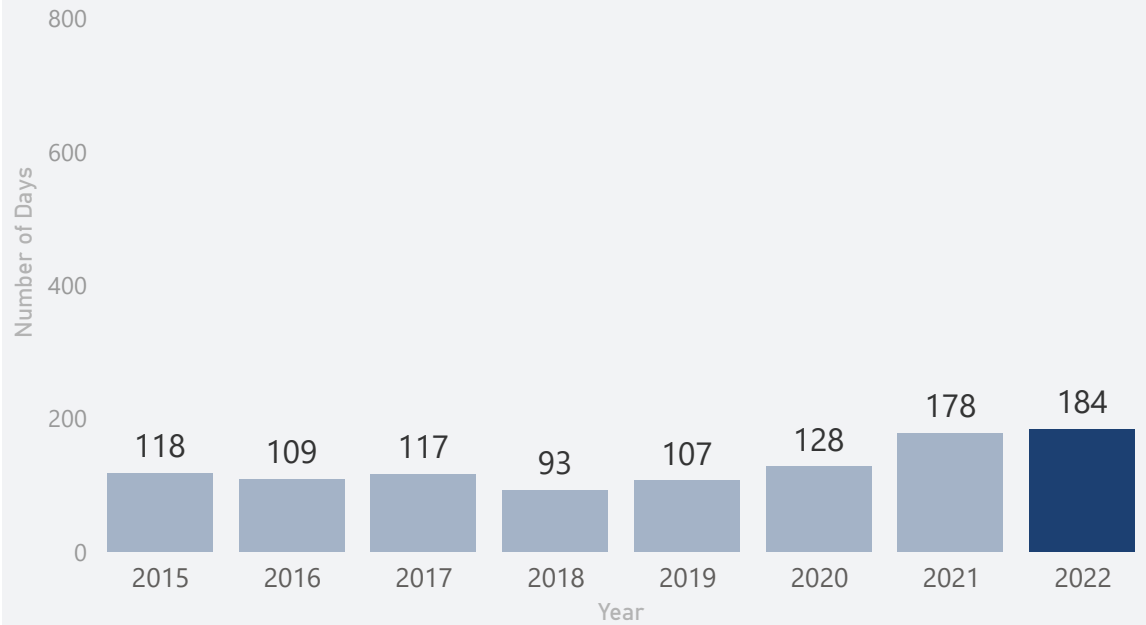
Measure 1 contains two sub-measures. Both submeasures calculate the average lengths of time (in days) spent homeless for clients active during the reporting period. The goal for this measure is for the average lengths of homelessness to decrease each year.

Measure 1a looks at clients in Emergency Shelter (ES), Safe Haven (SH), and Transitional Housing (TH) projects.

The measure is calculated using clients' length of time in the project strictly as entered in HMIS.

Orange County's average length of time in ES-SH-TH is 178 days compared to California's 155 days and the United States' 121 days.

**Measure 1a: Clients in ES, SH, and TH**

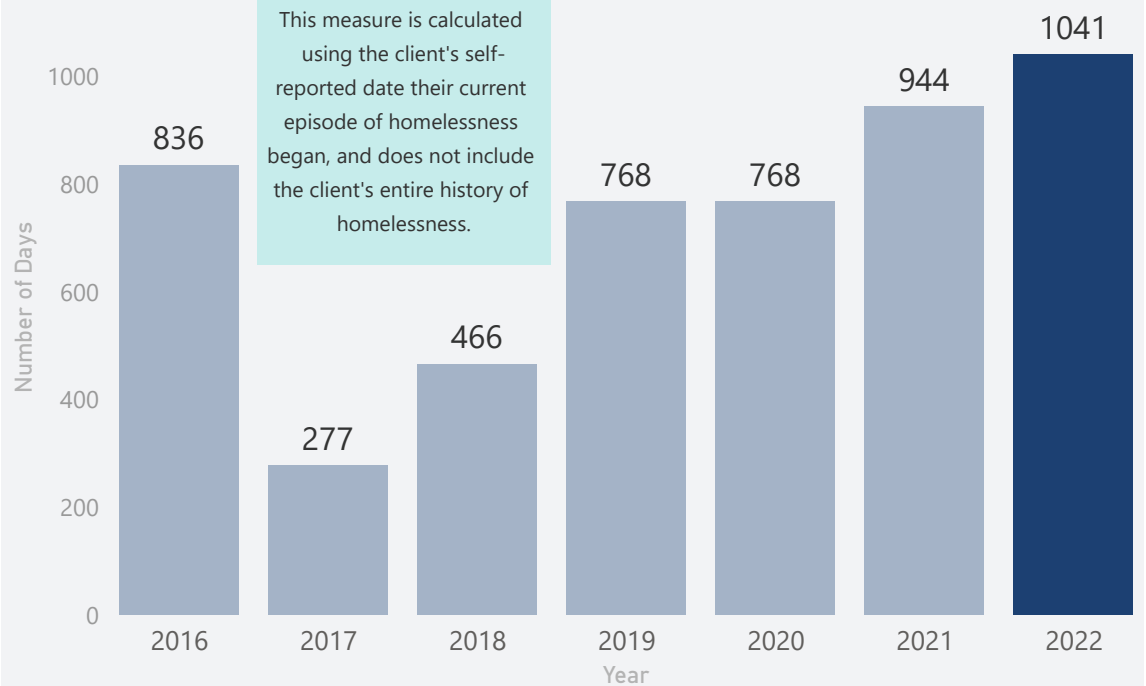


Measure 1b looks at clients in Emergency Shelter, Safe Haven, Transitional Housing, Permanent Housing (PSH), Other Permanent Housing (OPH) and Rapid Re-Housing (RRH) projects.

The measure is calculated using data from the start of clients' current episode of homelessness through either the date they are housed or exit the project.

*Note: Since this measure began, calculation methods have changed multiple times. These changes resulted in scores, particularly for Measure 1b, that vary from year to year due to methodology changes and not necessarily changes in the length of time people experience homelessness.*

**Measure 1b: Clients in ES, SH, TH, and PH**





## Measure 2 Returns to Homelessness

Measure 2 looks at the percentage of clients who exit to a Permanent Housing destination during the reporting period plus one year prior to the report start date, and subsequently return to homelessness within 6, 12, or 24 months. This measure helps CoCs determine the effectiveness of their coordinated efforts at keeping people from falling into homelessness after having received CoC services. The goal for this measure is to decrease the number of people falling back into homelessness each year.

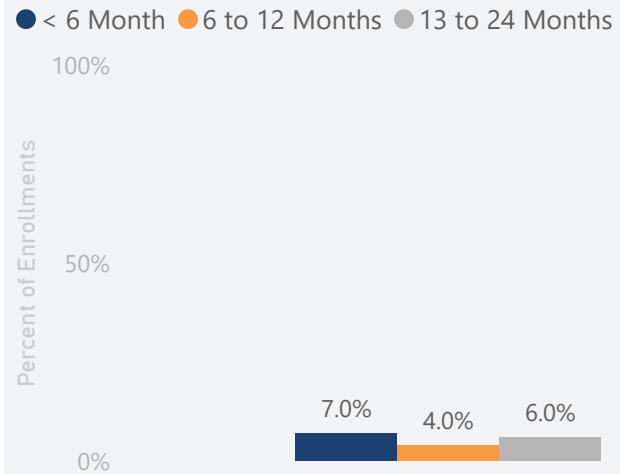
Since 2015, new agencies have joined the Orange County HMIS each year. This gives our CoC a more comprehensive look at possible returns to homelessness that would not have been captured before the agency joined HMIS.

The chart to the right shows a breakdown of the 17% of all clients who returned to homelessness after exiting to Permanent Housing by how long after project exit the return to homelessness took place.

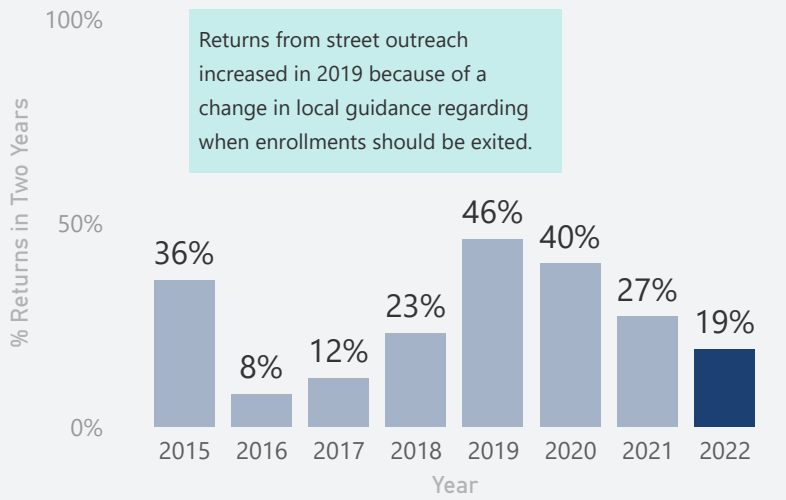
The charts below show a year over year look at what percentage of clients exited to Permanent Housing and returned to homelessness within 2 years for each project type.

Orange County's score for total returns to homelessness within 2 years was 17% compared to California's 17% and the United States' 18%.

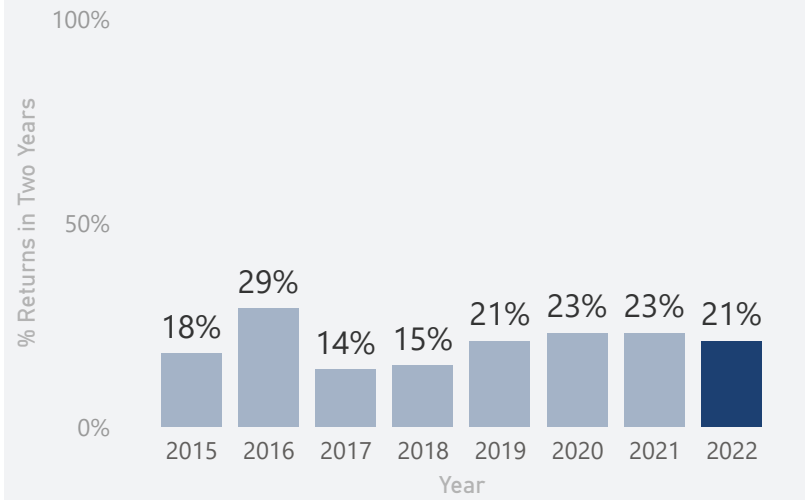
### OC 2022 Returns to Homelessness



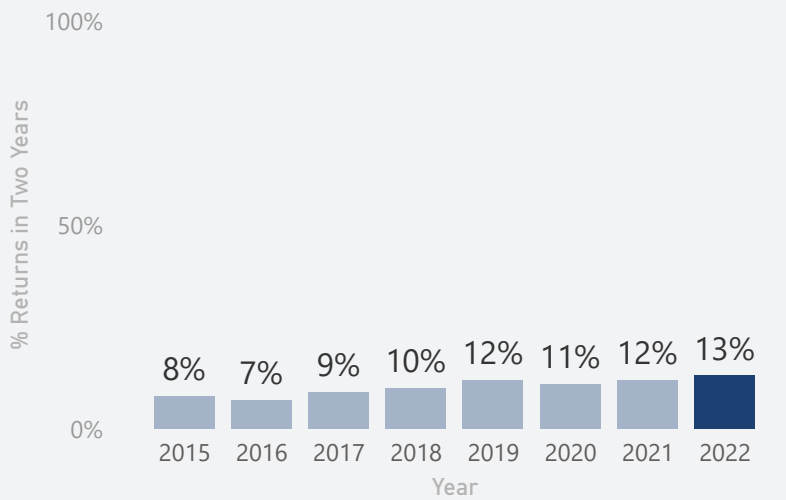
### Returns From Street Outreach



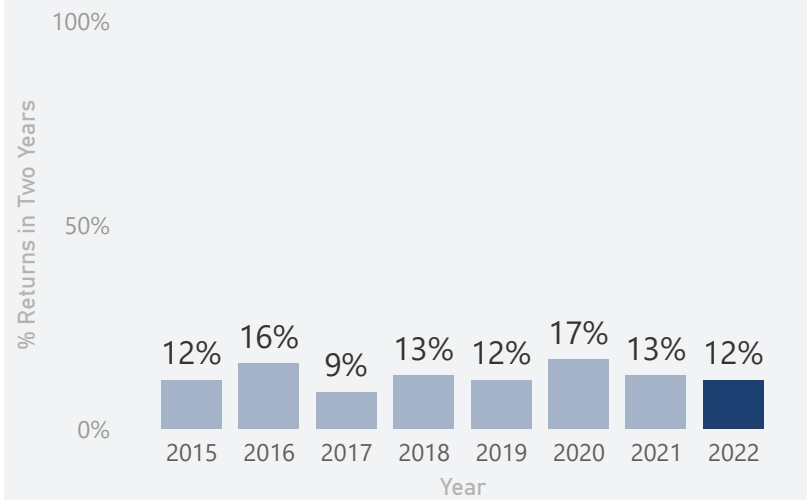
### Returns From Emergency Shelter



### Returns From Transitional Housing



### Returns From Permanent Housing



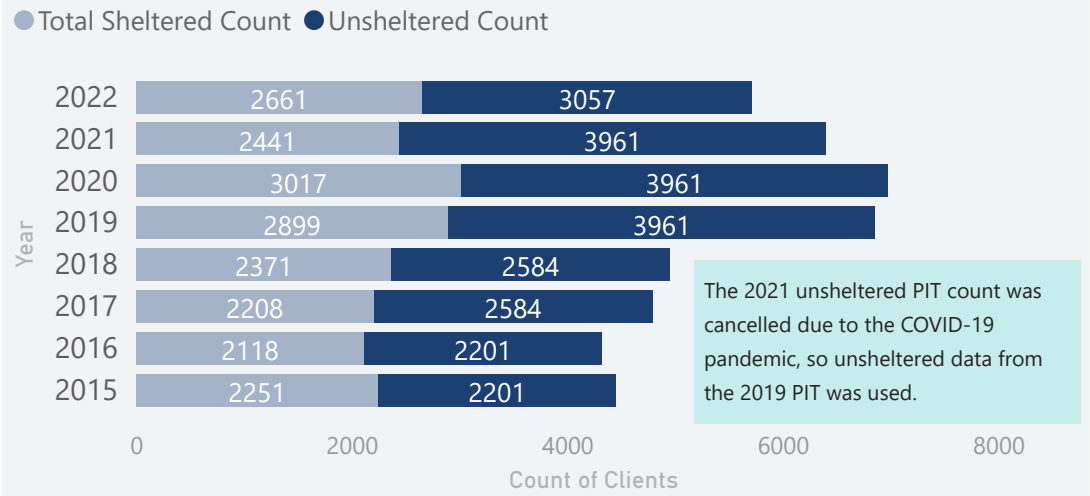
## Measure 3 Number of Homeless Persons

Measure 3 directly assesses a CoC’s progress toward eliminating homelessness by counting the number of people experiencing homelessness both at a point in time and over the course of a year. The goal for this measure is for the total counts of people experiencing homelessness to decrease each year.

Metric 3.1 is a count of sheltered clients using Point-In-Time Count (PIT) data. This data comes from the PIT count data submitted to HUD, which includes projects that participate in HMIS and projects that do not participate in HMIS.

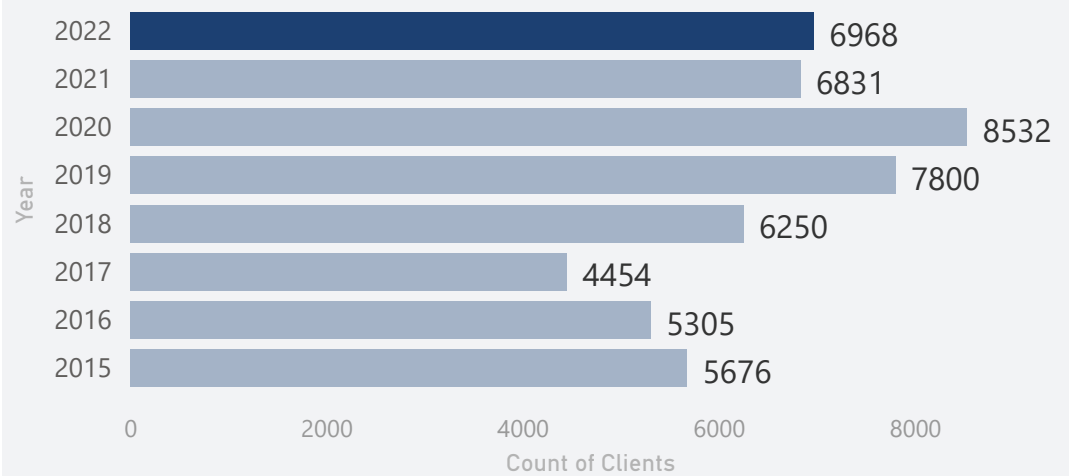
Unsheltered counts occur every other year in January during odd numbered years. The previous year's count is used for even numbered SPM years.

### Metric 3.1: Point-in-Time Count of Sheltered and Unsheltered Persons



Metric 3.2 is a count of clients using HMIS data from ES, SH, and TH projects. This data is unduplicated across all applicable project types, meaning that if a client enrolls in the same project type twice during the reporting period, they are represented in this number only once.

### Metric 3.2: Unduplicated Total Sheltered Homeless Persons



The table below shows 2021 data for Metric 3.2 for Orange County CA-602 and surrounding continuums of care.

Jurisdiction	Total Population	Unduplicated Total Sheltered Homeless Persons (3.2)	% of Population Experiencing Homelessness (3.2)	% of California's Homeless Population (3.2)
Los Angeles (CA-600) + Long Beach (CA-606)	9,829,544	34,110	0.35%	27.00%
Orange County (CA-602)	3,167,809	6,831	0.22%	5.41%
Riverside (CA-608)	2,458,395	3,856	0.16%	3.05%
San Bernardino (CA-609)	2,194,710	3,169	0.14%	2.51%
San Diego (CA-601)	3,286,069	12,937	0.39%	10.24%

## Measure 4

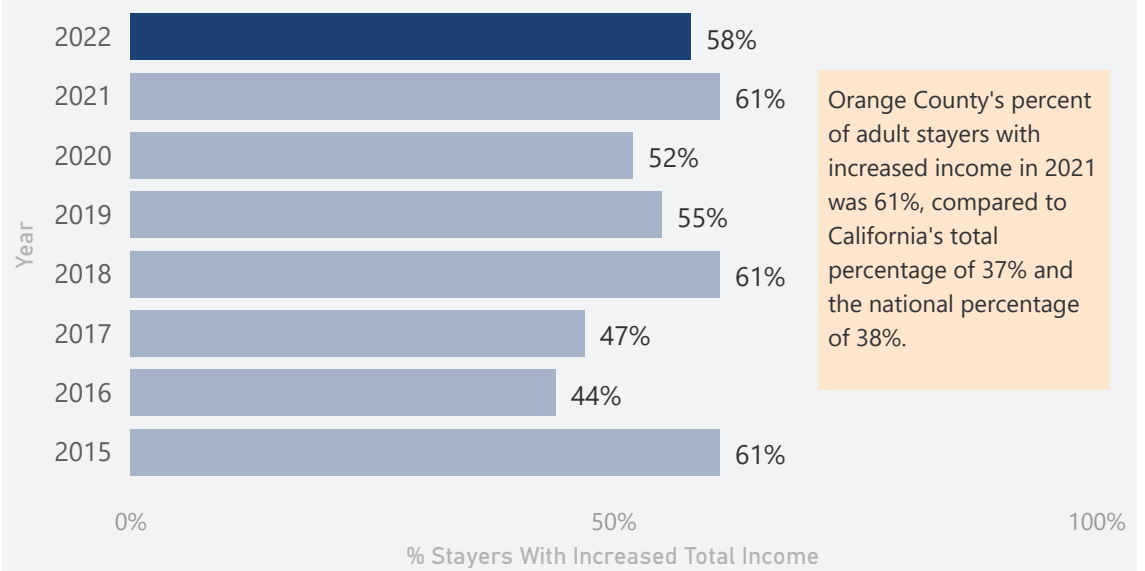
### Increase in Income For Adults in CoC Funded Projects

Measure 4 is comprised of 6 metrics which measure the percentage of adult clients enrolled in CoC funded projects who have increased their earned and non-employment cash income during the reporting period.

Measures 4.3 and 4.6 calculate the percentage of stayers and leavers who have increased their *total* income, irrespective of income source. The goal for this measure is for the percentage of clients with increased income to increase each year.

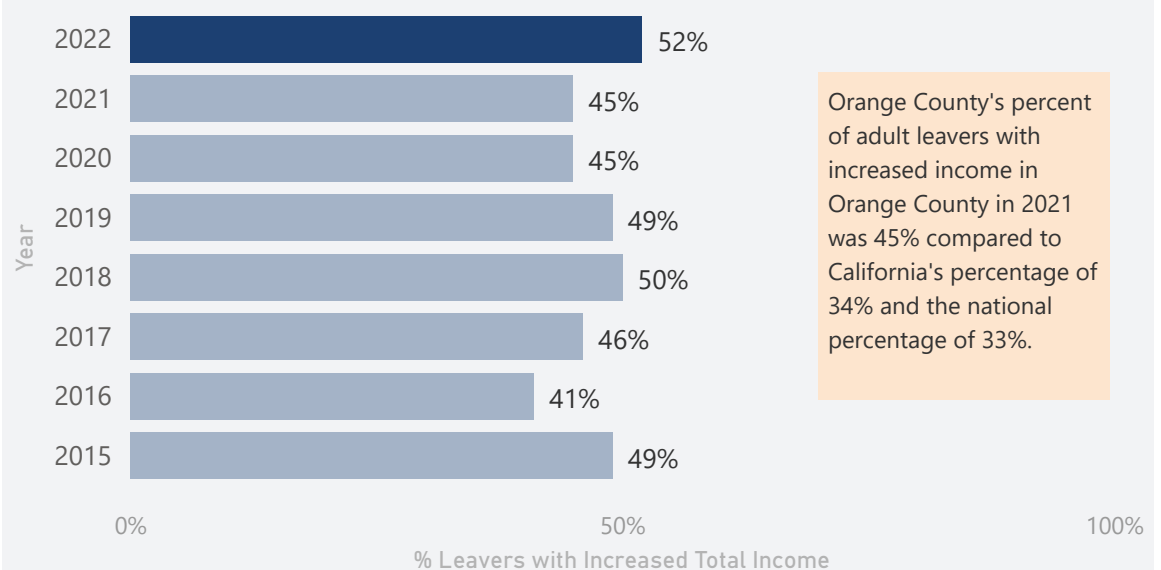
Metric 4.3 represents the percentage of adult stayers (clients still enrolled in the project as of the end of the reporting period with a length of stay of at least 365 days as of the end of the reporting period) who have an increase in total income recorded in HMIS.

#### Metric 4.3: Stayers with Increased Income



Metric 4.6 represents the percentage of adult leavers (clients who exited the project before the end of the reporting period) who have an increase in total income recorded in HMIS.

#### Metric 4.6: Leavers with Increased Income

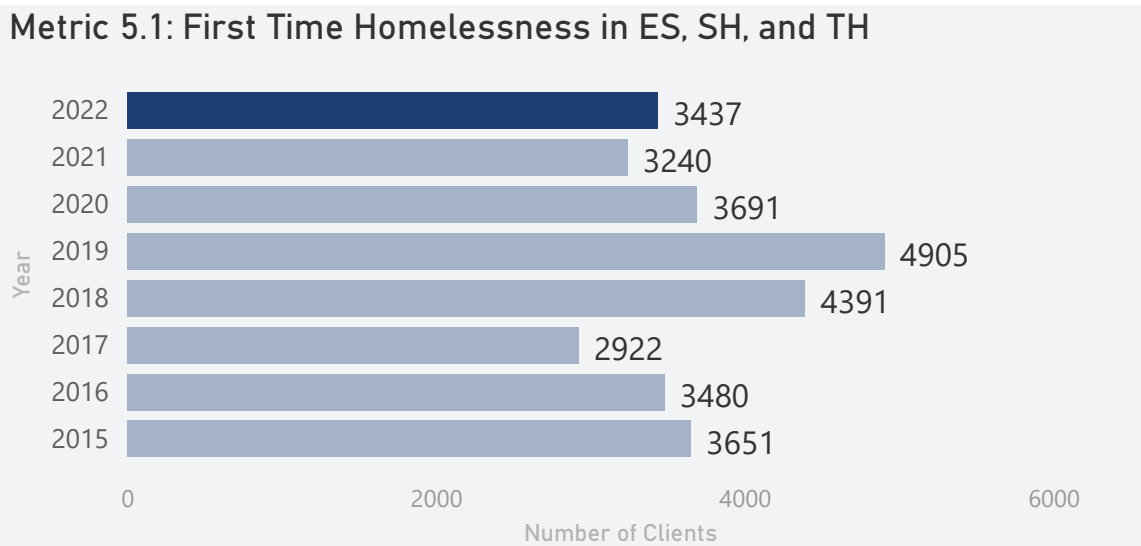


## Measure 5

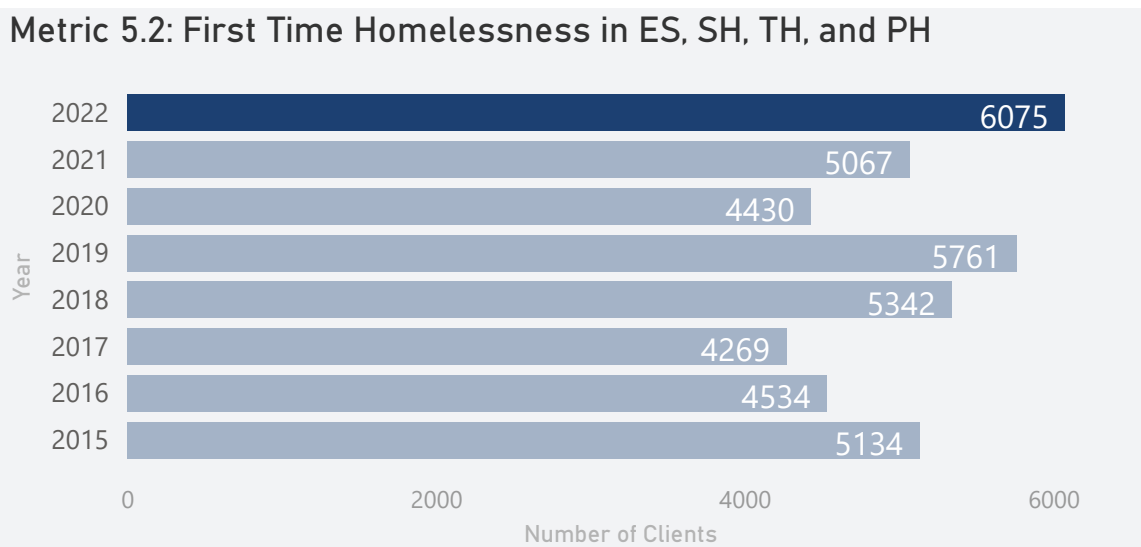
### Number of Persons Who Become Homeless for the First Time

Measure 5 allows CoCs to track and assess whether they are effectively reducing the number of people who become homeless by analyzing the number of people experiencing homelessness for the first time. The goal for this measure is for the number of people experiencing homelessness for the first time to decrease each year.

Metric 5.1 reports the change in the percentage of persons entering Emergency Shelter, Safe Haven, and Transitional Housing projects who have no prior enrollments in HMIS.



Metric 5.2 reports the change in the percentage of persons enrolling in any of the project types mentioned in Metric 5.1 plus Permanent Housing who have no prior enrollments in HMIS.



The table to the right shows 2021 data for Metric 5.2 for Orange County CA-602 and surrounding Continuums of Care.

Jurisdiction	Total Population Experiencing Homelessness for the First Time (5.2)	% of California's Population Experiencing Homelessness for the First Time
Long Beach (CA-606)	1456	2%
Los Angeles (CA-600)	19860	21%
Orange County (CA-602)	5067	5%
Riverside (CA-608)	4098	4%
San Bernardino (CA-609)	4116	4%
San Diego (CA-601)	9212	10%

## Measure 7

### Successful Placement From Street Outreach and Successful Placement in or Retention of Permanent Housing

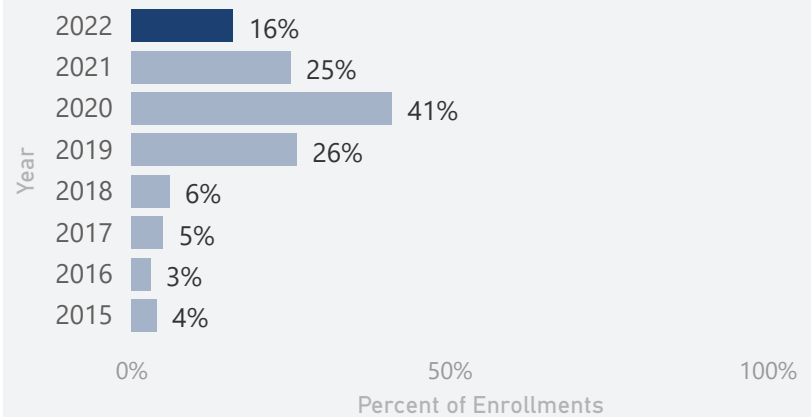
Measure 7 is comprised of three metrics that report on the ability of a CoC to exit its clients to successful destinations or for those enrolled in Permanent Housing projects, their ability to maintain Permanent Housing. Destinations that are considered successful vary between project types. The goal for this measure is for the percentage of successful outcomes to increase each year.

Successful destinations from SO projects include almost all known destinations other than jail or the streets because it represents a client moving from an unsheltered to sheltered living situation.

Orange County's score for successful exits from Street Outreach was 25% in 2021, compared to California's score of 19% and the national score of 33%.

Due to the nature of Street Outreach projects, clients are frequently exited without providing Destination data, resulting in an error rate of 53%.

**Metric 7.a1: Successful Exits From Street Outreach**

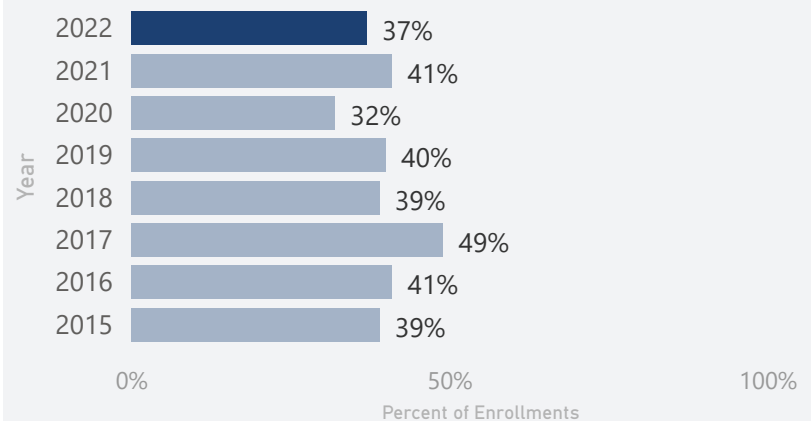


Because the goal and function of project types in Metric 7.b1 is to move clients into permanent housing, destinations considered "successful" for these project types are Permanent Housing situations.

Orange County's score for successful exits from ES, SH, TH, and RRH was 41% in 2021, compared to California's score of 34% and the national score of 38%.

Due to the nature of Emergency Shelter projects, clients are frequently exited without providing Destination data, resulting in an error rate of 25%.

**Metric 7.b1: Successful Exits From Emergency Shelter, Safe Haven, Transitional Housing, Rapid Re-Housing**



Measure 7.b2 represents the percentage of enrollments in Permanent Supportive Housing and Other Permanent Housing projects with a Housing Move-In Date which either were still enrolled or had exited to a Permanent Housing destination as of the end of the reporting period.

Orange County's score for retention of permanent housing or permanent housing exits from PSH-OPH was 99% in 2021, compared to California's score of 97% and the national score of 97%.

**Metric 7.b2: Retention of or Exit to Permanent Housing from PSH or OPH**

