ORANGE COUNTY
CONTINUUM OF CARE BOARD
Wednesday, December 20, 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
Eric Richardson, Volunteers of America
Nishtha Mohendra, Families Forward
Judson Brown, City of Santa Ana
Maricela Rios-Faust, Human Options
Dr. Shauntina Sorrells, Samueli Foundation [Secretary]
Christina Weckerly Ramirez, Health Care Agency
Jason Phillips, Individual
Kelly Bruno-Nelson, CalOptima Health
Dawn Price, Friendship Shelter [Chair]
George Searcy, City of Irvine
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. Requests received less than 72 hours prior to the meeting will still receive every effort to reasonably fulfill within the time provided. *

Supporting documentation is available for review by the general public at least 72 hours prior to regular meetings and at least 24 hours prior to special meetings of the CoC Board. Those wishing to review supporting documentation can visit the lobby of the CAS Building, located 601 N. Ross Street., Santa Ana, CA 92701-4599, and request a copy of the meeting materials from the Office of Care Coordination during normal business hours of 8:00 a.m. – 5:00 p.m. Monday through Friday (excluding holidays).

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 agenda item presentation. 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. 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 November 15, 2023

2. Approve the 2024 CoC Board and Committee Meeting Calendar, including the extension of CoC Board meetings to three (3) hours to be scheduled from 2:00 pm to 5:00 pm

BUSINESS CALENDAR

1. 2024 CoC Board Recommendations – Sarah Jones, CoC Manager, Office of Care Coordination and CoC Nominating Committee Membership
    a. Confirm removal of seat designations for the following CoC Board members whose terms expire on December 31, 2024, to be consistent with the approved changes to the CoC Governance Charter.
        i. Judson Brown
        ii. Kelly Bruno-Nelson
        iii. Sandra Lozeau
        iv. Melanie McQueen
        v. Robert Morse
        vi. Jason Phillips
        vii. Maricela Rios-Faust
        viii. Ami Rowland
        ix. Christina Weckerly-Ramirez
    b. Ratify the results from the CoC Board election to appoint the following candidates to the CoC Board.
        i. James Bacon
        ii. LaVal Brewer
        iii. Andrew Crowe
        iv. Becks Heyhoe
        v. Frank Luna
        vi. Nishtha Mohendra
        vii. Talesha Payne

viii. Dawn Price
ix. George Searcy
x. Dr. Shauntina Sorrells
xi. Tim Shaw

2. Policies, Procedures and Standards (PPS) Committee Recommendation – Sarah Jones, CoC Manager, Office of Care Coordination and Becks Heyhoe, PPS Committee Chair
    a. Approve the recommended changes to the Coordinated Entry System (CES) Policies and Procedures including CES for Survivors, assessment updates, a disaster prioritization policy and clarifying language, as recommended by the CES Steering Committee, Domestic Violence Committee and PPS Committee.
3. CoC Strategic Investment Planning Tool – Sarah Jones, CoC Manager, Office of Care Coordination
    a. Approve the implementation of the Rehousing and Coordinated Investment Planning Tool – Capital (RCIPT-C) to support the Orange County CoC's strategic planning for current and future investment of resources.
4. CalOptima Health's Housing and Homelessness Incentive Program (HHIP) Update – Danielle Cameron, Director of Program Development, CalAIM, CalOptima Health
5. 2024 Orange County Point In Time Count Update – Sarah Jones, CoC Manager, Office of Care Coordination
6. Orange County Homelessness Updates – Doug Becht, Director and Sarah Jones, CoC Manager, Office of Care Coordination
    a. System of Care
    b. Continuum of Care
7. Next Meeting: Wednesday, January 17, 2024, from 2:00 p.m. – 5:00 p.m.

ORANGE COUNTY
CONTINUUM OF CARE BOARD
Wednesday, November 15, 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.

MINUTES

Board Members

Nichole Gideon, Individual
Eric Richardson, Volunteers of America
Nishtha Mohendra, Families Forward
Judson Brown, City of Santa Ana
Maricela Rios-Faust, Human Options
Dr. Shauntina Sorrells, Samueli Foundation [Secretary]
Christina Weckerly Ramirez, Health Care Agency
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George Searcy, City of Irvine
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Call to Order – Dawn Price, Chair

Chair Dawn Price called the meeting to order at 2:06 p.m.

Board Member Roll Call – Becks Heyhoe, Vice Chair

Present: Eric Richardson, Maricela Rios-Faust, Christina Weckerly Ramirez, Jason Phillips, Kelly Bruno-Nelson, Dawn Price, Sandra Lozeau, Robert "Santa Bob" Morse, Ami Rowland, Becks Heyhoe, and Tim Shaw.

Absent Excused: Nichole Gideon, Nishtha Mohendra, Dr. Shauntina Sorrells, George Searcy, and Melanie McQueen.

Absent: Judson Brown

Christina Weckerly Ramirez during Business Calendar Item 1.

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Members of the public may also submit public comment by emailing 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.

- No public comments.

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.

- Eric Richardson provided an update on the 2023 Veterans Affairs (VA) Permanent Housing Conference and stated it was a positive experience, the VA representatives were interested in the Orange County CoC Board and the Veterans' Committee.
- Vice Chair Becks Heyhoe shared information on Hunger and Homelessness Awareness Week and thanked the CoC Board for approving the data requests during the October 2023 CoC Board meeting. Vice Chair Becks Heyhoe also shared that a video featured the Lived Experience Advisory Committee (LEAC) had been made.
- Chair Dawn Price encouraged everyone to review the materials for Hunger and Homelessness Awareness Week available on United to End Homelessness's website.
- Kelly Bruno-Nelson provided an update on CalOptima Health's Housing and Homelessness Incentive Program (HHIP) funding. Kelly Bruno-Nelson shared that round three of funding opportunity should be released in January 2024.

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 August 23, 2023

2. Approve CoC Board Meeting Minutes from October 25, 2023

Robert "Santa Bob" Morse motioned to approve the items on the Consent Calendar. Becks Heyhoe seconded the motion. Eric Richardson, Maricela Rios-Faust, Christina Weckerly Ramirez, Jason Phillips, Kelly Bruno-Nelson, Dawn Price, Sandra Lozeau, Robert "Santa Bob" Morse, Ami Rowland, and Becks Heyhoe voted yes. Tim Shaw abstained. The motion passed.

BUSINESS CALENDAR

1. 2023 Homeless Survey Presentation – Doug Becht, Director, Office of Care Coordination

Doug Becht provided an overview of the 2023 Homeless Survey and a presentation on the results. The 2023 Homeless Survey presentation can be accessed at: https://ceo.ocgov.com/sites/ceo/files/2023-10/2023%20Homeless%20Survey%20Presentationl_Full%20Deck_10.23.2023.pdf

CoC Board Comments:

- Eric Richardson inquired on the data related to Storage of Personal Belongings. Eric Richardson also asked if the names of the people who completed the survey were noted for additional follow up and outreach.
- Tim Shaw asked about next steps for the recommendations go next and if there is room to create more specific recommendations.
- Kelly Bruno-Nelson commented that the number one discussed service was shelter and noted the percentage of people accessing shelter. Kelly Bruno-Nelson stated that shelters should be trauma informed and inquired as to how the trauma informed model is implemented in shelters.
- Vice Chair Becks Heyhoe asked when the 2023 Homeless Survey would go to the Board of Supervisors and noted the importance for the CoC Board to know this so they could attend the meeting. Vice Chair Becks Heyhoe inquired as how this information can be utilized to promote system change.
- Maricela Rios-Faust stated that the survey creates an opportunity to look at the homeless response system and work together with the Commission to End Homelessness. It also provides an opportunity to align the survey results with the strategic vision of the CoC Board. Maricela Rios-Faust noted that the data can help destigmatize and change beliefs as to why people are currently experiencing homelessness.
- Robert "Santa Bob" Morse thanked the CoC Board for their interest and questions.
- Chair Dawn Price shared that the 2023 Homeless Survey was presented to the Lived Experience Advisory Committee (LEAC). Chair Dawn Price encouraged that any effort regarding outreach should include the frontline staff and shared that survey results by city could be used to review and evaluate the different models of outreach that currently exist to provide recommendations for best practices.

2. 2023 CoC Nominating Committee Update – Sarah Jones, CoC Manager, Office of Care Coordination and CoC Nominating Committee Membership

Sarah Jones provided background on the CoC Board Nomination and Election process. The Office of Care Coordination as the Collaborative Applicant of the Orange County CoC is accepting CoC Board nominations from Wednesday, November 8, 2023, to Friday, November 17, 2023. The Orange County CoC is looking to recruit seven (7) to eleven (11) members for the current nomination and election process.

CoC Board Comments:

- Eric Richardson shared that the Candidate Interest Form had changed since it was first released and cautioned other individuals who may have started the Candidate Interest Form but not completed the form to revisit the entire document.
- Maricela-Rios Faust noted that it would be a good idea to send an email update regarding the Candidate Interest Form changes.

3. CoC Code of Conduct Ad Hoc Update – Sarah Jones, CoC Manager, Office of Care Coordination; Maricela Rios-Faust, CoC Board Member and Domestic Violence Committee Chair; Robert Morse, CoC Board and Lived Experience Advisory Committee Member; and Ami Rowland, CoC Board Member

At the September 11, 2023, special meeting, the CoC Board approved establishing an ad hoc to develop and recommend a code of conduct for the Orange County CoC Board meetings, considering the Brown Act and

other local policies. Ami Rowland shared information regarding the proposed values for the CoC Code of Conduct and Maricela Rios-Faust shared that one of the approaches is reviewing the Racial Equity Analysis completed by C4 Innovations and incorporate recommendations into the CoC Code of Conduct.

4. 2024 Orange County Point In Time Count Update – Sarah Jones, CoC Manager, Office of Care Coordination

The Point In Time (PIT) Count is a count and survey of people experiencing homelessness on a given night during the last ten days in January. The count provides vital information that helps the County of Orange and the Orange County CoC better understand homelessness in the community and guides the response to homelessness in Orange County. In 2024, the PIT sheltered count will occur on the night of January 22, 2024, and the PIT unsheltered count will begin on Tuesday, January 23 through Thursday, January 25, 2024.

CoC Board Comments:

- Vice Chair Becks Heyhoe inquired on Families and Transitional Age Youth focused efforts to best survey the populations.
- Eric Richardson inquired on the hours of the events and volunteering opportunities.

5. Orange County Homelessness Updates – Zulima Lundy, Director of Operations and Sarah Jones, CoC Manager, Office of Care Coordination
    a. System of Care Update – Zulima Lundy provided the following System of Care Update:
        - Zulima Lundy provided an update on the Commission to End Homelessness Recruitment. The Orange County's Office of Care Coordination is seeking applications from Orange County residents to serve on the Commission to End Homelessness. Recruitment is being conducted to fill two vacant seats on the Commission to End Homelessness.
    b. Continuum of Care Updates – Sarah Jones provided the following Continuum of Care Updates:
        - On November 8, 2023, the U.S. Department of Housing and Urban Development (HUD) announced the release of the Youth Homelessness System Improvement (YHSI) Notice of Funding Opportunity (NOFO). Approximately $50 million is available for grants that will focus on systemic change to either improve or create response systems for youth at risk of homelessness or experiencing homelessness by funding projects that create and build capacity for Youth Action Boards; establish regional committees on youth homelessness to direct efforts across multiple systems including education, justice, and child welfare; collect and use data on youth at risk of homelessness and youth experiencing homelessness; develop strong leaders within a community; and improve the coordination, communication, operation, and administration of homeless assistance projects to better serve youth, including prevention and diversion strategies. The YHSI NOFO application is due on February 15, 2024.
        - On October 12, 2023, HUD announced the release of the FY 2023 Section 811 Supportive Housing for Persons with Disabilities (Capital Advance) NOFO. Approximately $106 million in funding is available through this NOFO. The Section 811 Supportive Housing for Persons with Disabilities Program aims to expand the supply of integrated affordable housing by providing Capital Advance funding for the development of permanent supportive rental housing for very-low-income persons with disabilities who are 18 years of age or older and less than 62 years of age at entry. The application is due on February 12, 2024.
        - On October 12, 2023, HUD announced the release of the FY 2023 Section 811 Project Rental Assistance for Persons with Disabilities NOFO. Approximately $106 million in funding is available through this NOFO. The Section 811 Project Rental Assistance (811 PRA) program provides funding to state housing and other appropriate agencies for project-based rental operating assistance for extremely low-income persons with disabilities. The application is due on February 12, 2024.

CoC Board Comment:

- Chair Dawn Price asked if a Technical Assistance provider can assist with applying for the YHSI NOFO.

Becks Heyhoe motioned to adjourn the meeting. Sandra Lozeau seconded the motion. The motion passed with unanimous consent.

6. **Next Meeting:** Wednesday, December 20, 2023, from 2:00 p.m. – 4:00 p.m.

Continuum of Care Board
2024

Meetings are held
2:00 P.M. - 5:00 P.M.

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Regular Meeting

Continuum of Care Committees
2024

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CoC Board

PPS Committee

CES Steering Committee

Housing Opportunities Committee

Service Provider Forum

TAY Collaborative

Veterans Committee

Lived Experience Advisory Committee

DV Committee

Business Calendar
Agenda Item 1

Date: December 20, 2023

Subject: 2024 Continuum of Care (CoC) Board Recommendations

Recommended Actions:

a. Confirm removal of seat designations for the following CoC Board members whose terms expire on December 31, 2024, to be consistent with the approved changes to the CoC Governance Charter.
   i. Judson Brown
   ii. Kelly Bruno-Nelson
   iii. Sandra Lozeau
   iv. Melanie McQueen
   v. Robert Morse
   vi. Jason Phillips
   vii. Maricela Rios-Faust
   viii. Ami Rowland
   ix. Christina Weckerly-Ramirez

b. Ratify the results from the CoC Board election to appoint the following candidates to the CoC Board.
   i. James Bacon
   ii. LaVal Brewer
   iii. Andrew Crowe
   iv. Becks Heyhoe
   v. Frank Luna
   vi. Nishtha Mohendra
   vii. Talesha Payne
   viii. Dawn Price
   ix. George Searcy
   x. Dr. Shauntina Sorrells
   xi. Tim Shaw

Background and Analysis

CoC Nominating Ad Hoc

Each year, the Orange County CoC Board establishes a CoC Nominating Ad Hoc to support the annual review of the Orange County CoC Governance Charter (Charter) and facilitate the CoC Board nomination and election process (nomination and election process) for vacant and expiring CoC Board seats. During the September 11, 2023, special meeting, the CoC Board approved the recommendation to establish the 2023 CoC Nominating Ad Hoc (Ad Hoc) to facilitate the annual Charter review and nomination and election process. The Office of Care Coordination and CoC Board officers partnered with a technical assistance provider, Aubrey Sitler from ACStrategies, through the California Interagency Council on Homelessness (Cal ICH) Racial Equity Action Lab (CA REAL) with a goal to align recommendations from the C4 Innovations'

racial equity assessment of the Orange County CoC and increase diversity and representation within the CoC Board.

The CoC Board assisted in intentionally recruiting nine (9) people to serve on the Ad Hoc. The Ad Hoc included two (2) current CoC Board Members that are not up for re-election as well as additional members, including CoC General Members and non-CoC General Members, representing different stakeholders of the homeless service system. The Ad Hoc membership included Francesca Cappellini, Public Law Center; Andrew Castillo, Illumination Foundation; Rhiannon Doscher, Multi-Ethnic Collaborative of Community Agencies (MECCA); Madelynn Hirneise, Families Forward; Beck Levin, Dayle McIntosh Center for the Disabled; Robert "Santa Bob" Morse, Lived Experience Advisory Committee and CoC Board member; Christina Weckerly Ramirez, OC Health Care Agency and CoC Board member; Camille Saye, People Assisting the Homeless (PATH); and Tianna Terry, Friendship Shelter. The final membership of the Ad Hoc was confirmed by the CoC Board officers. Throughout the months of October, November, and December, the Ad Hoc met to facilitate the Charter review and nomination and election process and had robust discussion regarding the need for the CoC Board election process to be equitable and accessible.

Key activities to highlight the creation and work of the Ad Hoc include:

- Invitation from CoC Board and Office of Care Coordination to apply for and participate in the Ad Hoc, emphasizing desire for diverse experiences and identities.
- Targeted outreach to individuals interested in becoming CoC Board members prior to the nomination period.
- Review of Charter to identify key goals for increasing diversity in the CoC Board membership.
- Creation of a candidate interest form that intentionally requested information on identities, experiences, and backgrounds of candidates.
- Stronger marketing and communication of CoC Board nomination period, including a video and flyer shared via social media, distribution lists and other platforms.
- Development of standardized interview questions and candidate engagement process, including goals for "screening-in" candidates.
- Facilitation of candidate interviews to review eligibility for the CoC Board.

CoC Governance Charter Revisions

Aligned with the recommendations from the C4 Innovations' racial equity assessment of the Orange County CoC to increase diversity and representation within the CoC Board, the Ad Hoc recommended revisions to the Charter including: change total number of CoC Board seats from nineteen (19) to an odd number between seventeen (17) and twenty-one (21), remove designated seats and replace with minimum number of people who have specified identities, experiences, and backgrounds. This included a minimum number of people with specific identities/experiences, including people who are Black, Indigenous or Native American, People of Color (BIPOC); and Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual (LGBTQIA+); disabled; neurodivergent; and/or older adults, and additional revisions. On October 25, 2023, the CoC Board approved the recommended changes to the Charter related to the CoC Board Composition, CoC Board Selection Process, and CoC Board Qualifications as proposed by the Ad Hoc.

Due to CoC Board seat designations being removed from the Charter, the CoC Board is being asked to approve removal of seat designations for the following CoC Board members, whose terms expire December 31, 2024:

i. Judson Brown
ii. Kelly Bruno-Nelson
iii. Sandra Lozeau
iv. Melanie McQueen
v. Robert Morse
vi. Jason Phillips
vii. Maricela Rios-Faust
viii. Ami Rowland
ix. Christina Weckerly-Ramirez

Approval of recommended action a. will create consistency with the approved changes to the Charter.

CoC Board Nomination and Election Process

On November 6, 2023, the Office of Care Coordination on behalf of the Orange County CoC provided email communication with details to the Nomination and Election Process Overview webinar held on November 9, 2023. The email provided CoC General Members details of the nomination and election process and timeline. The nomination period was open from November 8, 2023, through November 17, 2023, inviting interested candidates to apply and complete Candidate Interest Forms. The Candidate Interest Forms were due to the Office of Care Coordination on November 20, 2023. As Candidate Interest Forms were received, the CA REAL technical assistance provider and the Office of Care Coordination worked alongside the Ad Hoc to schedule interviews with all candidates. The Ad Hoc facilitated interviews to review candidates' eligibility for the CoC Board. Upon review of all candidates, the Ad Hoc made a recommendation for candidates to proceed in the nomination and election process as all candidates met the CoC Board eligibility criteria. The candidates were introduced to the CoC General Membership at the virtual Candidate Meet and Greet on December 6, 2023, opening the voting period. The voting period closed on December 12, 2023, at 12:00 pm

The table below details the CoC Board nomination and election timeline followed:

Date	Timeline Tasks
September 11, 2023	CoC Board approved the recommendation to establish the Ad Hoc to facilitate the annual Charter review and nomination and election process.
October 25, 2023	CoC Board approved recommended changes to Charter
November 8, 2023	Nomination period opens
November 9, 2023	Nomination and Election Process Overview Webinar
November 17, 2023	Nomination period closes

November 20, 2023	Candidate Interest Forms are due New and Updated CoC General Membership Forms due
November 27 – December 1, 2023	Candidate interviews facilitated by Ad Hoc
December 6, 2023	Virtual Candidate Meet and Greet Voting period opens
December 12, 2023	Voting period closes at 12:00 p.m.
December 20, 2023	Candidates with the most votes who are representative of the desired CoC Board composition are presented to the CoC Board for ratification

Following the voting period, the Ad Hoc met to confirm and review election results utilizing a voting tool. The voting tool accounted for information on the identities, background, and experience of all CoC Board members whose term expires December 2024 and all candidates, aligned with updated and desired identity, background, and experience categories as required in the Charter. The Ad Hoc identified the ability to meet all minimum requirements in this election cycle, even though the Charter provided benchmarks for building a more representative CoC Board membership trough two election cycles by January 2025.

To determine who was elected, the Ad Hoc reviewed the 10CoC Board members whose term expires December 2024 and identified the amount of desired CoC Board seats to be between seven (7) and 11 seats. The Charter states the CoC Board can have a minimum of 17 and a maximum of 21 Board members, requiring an odd number in total members. Utilizing the voting tool, the CoC Nominating Ad Hoc put forth 11 candidates to be presented to the CoC Board for ratification to serve as CoC Board members, inclusive of the candidates with the highest number of votes, as well as the candidates who, in order of number of votes, were the next candidates selected to meet the minimum representation of desired CoC Board composition noted in the revised Charter.

The Office of Care Coordination and the Ad Hoc have facilitated the above-described processes for the CoC Board election, on behalf of the Orange County CoC. The Ad Hoc recommends the below slate of candidates to the CoC Board following the nomination and election process. By approving the recommended action b, the Orange County CoC Board will appoint the following candidates for a two-year term (January 1, 2024, to December 31, 2025) in support of the Orange County CoC functions:

i. James Bacon
ii. LaVal Brewer
iii. Andrew Crowe
iv. Becks Heyhoe
v. Frank Luna
vi. Nishtha Mohendra
vii. Talesha Payne
viii. Dawn Price
ix. George Searcy
x. Dr. Shauntina Sorrells
xi. Tim Shaw

Date: December 20, 2023

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

Recommended Action:

a. Approve the recommended changes to the Coordinated Entry System (CES) Policies and Procedures including CES for Survivors, assessment updates, a disaster prioritization policy and clarifying language, as recommended by the CES Steering Committee, Domestic Violence Committee and PPS Committee.

Background and Analysis

The CES Policies and Procedures were last revised and approved by the Orange County Continuum of Care (CoC) Board on September 28, 2022. Since then, the CES has continued to evolve and improve in response to community needs and feedback, including lessons learned through implementation of the Emergency Housing Voucher program.

In September 2022, the CoC Board approved the Office of Care Coordination, as the CES Lead, to apply for a Domestic Violence (DV) Bonus Project through the FY2022 CoC Program Notice of Funding Opportunity (NOFO) to develop a robust component of CES for survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as experiencing homelessness (24 CFR 578.3). In March 2023, the CES DV Bonus Project was awarded with funding starting July 1, 2023. In response, the Office of Care Coordination contracted with Homebase, a national technical assistance provider in the field of housing and homelessness, to work with a DV Survivor Stakeholder Ad Hoc to draft CES policies and procedures for survivors of domestic violence, dating violence, sexual assault, or stalking. The development of the revised policies and procedures included intentional outreach and involvement of survivors and others with lived experience, including members of the Lived Experience Advisory Committee.

Homebase also conducted two listening sessions with survivors to elicit feedback on the homeless response system for survivors in Orange County. The key finding and recommendations from survivors are listed below:

1. The system is not responsive to the urgency of the survivor's situation.
2. Staff at homeless service provider agencies (meaning, excluding victim service providers (VSP)) did not treat survivors with sensitivity.
3. Victim service providers delivered quick, empathetic care and services.
4. Survivors should be connected with a victim service provider as quickly as possible.
5. More training is needed for staff, system leaders, funders, and law enforcement on trauma-informed care, cultural humility, motivational interviewing, and empathy when dealing with survivors.

In addition to developing and integrating CES policies and procedures for survivors, the CES Policies and Procedures were revised to incorporate assessment updates, a disaster prioritization policy, and clarifying language. The assessment specified in the updated CES Policies and Procedures includes the Pre-

Assessment Screening, Shelter Assessment, Housing Assessment, Survivor Assessment, Stepping Up Assessment, Moving On Assessment and Prevention Assessment (all assessments are included as part of Attachment D). The proposed disaster prioritization policy will provide CES with a mechanism for prioritizing resources in the event of a local, state or national disaster. The proposed clarifying language is related to expanding resources available through CES, definitions and regulations, roles and responsibilities, the use of case conferencing, and exits from CES.

On September 6, 2023, an update on the CES Policies and Procedures was presented to the CES Steering Committee. At this meeting, the Office of Care Coordination provided an overview of the timeline of activities for review, feedback, and approval of the revised CES Policies and Procedures, as well as highlighted updates that would be included in the revised CES Policies and Procedures. On September 12, 2023, the public review and feedback period began and an updated draft of the CES Policies and Procedures were made available on the CES webpage and distributed to the CoC Board, Lived Experience Advisory Committee, CoC distribution list, all CES partners and the Homelessness, Domestic Violence, Sexual Assault Task Force of the Orange County Family Violence Council. As part of the public feedback process, the Office of Care Coordination hosted two public listening sessions via Microsoft Teams on Wednesday, September 13, 2023, in the evening, and Monday, September 18, 2023, during business hours. Public feedback was invited through the listening sessions and through written feedback via email to CoordinatedEntry@ocgov.com, until September 27, 2023.

The draft CES Policies and Procedures were approved by the PPS Committee on October 10, 2023, and recommended for review and approval by the CoC Board. Following approval by the PPS Committee, the Office of Care Coordination received additional feedback from local VSP. On October 25, 2023, the CoC Board voted to continue the agenda item regarding approval of the draft CES Policies and Procedures to allow time for the Office of Care Coordination to engage with VSP on additional feedback.

The Office of Care Coordination has worked to integrate the feedback and update the revised CES Policies and Procedures accordingly through each stage of the review and feedback process. Following the additional feedback provided by the VSP, the Office of Care Coordination met with the VSP to receive further feedback and edits. The Office of Care Coordination provided an additional three weeks for VSP to share feedback. This process has supported the Office of Care Coordination in having a clear understanding of the VSP recommended changes. Feedback received from the public and VSP is included as Attachment C. Additionally, as approved by the CES Steering Committee, the Office of Care Coordination convened a Survivor Assessment Tool Ad Hoc for three meetings in November to recommended revisions to the Survivor Assessment Tool. The updated assessment is included in Attachment D.

Following feedback received, a draft CES Policies and Procedures detailing the recommended changes were presented at the special meeting of the DV Committee on November 28, 2023. The DV Committee reviewed the changes to the CES Policies and Procedures, specifically the inclusion of CES for Survivors and the Survivor Assessment Tool, offering integral insight and discussion to the review process. The DV Committee took action to recommend the CES Policies and Procedures move forward for review and approval by the PPS Committee and provided a recommendation to include the DV Committee in the future review and evaluation of CES for Survivors.

At the December 12, 2023, meeting of the PPS Committee, the draft of the CES Policies and Procedures detailing the recommended changes was presented and recommended to the CoC Board for review and final approval. Approval of the recommended action will allow for the CES to operate more inclusively for

survivors, rapidly respond to disaster situations and provide additional clarity in CES Policies and Procedures.

Attachments

Attachment A – CES Policies and Procedures – Redlined Version
Attachment B – CES Policies and Procedures – Clean Version
Attachment C – CES Policies and Procedures Feedback Received
Attachment D – CES Assessments

COORDINATED ENTRY SYSTEM POLICIES AND PROCEDURES

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

GOAL

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

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

CES is required to incorporate all programs funded through the Continuum of Care (CoC) and the Emergency Solutions Grants (ESG). Other services, shelter and housing program receiving funding other than CoC and ESG funding may voluntarily participate in CES. While the goal is to incorporate as many homeless service programs as possible, including supportive services, shelter and housing, into CES, not all supportive service, shelter or housing programs participate in CES.

These policies and procedures cover referrals for all resources available through CES, including:

- all CoC- and ESG-funded programs, including survivor dedicated resources
- local and state funded programs required to participate in CES
- any resources that voluntarily participate in CES

CES DOCUMENTS AND REGULATIONS

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

HUD Coordinated Entry Notice CPD-17-01 - Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System: This Notice establishes new requirements that CoC and ESG programs must meet regarding participation in CES.

HUD Prioritization Notice CPD-16-11 – Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing: This Notice establishes a recommended order of priority for CoC-funded permanent supportive

housing to serve households experiencing chronic homelessness with the most severe service needs first.

Continuum of Care (CoC) Program Interim Rule 24 CFR 578: The CoC program interim rule provides guidance on the regulatory implementation of the CoC Program, including CES.

Emergency Solutions Grants Interim Rule 24 CFR 576: The ESG interim rule provides guidance on the regulatory implementation of the ESG Program, including the use of CES.

McKinney-Vento Homeless Assistance Act, As Amended by S. 896 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009: McKinney-Vento and the HEARTH Act establish a definition of homelessness and consolidated three HUD programs into a single program known as the CoC Program.

Criteria and Recordkeeping Requirements for Definition of Homelessness and Homeless Definition Final Rule: The Homeless Definition Final Rule defines homelessness and record keeping requirements, including the use of third-party verification and self-certification of homelessness.

Defining Chronically Homeless Final Rule: This rule establishes a definition of chronic homelessness and record keeping requirements, including the use of third-party verification an self-certification of homelessness and sources of verification of disabling conditions.

HUD Equal Access rule: 24 CFR 5: This rule ensures equal access to programs and shelters administered by HUD in accordance with their gender identity, sexual orientation, or marital status.

Homeless Management Information Systems (HMIS) Data Standards: These documents describe the standardized data collection and the documentation requirements for the programming and use of all HMIS and comparable data systems.

COMMON TERMS AND DEFINITIONS

Access Point refers to the point of entry into CES for households experiencing homelessness or at risk of homelessness.

Bed Reservation System Assessment is a standardized process for determining a household's shelter needs and interests.

Case Conferencing involves exchanging information between service providers participating in CES to enhance service coordination, minimize duplication in services and expedite access to services when needed and available. The case conferencing is aimed at ensuring that individuals and families being prioritized for a housing resource per the CES policy can have their service needs adequately met and the housing resource is an appropriate match.

Continuum of Care (CoC) is a regional or local planning body that coordinates housing and service funding for individuals and families experiencing homelessness. The CoC strategizes the community plan to organize and deliver housing and services to meet the specific needs of people who are experiencing homelessness as they move to stable housing and maximize self-sufficiency.

Diversion in CES refers to problem-solving strategies used to reduce the length of time that people experience homelessness by accessing alternatives to entering emergency shelter or living in places not meant for human habitation.

Emergency Shelter means any facility with the primary purpose of providing temporary shelter for people experiencing homelessness which does not require participant to sign leases or occupancy agreements.

Episode of Homelessness is a period of time that an individual or family is experiencing homelessness as defined in the homeless definition included in Attachment A. Episodes of homelessness are separated by permanent or temporary housing of at least seven nights or stays in an institution of 90 days or more.

Homeless Management Information System (HMIS) refers to the United States Department of Housing and Urban Development mandated database used to collect participant-level data on the provision of housing and services to individuals and families experiencing homelessness, as well as individuals and families at risk of homelessness. HMIS is required to follow data standards established by the United States Department of Housing and Urban Development.

Homeless Prevention is services and/or financial assistance to prevent people from experiencing homelessness.

Housing means community-based housing without a designated length of stay and includes permanent supportive housing and rapid rehousing.

Housing Assessment is a standardized process of determining a household's permanent housing and service needs and interests.

Housing First is an approach that prioritizes connecting people experiencing homelessness to housing as quickly as possible to end their homelessness. Housing fist prioritizes client choice in the housing process and supportive service participation.

Interim Housing is a type of emergency shelter that provides temporary shelter for people experiencing homelessness, meet basic needs such as food, safety, and hygiene, and be supported to see and obtain housing.

Permanent Supportive Housing (PSH) is housing that includes supportive service to assist formerly homeless individuals and families with a disabling condition to live independently and maintain housing stability.

Rapid rehousing (RRH) is housing with time limited rental assistance and supportive services to assist individuals and families experiencing homelessness, with or without a disabling condition, move as quickly as possible into housing and maintain housing stability. For RRH opportunities, the maximum amount of rent that a participant may pay can be up to 100% of the rental amount. In general, the goal will be that participants pay no more than 50% of their income in rent at RRH program completion.

Service Planning Area (SPA) is a regional sector within Orange County. The three geographic regions are the North, Central and South Service Planning Areas designated to improve service

coordination and align resources among regional cities in Orange County. Reference the Planning section for the Service Planning Areas.

Shelter collectively refers to emergency shelter, including Interim Housing, and transitional housing. These are temporary living situations provided to meet basic needs while the individual or family experiencing homelessness does not have permanent housing.

Transitional Housing means temporary, supportive housing, where all participants have signed a lease or occupancy agreement, with the primary purpose of facilitating movement of individuals and families experiencing homelessness into permanent housing. Transitional housing is generally provided for a limited time period, from two weeks up to 24 months.

United States Department of Housing and Urban Development (HUD) is a cabinet-level agency that oversees federal programs designed to help Americans with their housing needs. HUD seeks to increase access to affordable housing.

ROLES AND RESPONSIBILITIES

CES involves cross-system collaboration and communication between the CES lead agency, the CES virtual front door (VFD), CES access points, and Housing Providers.

~~CES LEAD~~CES Lead

The CES lead agency, County of Orange, is empowered by the ~~Continuum of Care (~~CoC~~)~~ to manage the process of determining and updating the prioritization for all CoC funded ~~permanent supportive housing (PSH) and CoC and ESG funded rapid rehousing (RRH)~~PSH, RRH, homeless prevention, interim housing and emergency shelter programs, including any survivor- dedicated resources as well as any other housing resources that voluntarily or are required locally or by the State to participate in the CES. The lead agency will work collaboratively with the CES Steering Committee, a committee of the CoC Board, to develop and review CES policies and procedures every five years, at minimum. The CES lead agency operates the CES based on the CoC Board approved CES policies and procedures.

The CES lead agency's responsibilities include:

- Facilitating referrals between CES for Individuals, Families and Survivors.
- Collecting CES data to report to HUD.
- Providing support to CES access points and Housing Providers participating in CES.

CES Virtual Front Door (VFD)

The CES VFD is contracted by the CES lead to develop and manage a VFD infrastructure, including the operation of a centralized information and referral process for connecting eligible households to a CES access point.

The CES VFD's responsibilities include:

- Facilitating referrals to CES access points for eligible households.
- Screening for sub-population specific service needs, including survivors, transitional aged youth (TAY), veterans, and family status.

CES Access Points

CES access points are homeless service providers in the community that serve as entry points into CES as well as offer additional assistance via referrals and other services to help support households experiencing a housing crisis. Access points include mobile street outreach teams, navigation centers, emergency shelters and supportive services agencies.

CES access point responsibilities include:

- Connect eligible households with CES through a standard assessment process.
- Offer additional services and resources to support with housing crisis needs.
- Represent the household's needs in CES.
- Maintain accurate and timely data in HMIS or a comparable database for survivors.

Matchmakers

Matchmakers are CES Administrators that manage the CES prioritization and referral process. Matchmakers work collaboratively with access points and housing providers to support a successful referral process while prioritizing the most vulnerable households.

Matchmaker responsibilities include:

- Facilitating referrals for shelter, housing, and supportive services resources, including survivor-specific ESG- and CoC-funded resources.
- Facilitating referrals between CES for Individuals, Families and Survivors.
- Providing support to CES access points and Housing Providers participating in CES.

Housing Providers

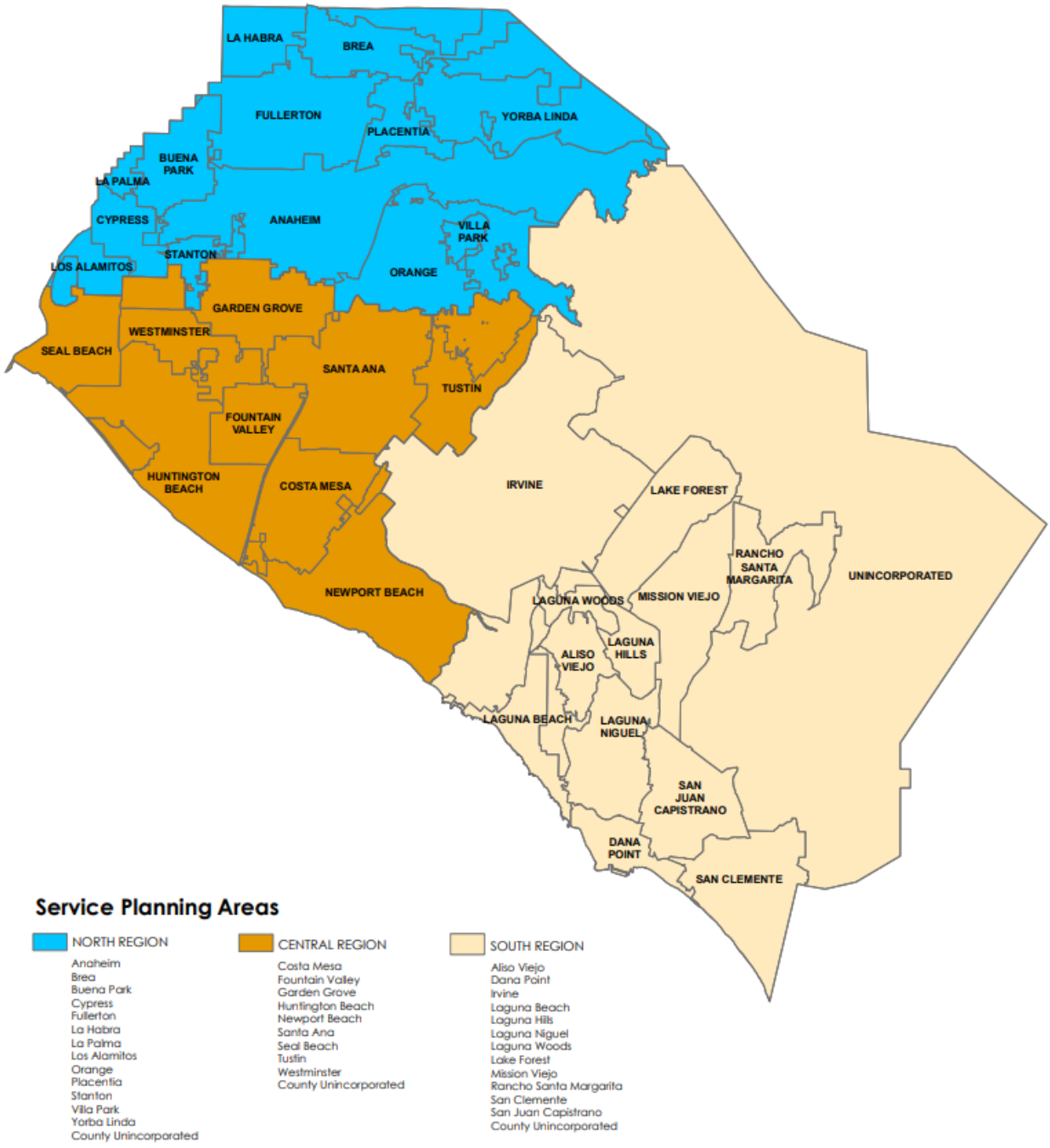
Housing Providers are agencies that provide resources for people at risk of homelessness or experiencing homelessness. Housing Provider resources include shelter, supportive services, homeless prevention assistance, rapid rehousing, permanent supportive housing and other permanent housing. All CoC- and ESG-funded programs are required to participate in CES as Housing Providers.

Housing Provider responsibilities include:

- Notifying CES through HMIS or a comparable database for survivors when a program has an opening and is able to accept referrals.
- Clearly communicate eligibility requirements for available resources.
- Accept referrals for the available resources exclusively through CES.
- Maintain accurate and timely data in HMIS or a comparable database for survivors.

PLANNING

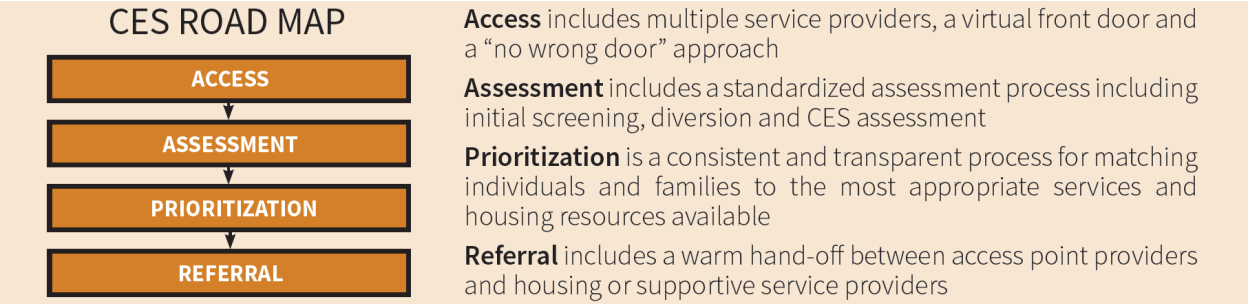
The Orange County CoC CES serves people experiencing homelessness in the CA-602 Orange County CoC, which covers the entire geographic area of Orange County. To ensure full coverage of Orange County's geographic area, the CoC utilizes ~~Service Planning Areas~~SPAs to allow for targeted services and resource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



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

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

CES is dedicated to ensuring that households fleeing or attempting to flee domestic violence have safe, low-barrier, survivor-centered access to all resources available through CES. HUD defines "domestic violence" as including dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in, or they are afraid to return to, their primary nighttime residence (including human trafficking). These policies and procedures refer to this population collectively as "survivors."



ACCESS

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

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

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

Access to CES occurs after a person's immediate crisis needs have been identified and their basic client information has been entered into ~~the Homeless Management Information System (HMIS)~~HMIS or a comparable database for survivors. Throughout Orange County, an array of

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

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

Access Model

The Orange County CES is comprised of three systems: CES for Individuals, CES for Families and CES for Survivors. In addition, CES operates two by-name registries, a Veteran Registry for Veterans composed of veteran households with or without minor children participating in any of the three components of CES and a Transitional Aged Youth (TAY) Registry composed of all households with an adult head of household aged 18-24 years old with or without minor children participating in any of the three components of CES. All CES systems work collaboratively and follow all CES policies and procedures.

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

Orange County CES ~~does not prohibit or create~~is intended to reduce barriers to available emergency services through streamlined and transparent access. In addition, people experiencing homelessness may access emergency services not participating in CES and, when immediate access to emergency services is available at emergency services that participate in CES, people may access emergency services during hours when CES intake and assessment processes are not operating and then be connected wot CES as soon as the intake and assessment processes are operating. ~~Access to available emergency services are independent of the operating hours or coordinated intake and assessment processes for CES.~~ Completing the standardized ~~housing assessment~~Housing Assessment is not a requirement and no individual or family will be denied access to the crisis response system based on willingness to participate in the Housing Assessment~~assessment~~ process. Regardless of people's willingness to complete the standardized CES Housing Assessment~~assessment~~, people will be warmly welcomed into emergency shelters and/or other emergency services, as available.

Although there are separate systems for individuals ~~and~~, families and survivors, the Orange County CES offers a "no wrong door" approach with a standardized assessment at all access points. Initial standardized screening using a Pre-Assessment Screening tool at the VFD and each access point allows for immediate linkage to the appropriate subpopulation access point. CES ensures that veterans, TAY and survivors can access both subpopulation specific resources and non-dedicated resources referred through CES regardless of the access point where they present. This provides individuals and families experiencing homelessness a variety of avenues from which to access housing and supportive services, and no one is turned away.

Individuals and families experiencing a housing crisis in Orange County have two ways to connect with CES:

Virtual Access by Contacting the Virtual Front Door (VFD):

Individuals or families experiencing homelessness or at risk of experiencing homelessness can call 2-1-1 at any time, day or night, and will be connected with a certified multi-lingual referral specialist who can make referrals to appropriate emergency services based on individual and family service needs and Service Planning Area location. 211OC, as the CES VFD will also provide referrals to CES access points.

If the VFD referral specialists receive a call from a household that is experiencing homelessness or at risk of homelessness as defined by HUD, the VFD staff will screen the household for survivor, TAY and veteran status as well as household composition.

If the household identifies as including survivors, and requests to be quickly connected to survivor-specific housing options or other assistance for survivors (such as emergency shelter, counseling, etc.), VFD staff will make a warm handoff to a victim service provider serving as a CES access point. Survivors are not required to be referred to a victim service provider and may accept a referral to any appropriate CES access point if there is not a specific request for survivor-specific services.

If the head of household identifies as a TAY, VFD staff will provide referrals to CES access points that provide specialized TAY-specific services. TAY are not required to accept a referral to a TAY provider and may accept a referral to any appropriate CES access point if there is not a specific request for TAY-specific services.

If the household identifies as included a veteran, VFD staff will provide referrals to CES access points that provide specialized veteran-specific services. Veterans are not required to accept a referral to a veteran provider and may accept a referral to any appropriate CES access point if there is not a specific request for veteran-specific services.

If a household identifies as a family that includes minor children, the household will be referred to a family access point. If the household identifies as an adult-only household, the household will be referred to an individual access point. Family and individual access points include access points providing specialized subpopulation services for survivors, TAY and veterans and access points that provide generalized services for people experiencing homelessness or who are at risk of homelessness.

Direct Access by Presenting at an Individual or Family Access Point:

Eligible households may access CES by connecting directly with a CES access point. All access points will screen all households for survivor, TAY and veteran status using the Pre-Assessment Screening tool and receive regular training on conducting these screenings in a survivor-centered, trauma-informed manner.

If the household identifies as including survivors, and requests to be connected to survivor-specific housing options or other assistance for survivors (such as emergency shelter, counseling, etc.), access point staff will immediately offer a referral to a victim service provider serving as a CES access point.

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

Accessibility

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

Safety Planning

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

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

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

~~Virtual Access~~

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

ASSESSMENT

CES utilizes a standardized assessment process. The standardized CES assessment process is consistent across all access points including street outreach teams.
CES uses the following standardized assessment tools:

- Pre-Assessment Screening
- Shelter Assessment
- Housing Assessment
- Survivor Assessment
- Stepping Up Assessment
- Moving On Assessment
- Prevention Assessment

The Pre-Assessment Screening is completed to determine specialized services needs and guide referrals to appropriate subpopulation specific service providers.

The Shelter Assessment is completed to connect people with shelter opportunities available through CES and is used to collect information to assist with determining homelessness, vulnerability, accessibility needs and eligibility for shelter programs.

The standardized Housing ~~a~~Assessment is completed to connect people with housing opportunities available through CES and is separated into sections which assist in determining homelessness, vulnerability, strengths, barriers and other criteria related to eligibility for housing programs. ~~The standardized CES assessment process is consistent across all access points including street outreach teams.~~

The Survivor Assessment is completed by victim service providers to assess for survivor survivor-dedicated resources available through CES for Survivors as well as resources available through CES for Individuals or Families. Only victim service providers can administer the Survivor Assessment which is used to submit de-identified vulnerability, housing interests and eligibility information to CES.

The Stepping Up Assessment is completed with households that are currently housed through a rapid rehousing program who need a more intensive housing intervention to maintain housing stability and is separated into two sections to collect information on eligibility and vulnerability.

The standardized Moving On Assessment is completed with household that are currently housed in a permanent supportive housing program who would like to be considered for a less intensive housing intervention and is separated into two sections to collect information on eligibility and housing stability.

The Prevention Assessment is completed with households at risk of homelessness and is separated into sections which assist in determining at risk of homelessness status, vulnerability and eligibility for homeless prevention resources.

Prior to completing the standardized CES assessment process, access points assess and address immediate needs followed by efforts to prevent homelessness or divert from experiencing ongoing homelessness. Services, shelter and housing resources available through CES are limited, so access points will also assist individuals and families with identifying services, shelter and/or housing resources and solutions available outside of CES. If referrals to shelter resources available through CES are required, access point staff begin completing the Shelter Assessment. If referrals to housing resources available through CES are required, access point staff begin completing the ~~CES assessment~~Housing Assessment with the individual or family experiencing homelessness. The CES assessments may be completed during a single session or over time as immediate needs are addressed and rapport is developed between access point staff and the individuals or families experiencing homelessness or at risk of homelessness.

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

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

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

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

CES assessments are completed by access points in HMIS except for victim service providers who are prohibited from using HMIS. Victim service providers will use the following process to communicate the outcome of the Survivor Assessment to CES for prioritization and referral to both survivor-dedicated resources and resources accessed through CES for Individuals and Families:

- Assessors will submit de-identified assessment information to CES through Microsoft Forms. De-identified information will include:
  - A unique identifier that victim service provider staff will create and use to identify the household.
  - Eligibility and vulnerability information necessary to determine prioritization for available housing and resources.
  - Housing interests in order to make the most appropriate housing referrals based on the household's identified housing needs.

In support of the participant's self-determination and autonomy, CES participants are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. Participants who decline to complete ~~the~~ CES

assessments or provide incomplete information will be informed by the assessor that incomplete assessment information may limit housing opportunities if the incomplete questions are related to eligibility criteria for specific programs.

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

Providers serving as access points have completed training on conducting the standardized CES assessments and entering data into HMIS or a comparable database for victim service providers. Updated training is provided at least annually. Ongoing support and training are available upon request and as resources permit.

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

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

PRIORITIZATION

When the need for services is greater than resources available, CES utilizes an established prioritization schema approved by the CoC Board to connect individuals and families experiencing homelessness or at risk of homelessness with shelter, housing and supportive services available ~~housing opportunities~~through CES. CES has no authority over services, shelter and housing programs that do not participate in CES. Services available through CES include some, but not all, housing navigation and stabilization services. Shelter opportunities available through CES include some, but not all, of the emergency shelter, interim housing and transitional housing operating in Orange County. Housing opportunities available through CES include some, but not all, Permanent Supportive Housing, Housing Choice Vouchers, Rapid Rehousing, and other housing opportunities ~~as they become available~~. At minimum, all CoC and ~~Emergency Solutions Grants (~~ESG~~)~~ funded services, shelter and housing ~~opportunities~~ will prioritize individuals and families with the most urgent and severe needs on the CES prioritization list following the prioritization process described below who are eligible for the service, shelter or housing opportunity available through. Other service, shelter or housing resources will be encouraged, but not required, to participate in CES if privately or alternatively funded.

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

connect individuals and families experiencing homelessness with ~~available~~ services, shelter and housing opportunities available through CES by completing the Shelter Assessment and/or the Housing Assessment.

In addition, some shelters in Orange County receive referrals through CES. CES will prioritize individuals and families for shelter opportunities available through CES using the prioritization process described below.

Prevention and diversion services are a critical part of CES and may occur prior to ~~engaging in~~completing the CES assessments or during the process of participating in CES for individuals and families experiencing homelessness or at risk of homelessness. Prevention and diversion are key components of CES that should be utilized in case management and housing plans for all individuals and families experiencing homelessness or at risk of homelessness in Orange County. Some, but not all, prevention and diversion services are available through CES. Individuals and ~~Families~~ families at risk of homelessness and in need of homeless prevention services, should dial 2-1-1 to receive a referral to available homeless prevention services. In instances where there are no appropriate prevention referrals, 2-1-1 will attempt to connect participants to alternate resources.

CES prioritization is a dynamic process. For all services, shelter and housing opportunities available through CES, CES will prioritize individuals and families with the longest length of homelessness in the community as collected in HMIS following the most recent HMIS Data Standards and highest service needs as determined using CES program intake, the standardized CES assessments ~~tools~~ and case conferencing amongst the CES participating agencies, as needed and appropriate. The case conferencing occurring with CES participating agencies is aimed at ensuring the individuals and families are prioritized per the CES policy for services, shelter and housing opportunities appropriate to their service needs according to their current circumstances. A regional ~~Service Planning Area~~SPA distribution prioritization based on the most recent finalized point in time count is used to distribute non-geographically designated ~~County~~ resources by ~~Service Planning Area~~SPA to avoid forcing individuals or families to move long distances unless by participant choice.

The primary factors considered during prioritization ~~is~~ are chronic homelessness as defined in 24 CR 578.3, length of the current episode of homelessness and permanent disabling conditions as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)). The current episode of homelessness starts when the individual or family begins experiencing homelessness as defined in Attachment A after residing in permanent or temporary housing for at least seven nights or staying in an institution for 90 days or more. Another factor in the prioritization process is connection to shelter, which is aimed at increasing system flow and maximizing limited shelter and housing resources. The sole prioritization factor for households experiencing chronic homelessness will be length of the current episode of homelessness. For households experiencing literal homelessness and not chronic homelessness, the prioritization factors are length of the current episode of homelessness, disabling conditions and shelter status. Exceptions to the prioritization may be made through case conferencing amongst the CES participating agencies~~and~~ as appropriate to meet specialized client needs and agreed to through consensus by the CES participating agencies. In addition, case conferencing amongst the CES participating agencies will be employed to ensure ~~housing~~ resources are aligned to client needs and promote effective resource utilization.

All services, shelter and housing opportunities available through CES, except survivor-specific resources, will prioritize chronically homeless individuals and families as defined in 24 CFR 578.3 that are the most appropriate and eligible referral to the available resource. Chronically homeless individuals and families with the longest length of the current episode of homelessness and with the most significant service needs will be prioritized over chronically homeless individuals and families with shorter lengths of homelessness and less significant needs following the prioritization process described above. Case conferencing amongst the CES participating agencies will occur as needed to ensure that the available resource best meets the needs of the individual or family being prioritized by the CES prioritization policy.

Survivor-specific resources will prioritize survivors with the highest score on the Survivor Assessment who are interested and eligible for the available survivor-specific housing resource.

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

Tenant-based and project-based PSH tenants are permitted to move between PSH opportunities and/or graduate to HCVs, as available and eligible. Movement between PSH opportunities is determined and agreed upon by the housing providers. Rapid rehousing participants and permanent supportive housing tenants eligible to complete the Stepping Up and Moving On Assessments are prioritized for housing opportunities available through CES. Households with the highest score on the Moving On Assessment will be prioritized first followed by households with the highest score on the Stepping Up Assessment. Moving On Assessments with the highest score will be prioritized for all housing opportunities available through CES in order to increase access to permanent supportive housing for people experiencing chronic homelessness with severe service needs. Vacancies created through tenant movement must be refilled through CES using CES prioritization criteria.

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

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

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

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

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

Disaster Prioritization

CES seeks to be a strong and effective partner to our community in the event of a local, state or national disaster. The County of Orange, as the CES lead, reserves the right to focus all resources available through CES to affected populations who are eligible for the available resource. In these situations, CES may modify the prioritization policy to prioritize households impacted by the disaster using the prioritization process described above.

REFERRAL

Service, shelter and ~~H~~housing providers participating in CES share available service, shelter and housing opportunities through HMIS or a comparable database selected by the County of Orange. Service opportunities are matched as needed based on availability and the housing resource identified. Shelter opportunities are matched daily during business hours as opportunities become available. Housing opportunities are discussed weekly at the Housing Placement Match Meetings (HPMM) and matched to eligible individuals and families as prioritized by the prioritization schema. The meetings are attended by participating access points, referral partners and housing providers. All information shared at the HPMM is private and confidential. To attend the HPMM, attendees are required to review client privacy and confidentiality requirements and attest to complying with the privacy and confidentiality requirements. Victim service providers are not required to attend the HPMM. Survivors prioritized through CES for Individuals or Families will be considered for all resources available through CES for which they are interested and eligible.

Referrals will be provided by email to the access point and the housing provider.

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

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

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

~~Housing~~ Service, shelter and housing providers may deny a referral from CES under any of the following circumstances:

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

Referrals denied by service, shelter and housing providers must be made in writing if not matched through HMIS or electronically in HMIS and include the reason for denying the referral as well as any information obtained during the referral process that ensures accurate participant information and helps improve future referral processes.

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

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

EMERGENCY TRANSFER REQUEST POLICY

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

a. A sexual assault occurred on the premises of their HUD-funded housing program; or

b. Who reasonably believed that they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, stalking, or human trafficking if they remain in that designated HUD-Funded dwelling.

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

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

PRIVACY AND DATA MANAGEMENT

CES, as an extension of HMIS, is required to comply with all HMIS policies and procedures. All agency staff participating in CES are required to sign and comply with all HMIS policies and procedures. Victim service providers are not required to use CES for emergency services and cannot participate in HMIS. Victim service providers partnering with CES are required to use a comparable database managed by the CES lead.

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

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

GRIEVANCE PROCESS

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

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

EVALUATION

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

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

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

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

~~CES DOCUMENTS AND REGULATIONS~~

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

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

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

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

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

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

ATTACHMENT A

Chronic Homelessness Definition

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

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

*A "break" in homeless is considered to be 7 or more nights.

**An individual residing in an institutional care facility for less than 90 days does not constitute a break in homelessness.

~~—~~**Homeless Definition**

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

Category 1. Literally Homeless

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

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

Category 2. Imminent Risk of Homelessness

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

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

Category 3. Homeless under other Federal statutes

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

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

Category 4. Fleeing/Attempting to Flee Domestic Violence

Any individual or family who:

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

At Risk of Homelessness Definition

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

Category 1. Individuals and Families

An individual or family who:

- Has an annual income below 30% of median family income for the area; and
- Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition; and
- Meets one of the following conditions:
    - Has moved because of economic reasons 2 or more times during the 60 days immediately proceeding the application for assistance; or
    - Is living in the home of another because of economic hardship; or
    - Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; or
    - Lives in a hotel or motel and the cost is not paid for by a charitable organization or by Federal, State, or local government programs for low-income individuals; or

- Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; or
- Is exiting a publicly funded institution or system of care; or
- Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan.

Category 2. Unaccompanied Children and Youth

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

Category 3. Families with Children and Youth

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

COORDINATED ENTRY SYSTEM POLICIES AND PROCEDURES

Date Approved by Continuum of Care Board: TBD

GOAL

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

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

CES is required to incorporate all programs funded through the Continuum of Care (CoC) and the Emergency Solutions Grants (ESG). Other services, shelter and housing program receiving funding other than CoC and ESG funding may voluntarily participate in CES. While the goal is to incorporate as many homeless service programs as possible, including supportive services, shelter and housing, into CES, not all supportive service, shelter or housing programs participate in CES.

These policies and procedures cover referrals for all resources available through CES, including:

- all CoC- and ESG-funded programs, including survivor dedicated resources
- local and state funded programs required to participate in CES
- any resources that voluntarily participate in CES

CES DOCUMENTS AND REGULATIONS

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

HUD Coordinated Entry Notice CPD-17-01 - Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System: This Notice establishes new requirements that CoC and ESG programs must meet regarding participation in CES.

HUD Prioritization Notice CPD-16-11 – Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing: This Notice establishes a recommended order of priority for CoC-funded permanent supportive

housing to serve households experiencing chronic homelessness with the most severe service needs first.

Continuum of Care (CoC) Program Interim Rule 24 CFR 578: The CoC program interim rule provides guidance on the regulatory implementation of the CoC Program, including CES.

Emergency Solutions Grants Interim Rule 24 CFR 576: The ESG interim rule provides guidance on the regulatory implementation of the ESG Program, including the use of CES.

McKinney-Vento Homeless Assistance Act, As Amended by S. 896 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009: McKinney-Vento and the HEARTH Act establish a definition of homelessness and consolidated three HUD programs into a single program known as the CoC Program.

Criteria and Recordkeeping Requirements for Definition of Homelessness and Homeless Definition Final Rule: The Homeless Definition Final Rule defines homelessness and record keeping requirements, including the use of third-party verification and self-certification of homelessness.

Defining Chronically Homeless Final Rule: This rule establishes a definition of chronic homelessness and record keeping requirements, including the use of third-party verification an self-certification of homelessness and sources of verification of disabling conditions.

HUD Equal Access rule: 24 CFR 5: This rule ensures equal access to programs and shelters administered by HUD in accordance with their gender identity, sexual orientation, or marital status.

Homeless Management Information Systems (HMIS) Data Standards: These documents describe the standardized data collection and the documentation requirements for the programming and use of all HMIS and comparable data systems.

COMMON TERMS AND DEFINITIONS

Access Point refers to the point of entry into CES for households experiencing homelessness or at risk of homelessness.

Bed Reservation System Assessment is a standardized process for determining a household's shelter needs and interests.

Case Conferencing involves exchanging information between service providers participating in CES to enhance service coordination, minimize duplication in services and expedite access to services when needed and available. The case conferencing is aimed at ensuring that individuals and families being prioritized for a housing resource per the CES policy can have their service needs adequately met and the housing resource is an appropriate match.

Continuum of Care (CoC) is a regional or local planning body that coordinates housing and service funding for individuals and families experiencing homelessness. The CoC strategizes the community plan to organize and deliver housing and services to meet the specific needs of people who are experiencing homelessness as they move to stable housing and maximize self-sufficiency.

Diversion in CES refers to problem-solving strategies used to reduce the length of time that people experience homelessness by accessing alternatives to entering emergency shelter or living in places not meant for human habitation.

Emergency Shelter means any facility with the primary purpose of providing temporary shelter for people experiencing homelessness which does not require participant to sign leases or occupancy agreements.

Episode of Homelessness is a period of time that an individual or family is experiencing homelessness as defined in the homeless definition included in Attachment A. Episodes of homelessness are separated by permanent or temporary housing of at least seven nights or stays in an institution of 90 days or more.

Homeless Management Information System (HMIS) refers to the United States Department of Housing and Urban Development mandated database used to collect participant-level data on the provision of housing and services to individuals and families experiencing homelessness, as well as individuals and families at risk of homelessness. HMIS is required to follow data standards established by the United States Department of Housing and Urban Development.

Homeless Prevention is services and/or financial assistance to prevent people from experiencing homelessness.

Housing means community-based housing without a designated length of stay and includes permanent supportive housing and rapid rehousing.

Housing Assessment is a standardized process of determining a household's permanent housing and service needs and interests.

Housing First is an approach that prioritizes connecting people experiencing homelessness to housing as quickly as possible to end their homelessness. Housing fist prioritizes client choice in the housing process and supportive service participation.

Interim Housing is a type of emergency shelter that provides temporary shelter for people experiencing homelessness, meet basic needs such as food, safety, and hygiene, and be supported to see and obtain housing.

Permanent Supportive Housing (PSH) is housing that includes supportive service to assist formerly homeless individuals and families with a disabling condition to live independently and maintain housing stability.

Rapid rehousing (RRH) is housing with time limited rental assistance and supportive services to assist individuals and families experiencing homelessness, with or without a disabling condition, move as quickly as possible into housing and maintain housing stability. For RRH opportunities, the maximum amount of rent that a participant may pay can be up to 100% of the rental amount. In general, the goal will be that participants pay no more than 50% of their income in rent at RRH program completion.

Service Planning Area (SPA) is a regional sector within Orange County. The three geographic regions are the North, Central and South Service Planning Areas designated to improve service

coordination and align resources among regional cities in Orange County. Reference the Planning section for the Service Planning Areas.

Shelter collectively refers to emergency shelter, including Interim Housing, and transitional housing. These are temporary living situations provided to meet basic needs while the individual or family experiencing homelessness does not have permanent housing.

Transitional Housing means temporary, supportive housing, where all participants have signed a lease or occupancy agreement, with the primary purpose of facilitating movement of individuals and families experiencing homelessness into permanent housing. Transitional housing is generally provided for a limited time period, from two weeks up to 24 months.

United States Department of Housing and Urban Development (HUD) is a cabinet-level agency that oversees federal programs designed to help Americans with their housing needs. HUD seeks to increase access to affordable housing.

ROLES AND RESPONSIBILITIES

CES involves cross-system collaboration and communication between the CES lead agency, the CES virtual front door (VFD), CES access points, and Housing Providers.

CES Lead

The CES lead agency, County of Orange, is empowered by the CoC to manage the process of determining and updating the prioritization for all CoC funded PSH, RRH, homeless prevention, interim housing and emergency shelter programs, including any survivor- dedicated resources as well as any other housing resources that voluntarily or are required locally or by the State to participate in the CES. The lead agency will work collaboratively with the CES Steering Committee, a committee of the CoC Board, to develop and review CES policies and procedures every five years, at minimum. The CES lead agency operates the CES based on the CoC Board approved CES policies and procedures.

The CES lead agency's responsibilities include:

- Facilitating referrals between CES for Individuals, Families and Survivors.
- Collecting CES data to report to HUD.
- Providing support to CES access points and Housing Providers participating in CES.

CES Virtual Front Door (VFD)

The CES VFD is contracted by the CES lead to develop and manage a VFD infrastructure, including the operation of a centralized information and referral process for connecting eligible households to a CES access point.

The CES VFD's responsibilities include:

- Facilitating referrals to CES access points for eligible households.
- Screening for sub-population specific service needs, including survivors, transitional aged youth (TAY), veterans, and family status.

CES Access Points

CES access points are homeless service providers in the community that serve as entry points into CES as well as offer additional assistance via referrals and other services to help support households experiencing a housing crisis. Access points include mobile street outreach teams, navigation centers, emergency shelters and supportive services agencies.

CES access point responsibilities include:

- Connect eligible households with CES through a standard assessment process.
- Offer additional services and resources to support with housing crisis needs.
- Represent the household's needs in CES.
- Maintain accurate and timely data in HMIS or a comparable database for survivors.

Matchmakers

Matchmakers are CES Administrators that manage the CES prioritization and referral process. Matchmakers work collaboratively with access points and housing providers to support a successful referral process while prioritizing the most vulnerable households.

Matchmaker responsibilities include:

- Facilitating referrals for shelter, housing, and supportive services resources, including survivor-specific ESG- and CoC-funded resources.
- Facilitating referrals between CES for Individuals, Families and Survivors.
- Providing support to CES access points and Housing Providers participating in CES.

Housing Providers

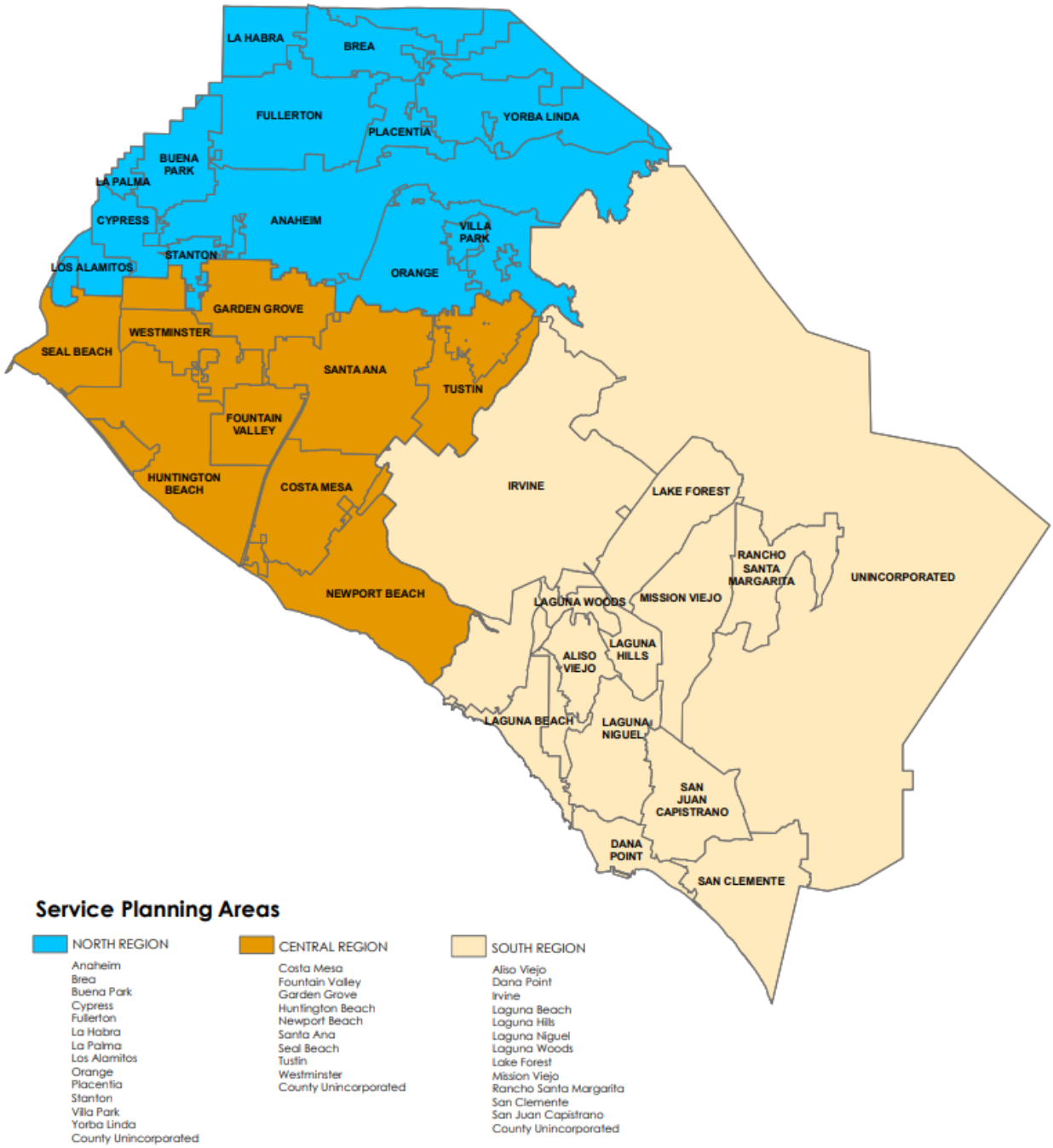
Housing Providers are agencies that provide resources for people at risk of homelessness or experiencing homelessness. Housing Provider resources include shelter, supportive services, homeless prevention assistance, rapid rehousing, permanent supportive housing and other permanent housing. All CoC- and ESG-funded programs are required to participate in CES as Housing Providers.

Housing Provider responsibilities include:

- Notifying CES through HMIS or a comparable database for survivors when a program has an opening and is able to accept referrals.
- Clearly communicate eligibility requirements for available resources.
- Accept referrals for the available resources exclusively through CES.
- Maintain accurate and timely data in HMIS or a comparable database for survivors.

PLANNING

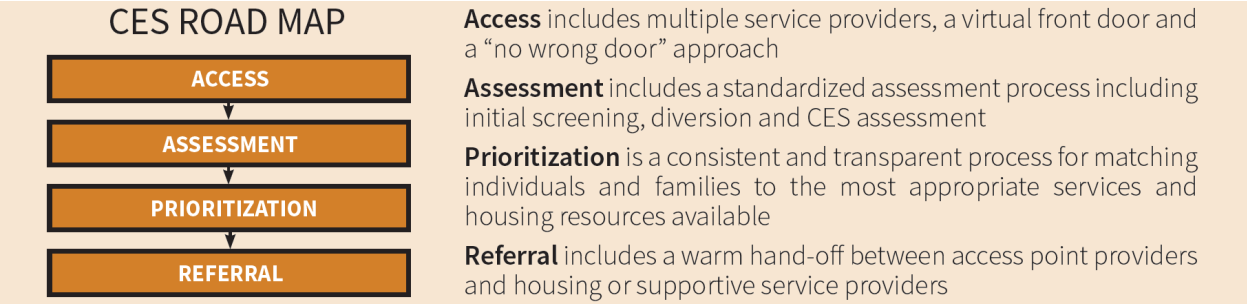
The Orange County CoC CES serves people experiencing homelessness in the CA-602 Orange County CoC, which covers the entire geographic area of Orange County. To ensure full coverage of Orange County's geographic area, the CoC utilizes SPAs to allow for targeted services and resource allocation and regional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



All households who meet the HUD definition of homelessness or at risk of homelessness are eligible to participate in CES. For definitions, please see Attachment A.

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

CES is dedicated to ensuring that households fleeing or attempting to flee domestic violence have safe, low-barrier, survivor-centered access to all resources available through CES. HUD defines "domestic violence" as including dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in, or they are afraid to return to, their primary nighttime residence (including human trafficking). These policies and procedures refer to this population collectively as "survivors."



ACCESS

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

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

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

Access to CES occurs after a person's immediate crisis needs have been identified and their basic client information has been entered into HMIS or a comparable database for survivors. Throughout Orange County, an array of homeless service providers serves as access points. Access points include mobile street outreach teams, navigation centers, emergency shelters and

a virtual front door. Access points are distributed geographically throughout the County in all three Service Planning Areas (North, Central, and South) and the virtual front door provides access 24 hours a day through a call center and online access.

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

Access Model

The Orange County CES is comprised of three systems: CES for Individuals, CES for Families and CES for Survivors. In addition, CES operates two by-name registries, a Veteran Registry for Veterans composed of veteran households with or without minor children participating in any of the three components of CES and a Transitional Aged Youth (TAY) Registry composed of all households with an adult head of household aged 18-24 years old with or without minor children participating in any of the three components of CES. All CES systems work collaboratively and follow all CES policies and procedures.

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

Orange County CES is intended to reduce barriers to available emergency services through streamlined and transparent access. In addition, people experiencing homelessness may access emergency services not participating in CES and, when immediate access to emergency services is available at emergency services that participate in CES, people may access emergency services during hours when CES intake and assessment processes are not operating and then be connected wot CES as soon as the intake and assessment processes are operating. Completing the standardized Housing Assessment is not a requirement and no individual or family will be denied access to the crisis response system based on willingness to participate in the Housing Assessment process. Regardless of people's willingness to complete the standardized CES Housing Assessment, people will be warmly welcomed into emergency shelters and/or other emergency services, as available.

Although there are separate systems for individuals, families and survivors, the Orange County CES offers a "no wrong door" approach with a standardized assessment at all access points. Initial standardized screening using a Pre-Assessment Screening tool at the VFD and each access point allows for immediate linkage to the appropriate subpopulation access point. CES ensures that veterans, TAY and survivors can access both subpopulation specific resources and non-dedicated resources referred through CES regardless of the access point where they present. This provides individuals and families experiencing homelessness a variety of avenues from which to access housing and supportive services, and no one is turned away.

Individuals and families experiencing a housing crisis in Orange County have two ways to connect with CES:

Virtual Access by Contacting the Virtual Front Door (VFD):

Individuals or families experiencing homelessness or at risk of experiencing homelessness can call 2-1-1 at any time, day or night, and will be connected with a certified multi-lingual referral specialist who can make referrals to appropriate emergency services based on individual and family service needs and Service Planning Area location. 211OC, as the CES VFD will also provide referrals to CES access points.

If the VFD referral specialists receive a call from a household that is experiencing homelessness or at risk of homelessness as defined by HUD, the VFD staff will screen the household for survivor, TAY and veteran status as well as household composition.

If the household identifies as including survivors, and requests to be quickly connected to survivor-specific housing options or other assistance for survivors (such as emergency shelter, counseling, etc.), VFD staff will make a warm handoff to a victim service provider serving as a CES access point. Survivors are not required to be referred to a victim service provider and may accept a referral to any appropriate CES access point if there is not a specific request for survivor-specific services.

If the head of household identifies as a TAY, VFD staff will provide referrals to CES access points that provide specialized TAY-specific services. TAY are not required to accept a referral to a TAY provider and may accept a referral to any appropriate CES access point if there is not a specific request for TAY-specific services.

If the household identifies as included a veteran, VFD staff will provide referrals to CES access points that provide specialized veteran-specific services. Veterans are not required to accept a referral to a veteran provider and may accept a referral to any appropriate CES access point if there is not a specific request for veteran-specific services.

If a household identifies as a family that includes minor children, the household will be referred to a family access point. If the household identifies as an adult-only household, the household will be referred to an individual access point. Family and individual access points include access points providing specialized subpopulation services for survivors, TAY and veterans and access points that provide generalized services for people experiencing homelessness or who are at risk of homelessness.

Direct Access by Presenting at an Individual or Family Access Point:

Eligible households may access CES by connecting directly with a CES access point. All access points will screen all households for survivor, TAY and veteran status using the Pre-Assessment Screening tool and receive regular training on conducting these screenings in a survivor-centered, trauma-informed manner.

If the household identifies as including survivors, and requests to be connected to survivor-specific housing options or other assistance for survivors (such as emergency shelter, counseling, etc.), access point staff will immediately offer a referral to a victim service provider serving as a CES access point.

Accessibility

Orange County CES ensures that access points are accessible to all individuals and families, including those with disabilities and limited English proficiency. In cases where particular access points are inaccessible for participants for any reason including, but not limited to, structural

barriers, language barriers, or transportation limitations, individuals and families will be accommodated at alternative access points or by a street outreach team with the appropriate auxiliary aids and services necessary to ensure effective communication and completion of the standardized assessment.

Safety Planning

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

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

ASSESSMENT

CES utilizes a standardized assessment process. The standardized CES assessment process is consistent across all access points including street outreach teams. CES uses the following standardized assessment tools:

- Pre-Assessment Screening
- Shelter Assessment
- Housing Assessment
- Survivor Assessment
- Stepping Up Assessment
- Moving On Assessment
- Prevention Assessment

The Pre-Assessment Screening is completed to determine specialized services needs and guide referrals to appropriate subpopulation specific service providers.

The Shelter Assessment is completed to connect people with shelter opportunities available through CES and is used to collect information to assist with determining homelessness, vulnerability, accessibility needs and eligibility for shelter programs.

The standardized Housing Assessment is completed to connect people with housing opportunities available through CES and is separated into sections which assist in determining homelessness, vulnerability, strengths, barriers and other criteria related to eligibility for housing programs.

The Survivor Assessment is completed by victim service providers to assess for survivor survivor-dedicated resources available through CES for Survivors as well as resources available through CES for Individuals or Families. Only victim service providers can administer the Survivor Assessment which is used to submit de-identified vulnerability, housing interests and eligibility information to CES.

The Stepping Up Assessment is completed with households that are currently housed through a rapid rehousing program who need a more intensive housing intervention to maintain housing stability and is separated into two sections to collect information on eligibility and vulnerability.

The standardized Moving On Assessment is completed with household that are currently housed in a permanent supportive housing program who would like to be considered for a less intensive housing intervention and is separated into two sections to collect information on eligibility and housing stability.

The Prevention Assessment is completed with households at risk of homelessness and is separated into sections which assist in determining at risk of homelessness status, vulnerability and eligibility for homeless prevention resources.

Prior to completing the standardized CES assessment process, access points assess and address immediate needs followed by efforts to prevent homelessness or divert from experiencing ongoing homelessness. Services, shelter and housing resources available through CES are limited, so access points will also assist individuals and families with identifying services, shelter and/or housing resources and solutions available outside of CES. If referrals to shelter resources available through CES are required, access point staff begin completing the Shelter Assessment. If referrals to housing resources available through CES are required, access point staff begin completing the Housing Assessment with the individual or family experiencing homelessness. The CES assessments may be completed during a single session or over time as immediate needs are addressed and rapport is developed between access point staff and the individuals or families experiencing homelessness or at risk of homelessness.

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

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

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

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

CES assessments are completed by access points in HMIS except for victim service providers who are prohibited from using HMIS. Victim service providers will use the following process to communicate the outcome of the Survivor Assessment to CES for prioritization and referral to both survivor-dedicated resources and resources accessed through CES for Individuals and Families:

- Assessors will submit de-identified assessment information to CES through Microsoft Forms. De-identified information will include:
    - A unique identifier that victim service provider staff will create and use to identify the household.
    - Eligibility and vulnerability information necessary to determine prioritization for available housing and resources.
    - Housing interests in order to make the most appropriate housing referrals based on the household's identified housing needs.

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

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

Providers serving as access points have completed training on conducting the standardized CES assessments and entering data into HMIS or a comparable database for victim service providers. Updated training is provided at least annually. Ongoing support and training are available upon request and as resources permit.

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

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

PRIORITIZATION

When the need for services is greater than resources available, CES utilizes an established prioritization schema approved by the CoC Board to connect individuals and families experiencing homelessness or at risk of homelessness with shelter, housing and supportive services available through CES. CES has no authority over services, shelter and housing programs that do not participate in CES. Services available through CES include some, but not all, housing navigation and stabilization services. Shelter opportunities available through CES include some, but not all, of the emergency shelter, interim housing and transitional housing operating in Orange County. Housing opportunities available through CES include some, but not all, Permanent Supportive Housing, Housing Choice Vouchers, Rapid Rehousing, and other housing opportunities. At minimum, all CoC and ESG funded services, shelter and housing will prioritize individuals and families with the most urgent and severe needs on the CES prioritization list following the prioritization process described below who are eligible for the service, shelter or housing opportunity available through. Other service, shelter or housing resources will be encouraged, but not required, to participate in CES if privately or alternatively funded.

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

In addition, some shelters in Orange County receive referrals through CES. CES will prioritize individuals and families for shelter opportunities available through CES using the prioritization process described below.

Prevention and diversion services are a critical part of CES and may occur prior to completing the CES assessments or during the process of participating in CES for individuals and families experiencing homelessness or at risk of homelessness. Prevention and diversion are key components of CES that should be utilized in case management and housing plans for all individuals and families experiencing homelessness or at risk of homelessness in Orange County. Some, but not all, prevention and diversion services are available through CES. Individuals and families at risk of homelessness and in need of homeless prevention services, should dial 2-1-1 to receive a referral to available homeless prevention services. In instances where there are no appropriate prevention referrals, 2-1-1 will attempt to connect participants to alternate resources.

CES prioritization is a dynamic process. For all services, shelter and housing opportunities available through CES, CES will prioritize individuals and families with the longest length of homelessness in the community as collected in HMIS following the most recent HMIS Data Standards and highest service needs as determined using CES program intake, the standardized CES assessments and case conferencing amongst the CES participating agencies, as needed and appropriate. The case conferencing occurring with CES participating agencies is aimed at ensuring the individuals and families are prioritized per the CES policy for services, shelter and housing opportunities appropriate to their service needs according to their current circumstances. A regional SPA distribution prioritization based on the most recent finalized point in time count is

used to distribute non-geographically designated resources by SPA to avoid forcing individuals or families to move long distances unless by participant choice.

The primary factors considered during prioritization are chronic homelessness as defined in 24 CR 578.3, length of the current episode of homelessness and permanent disabling conditions as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)). The current episode of homelessness starts when the individual or family begins experiencing homelessness as defined in Attachment A after residing in permanent or temporary housing for at least seven nights or staying in an institution for 90 days or more. Another factor in the prioritization process is connection to shelter, which is aimed at increasing system flow and maximizing limited shelter and housing resources. The sole prioritization factor for households experiencing chronic homelessness will be length of the current episode of homelessness. For households experiencing literal homelessness and not chronic homelessness, the prioritization factors are length of the current episode of homelessness, disabling conditions and shelter status. Exceptions to the prioritization may be made through case conferencing amongst the CES participating agencies as appropriate to meet specialized client needs and agreed to through consensus by the CES participating agencies. In addition, case conferencing amongst the CES participating agencies will be employed to ensure resources are aligned to client needs and promote effective resource utilization.

All services, shelter and housing opportunities available through CES, except survivor-specific resources, will prioritize chronically homeless individuals and families as defined in 24 CFR 578.3 that are the most appropriate and eligible referral to the available resource. Chronically homeless individuals and families with the longest length of the current episode of homelessness and with the most significant service needs will be prioritized over chronically homeless individuals and families with shorter lengths of homelessness and less significant needs following the prioritization process described above. Case conferencing amongst the CES participating agencies will occur as needed to ensure that the available resource best meets the needs of the individual or family being prioritized by the CES prioritization policy.

Survivor-specific resources will prioritize survivors with the highest score on the Survivor Assessment who are interested and eligible for the available survivor-specific housing resource.

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

Tenant-based and project-based PSH tenants are permitted to move between PSH opportunities and/or graduate to HCVs, as available and eligible. Movement between PSH opportunities is determined and agreed upon by the housing providers. Rapid rehousing participants and permanent supportive housing tenants eligible to complete the Stepping Up and Moving On Assessments are prioritized for housing opportunities available through CES. Households with the highest score on the Moving On Assessment will be prioritized first followed by households with the highest score on the Stepping Up Assessment. Moving On Assessments with the highest score will be prioritized for all housing opportunities available through CES in order to increase access to permanent supportive housing for people experiencing chronic homelessness with severe service needs. Vacancies created through tenant movement must be refilled through CES using CES prioritization criteria.

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

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

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

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

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

Disaster Prioritization

CES seeks to be a strong and effective partner to our community in the event of a local, state or national disaster. The County of Orange, as the CES lead, reserves the right to focus all

resources available through CES to affected populations who are eligible for the available resource. In these situations, CES may modify the prioritization policy to prioritize households impacted by the disaster using the prioritization process described above.

REFERRAL

Service, shelter and housing providers participating in CES share available service, shelter and housing opportunities through HMIS or a comparable database selected by the County of Orange. Service opportunities are matched as needed based on availability and the housing resource identified. Shelter opportunities are matched daily during business hours as opportunities become available. Housing opportunities are discussed weekly at the Housing Placement Match Meetings (HPMM) and matched to eligible individuals and families as prioritized by the prioritization schema. The meetings are attended by participating access points, referral partners and housing providers. All information shared at the HPMM is private and confidential. To attend the HPMM, attendees are required to review client privacy and confidentiality requirements and attest to complying with the privacy and confidentiality requirements. Victim service providers are not required to attend the HPMM. Survivors prioritized through CES for Individuals or Families will be considered for all resources available through CES for which they are interested and eligible.

Referrals will be provided by email to the access point and the housing provider.

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

Upon referral to service, shelter and housing opportunities, service, shelter and housing providers will provide an overview of program expectations including the share of rent and utility costs to participants if applicable and maintain regular communication with access point staff and CES.

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

Service, shelter and housing providers may deny a referral from CES under any of the following circumstances:

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

Referrals denied by service, shelter and housing providers must be made in writing if not matched through HMIS or electronically in HMIS and include the reason for denying the referral as well as any information obtained during the referral process that ensures accurate participant information and helps improve future referral processes.

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

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

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

EMERGENCY TRANSFER REQUEST POLICY

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

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

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

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

PRIVACY AND DATA MANAGEMENT

CES, as an extension of HMIS, is required to comply with all HMIS policies and procedures. All agency staff participating in CES are required to sign and comply with all HMIS policies and procedures. Victim service providers are not required to use CES for emergency services and cannot participate in HMIS. Victim service providers partnering with CES are required to use a comparable database managed by the CES lead.

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

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

GRIEVANCE PROCESS

At any time during the coordinated entry process, participants have the right to file a complaint, should they feel that CES has not complied with the nondiscrimination and equal opportunity provisions of Federal civil rights law, fair housing laws and requirements, or the CES policies and procedures. During assessment, all CES participants will be provided with the process for filing a

complaint. All complaints will be addressed in a timely and fair manner. The following contacts are provided to participants for the purpose of addressing discrimination or grievance concerns:

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

EVALUATION

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

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

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

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

ATTACHMENT A

Chronic Homelessness Definition

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

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

*A “break” in homeless is considered to be 7 or more nights.

**An individual residing in an institutional care facility for less than 90 days does not constitute a break in homelessness.

Homeless Definition

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

Category 1. Literally Homeless

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

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

Category 2. Imminent Risk of Homelessness

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

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

Category 3. Homeless under other Federal statutes

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

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

Category 4. Fleeing/Attempting to Flee Domestic Violence

Any individual or family who:

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

At Risk of Homelessness Definition

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

Category 1. Individuals and Families

An individual or family who:

- Has an annual income below 30% of median family income for the area; and
- Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition; and
- Meets one of the following conditions:
    - Has moved because of economic reasons 2 or more times during the 60 days immediately proceeding the application for assistance; or
    - Is living in the home of another because of economic hardship; or
    - Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; or
    - Lives in a hotel or motel and the cost is not paid for by a charitable organization or by Federal, State, or local government programs for low-income individuals; or

- Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; or
- Is exiting a publicly funded institution or system of care; or
- Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan.

Category 2. Unaccompanied Children and Youth

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

Category 3. Families with Children and Youth

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

2023 CES POLICY FEEDBACK & QUESTIONS

The CES draft policies were available for public review and feedback from September 12th through September 27th. In addition, public listening sessions were facilitated on September 13th and September 18th. The feedback below was received in writing and during the public listening sessions.

In addition, feedback received from victim service providers on November 17, 2023, has been added in blue.

CES FOR SURVIVORS

I am excited about the work that was done through the domestic violence stakeholder committee.
How can the access points offer immediate referrals to a victim service provider serving as a CES access point? Is there a list of approved victim service provider access points for CES or is it the same victim service providers that are recommend through 211OC and other platforms?
Will Coordinated Entry be moving toward a survivor-centric case conferencing space now that we will have a component of CES for Survivors. Will it be integrated into all the systems, or will it be separate?
Will housing opportunities for survivors be separated for this population?
Do households that are interested in survivor resources need to connect with a victim service provider to access these resources?
How will the survivor workflow look like?
Will there be training provided to CES access points once these policies are approved?
Will the previous domestic violence specific policies and procedures document not exist at all anymore? There are some pieces and detail in that document that we may still want to update/maintain as it has more detail in some areas.
The 4 domestic violence Shelter Programs and Wise Place have been earmarked as domestic violence Access Points for CES. Please know that non-funded victim service providers may choose to be a part of CES as a domestic violence Access Point in a different capacity than the funded providers. As long as survivors are being helped, we support that. We would like to further discuss the referral process to the domestic violence Access Points when possible prior to any onboarding and training to help providers decide IF they will be a part of domestic violence CES.
We understand the domestic violence Comparable Database for CES will look similar to the emergency housing voucher spreadsheet, which was limited to the domestic violence Access Points and does not include any identifying information from survivors. We wanted to make sure that is correct?

We think it is important to clarify somewhere that CES for domestic violence is specifically for TH/RRH at this time. Because so many referrals are made for domestic violence Crisis Support and Emergency Shelter, we don't want it to be misleading that this CES will cover all domestic violence services.
We feel it is important to further discuss which agencies are being referred to because not all victim services providers may be a CES access point. We also want to ensure that the domestic violence resources that are not funded by HUD can be connected to quickly as these may be more crisis support requests for help.
Which victim service providers will receive referrals in which order?
We need to outline the matching process for domestic violence as it cannot be on the same timeline as emergency housing voucher or other CES programs. We don't want to slow down the process for linking survivor to provider and this needs further discussion. We also want to ensure continuity of services with the same agency if possible.
Which agencies will be included in the referral email?

ASSESSMENT

Will the survivor assessment be provided to domestic violence victims that are currently in the shelters?
Length of homelessness is NOT the prioritization used for domestic violence for safety purposes.

DISASTER POLICY

I'm glad to hear about the flexibility that Coordinated Entry has in accommodating for disasters such as the recent hurricane.

CLARIFYING LANGUAGE

I am curious about the roadmap, especially regarding the referral stage. What are the consequences for the PSH tenant in an apartment placement situation where they find themselves in a project based as opposed to tenant based. Many people I work with don't understand their section 8 housing placement and are confused by their status under "project-based voucher status" and are afraid if they are evicted, they will lose their voucher. I would like clarification on the referral and assessment process. For those who are under project based as opposed to tenant based, where do they stand in terms of their status and qualifications for moving up?
The policy is very comprehensive and well written. I have the following suggestions for consideration: 1. Over the past year there has been an increase in available services to support people who experience homelessness – including Cal Aim for enhanced care management, recuperative

care, housing navigation and housing deposits. Later this year, Care Courts will be implemented. How are these services integrated into the CES for improved coordination and prioritization?

2. Is there the potential for the CoC to require all shelters and navigation centers to participate in the CES?
3. Is there an opportunity to create by-name directories for families and for individuals within the CoC?

OTHER

Are project-based vouchers trending more prominently with developers and public/private partners who are participating in the ownership of the projects themselves (ex. American Family Housing)? What is the reason for allowing project-based vouchers when the tenants themselves are left exposed in the event they are evicted or leave the apartment setting? It sounds like the project-based vouchers are a way of expediting housing placement for those who may not have been able to work through the lengthy steps to attaining a tenant-based voucher. So, the one year becomes a trial period for people to establish their stability to work toward a tenant-based voucher? Of the four housing authorities, a percentage of their vouchers will be assigned to project based. Are there any metrics on percentage for each of the housing authorities?

As people gain their placements, it greatly helps when there is access for tenants to rely on a program where household needs are provided daily/weekly or as needed for them for daily living. Hopefully the roadmap will help. Under CalOptima, there is such a program where a tenant signs on and is generally provided a stipend or allotment to buy furniture, cleaning supplies, etc. but some of these individuals are having difficulty getting what they need. Something is promised by case management/apartment management but the client's access to it is highly restricted. They are provided with some things, but they are not specific to what they really request or have a real need for. Can this be addressed in the new CES roadmap in any stage of the apartment living?

Are there other sources of funding other than CalOptima for housing stability needs?

Pre-Assessment Screening

Pre-Assessment Screening

The goal of the Pre-Assessment Screening is to help the CES Virtual Front Door and access points identify whether the individual or family **may be or may have been** a victim or survivor of domestic violence (as defined by HUD) so that staff can offer a referral to victim service providers and/or CES for survivors.

- These questions are intended for adults over age 18.
- Questions should be asked in a private one-on-one setting.

Introduction

If any urgent safety needs are identified prior to beginning the Pre-Assessment Screening, immediately offer a connection to the local police or a Domestic Violence Hotline. Prior to beginning the Pre-Assessment Screening, provide a brief explanation of the Pre-Assessment Screening.

Sample Script

To learn more about your housing situation, I want to ask you some questions about whether you feel safe or are in danger right now. These are questions that I ask everyone because these issues are very common, and I want to ensure that you are connected to services that best fit your individual needs. Based on your answers, I may offer you referrals to specific resources. It is always your choice where you accept a referral to work with another program or continue talking to me about your housing situation. Your answers will not affect your eligibility for housing assistance. You will have the same ability to access housing as anyone else regardless of how you answer these questions.

Anything you share today remains confidential. I will not call the police or do anything with this information that you don't want me to do. ***DISCLOSE ANY MANDATED REPORTER EXCEPTIONS***

Do you have any questions for me?

Pre-Assessment Screening

Some people find themselves feeling unsafe at home or the place they are currently staying. Do any of the following apply to you or anyone in your household?

- Currently staying with, trying to leave, or used to stay with someone who threatens you or another family member; OR
- Anyone you stay with or used to stay with has hit, choked, or physically hurt you or a family member; OR
- Anyone you stay with or used to stay with has forced you or a family member to do something sexually that you did not want to do; OR
- Anyone you stay with or used to stay with controls your access to money; OR
- Anyone you stay with or used to stay with controls, monitors, or harms you using any form of technology (social media, text message, email, location monitoring, etc.)

☐ Yes ☐ No ☐ Client refused ☐ Client doesn't know ☐ Data not collected

If yes, offer help calling one of the 24 hour Domestic Violence hotlines below:

Human Options	(877)854-3594	Laura's House	(866)498-1511
Interval House	(714)891-8121	Radiant Futures	(877)531-5522

Tenant Self - Assessment

Some people are being forced by others to trade sex in exchange for money, shelter, or other items. Is this something happening to you?

☐ Yes ☐ No ☐ Client refused ☐ Client doesn't know ☐ Data not collected

If yes, offer help calling one of the 24 hour Domestic Violence hotlines below:

Human Options	(877)854-3594	Laura's House	(866)498-1511
Interval House	(714)891-8121	Radiant Futures	(877)531-5522

Some people are being forced by others to trade work in exchange for shelter or other items. Is this something happening to you?

☐ Yes ☐ No ☐ Client refused ☐ Client doesn't know ☐ Data not collected

If yes, offer help calling one of the 24 hour Domestic Violence hotlines below:

Human Options	(877)854-3594	Laura's House	(866)498-1511
Interval House	(714)891-8121	Radiant Futures	(877)531-5522

Is there anything else you would like to share about your safety at home or the place where you're currently staying?

For Reference: HUD DEFINITIONS

Definition of Homelessness: Category 4

Any individual or family who is fleeing, or attempting to flee, domestic violence; has no other residency; and lacks the resources or support networks to obtain permanent housing.

Definition of Domestic Violence

"Domestic Violence" includes dating violence, sexual assault, stalking, and other dangerous life-threatening conditions that relate to violence again the individual or family member that either takes place in, or him or they are afraid to return to, their primary nighttime residency (including human trafficking).

VAWA's 2022 Reauthorization expanded the definition of "domestic violence" to include any felony or misdemeanor crimes committed by a current or former spouse or intimate partner pursuant to domestic violence laws in jurisdiction receiving grant funding; or the use or attempted use of physical/sexual abuse, or any other coercive behavior used to maintain verbal, psychological, economic, or technological abuse. The abuser can be anyone who is a current or former spouse, intimate partner of the survivor, or a person in the position of a spouse/intimate partner of the survivor; is living with or who has lived with the survivor as a spouse or intimate partner; or commits acts against youth or adult survivor who is protected from acts defined by the jurisdiction's family or domestic violence laws.

Economic abuse is behavior that is coercive, deceptive, or unreasonably controls/restrains a person's ability to acquire, use, or maintain economic resources; restricting a person's access to money, assets, credit, or financial information; unfairly using a person's personal economic resources for one's own advantage; or exerting undue influence over a person's financial economic behavioral or decisions, including exploiting powers of attorney, guardianship, or conservatorship.

Technological abuse is an act or pattern of behavior that occurs within domestic violence, sexual assault, dating violence, or stalking, and is intended to harm, threaten, intimidate, control, stalk, harass, impersonate, exploit, or monitor another person using any form of technology (i.e. social media, "revenge porn," emails, WhatsApp messages/texts, location trackers).

Shelter Assessment

Coordinated Entry System (CES)
Bed Reservation Assessment

Client Name: _____ HMIS ID: _____

Staff Name: _____ Access Point: _____

1. Assessment Date: (MM/DD/YYYY)_____/_____/_____
2. Assessment Level: ☑ Crisis Needs Assessment ☐ Housing Needs Assessment
3. Assessment Location (City): _____
4. Assessment Type: ☐ Phone ☐ Virtual ☐ In Person

Has anyone in your household ever been convicted of a felony?

a. **If yes**, how long ago did this felony occur?

- ☐ 1 -11 months ago
- ☐ 1 - 5 years ago
- ☐ More than 5 years ago

b. Is this felony considered violent? ☐ Yes ☐ No

5. Does anyone in the household currently have an open warrant?
   ☐ Yes ☐ No
6. Is any adult in the household a registered sex offender?
   ☐ Yes ☐ No
7. Does anyone in the household require any special accommodations?
   ☐ Yes ☐ No

7a. **If yes**, please describe the required accommodation? *(Ex: Requires lower bunk, elevator access, etc...)*

8. Does the household include any of the following?

- ☐ Pets — If so, how many? _____
- ☐ Service Animals — If so, how many? _____
- ☐ Emotional Support Animals — If so, how many? _____

9. Which of the following shelter types are you interested in (select all that apply)?

- ☐ Communal Shelter
- ☐ Non-Communal Shelter

10. Do you require a mobility accessible unit due to a physical disability?

- ☐ Yes ☐ No

11. Do you require a sensory accessible unit due to loss of hearing or sight?

- ☐ Yes ☐ No

Family Bed Reservation Assessment

Client Name: _____ HMIS ID: _____

Staff Name: _____ Access Point: _____

Assessment Information

Assessment Date (MM/DD/YYYY): _____/_____/_____

Assessment Location (City): _____

Assessment Type: ☐ Phone ☐ Virtual ☐ In Person

Assessment Level: ☐ Crisis Needs Assessment ☑ Housing Needs Assessment

1. Which SPA is your household willing to be sheltered in? ____ North SPA ____ South SPA

1a. If "Yes" to South SPA, Is your household willing to be sheltered in San Clemente? ____ Yes ____ No

2. Has anyone in your household ever been convicted of a felony? ____ Yes ____ No

If Yes: 2a. How long ago did this felony occur?

____ 1 - 11 months ago

____ 1 – 5 years ago

____ More than 5 years ago

2b. Is this felony considered violent? ____ Yes ____ No

3. Is any adult in the household a registered sex offender? ____ Yes ____ No

4. Does the household require any special accommodations? ____ Yes ____ No

4a. If Yes, please describe:

5. Does your household currently include a child ages 0-5 years old? ____ Yes ____ No

6. Is anyone in the household currently pregnant? ____ Yes ____ No

7. Is this household willing to go to a communal shelter? ____ Yes ____ No

8. Is this household willing to go to a shared shelter? ____ Yes ____ No

9. Does anyone in this household currently have an open warrant? ____ Yes ____ No

10. Do any children that will be staying in the shelter with you have a disability? ____ Yes ____ No

11. Do you have at least 50% custody of at least one child that will be housed with you? ____ Yes ____ No

12. Do you have full custody of at least one child that will be housed with you? ____ Yes ____ No

13. Does the household include any of the following? ____ Yes ____ No

____ Pets: If so, how many? _____

____ Service Animals: If so, how many? _____

____ Emotional Support Animals: If so, how many? _____

13a. If the household does include any animals, do all animals in the household have proper documentation and shots? ____ Yes ____ No

14. Do you require a mobility accessible unit due to a physical disability? ____ Yes ____ No

15. Do you require a sensory accessible unit due to loss of hearing or sight? ____ Yes ____ No

**** Reminder: After entering the Bed Reservation Assessment into HMIS, please ensure the family is referred to the Bed Reservation Queue and the 'Needs Bed Reservation Assistance' service is inputted. ****

If you have questions or need technical assistance, please contact the Family Solutions Collaborative via email at FamilyCES@oc-fsc.org.

Housing Assessment

Client Name: _____

Coordinated Entry Housing Needs Assessment

PRE-ASSESSMENT

Assessment Date (MM/DD/YYYY): _____/_____/_____

Assessment City Location: _____

Assessment Type: ☐ Phone ☐ Virtual ☐ In Person

Assessment Level: ☐ Crisis Needs Assessment ☑ Housing Needs Assessment

Is this client a veteran? ☐ Yes ☐ No

IF THE PERSON ANSWERED YES, COMPLETE THE VETERAN COORDINATED ENTRY ASSESSMENT.

OF THE HOUSING OPPORTUNITIES THE HOUSEHOLD IS ELIGIBLE FOR, WHICH OF THE FOLLOWING HOUSING TYPES IS THE HOUSEHOLD INTERESTED IN?

1.) Rapid Re-Housing ☐ Yes ☐ No

2.) Housing Choice Voucher ☐ Yes ☐ No

3.) Permanent Supportive Housing ☐ Yes ☐ No

SELECTING THE PRIVATE CHECKBOX MEANS ONLY USERS WITH ACCESS TO THE CURRENTLY SELECTED AGENCY WILL BE ABLE TO SEE THIS ASSESSMENT

Is this client private? ☐ Yes ☐ No

Coordinated Entry Housing Needs Assessment for Families

Head of Household Name: _____

Assessment Information

Assessment Date (MM/DD/YYYY): _____/_____/_____

Assessment Location (City): _____

Assessment Type: ☐ Phone ☐ Virtual ☐ In Person

Assessment Level: ☐ Crisis Needs Assessment ☑ Housing Needs Assessment

Is anyone in the household a veteran? ☐ Yes ☐ No

IF THE PERSON ANSWERED 'YES' DO NOT COMPLETE THE ASSESSMENT. See below for next steps on how to proceed:

If your agency serves as a Veteran Access Point, complete the Veteran Coordinated Entry Assessment with the family.

*If your agency is **NOT** a Veteran Access Point, please direct the family to call 2-1-1 and request to be connected to a Veteran Access Point.*

Housing Interest Information

Of the Housing Opportunities the household is eligible for, which of the following housing types is the household interested in?

- ☐ Rapid Re-Housing
- ☐ Housing Choice Voucher
- ☐ Permanent Supportive Housing

Private

Selecting the private checkbox means only users with access to the currently selected agency will be able to see this assessment.

- ☐ Private

Survivor Assessment

SURVIVOR ASSESSMENT TOOL

This tool will help determine risk and prioritize resources to the most vulnerable survivors. When used for prioritization, information shared in this assessment tool will be de-identified and only shared with consent.

1

SURVIVOR INFORMATION

FULL NAME: _____ UNIQUE ID: _____

VICTIM SERVICE PROVIDER INFORMATION

STAFF NAME: _____ PHONE NUMBER: _____

AGENCY NAME: _____ EMAIL: _____

ELIGIBILITY REQUIREMENT

Y / N Is survivor fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking as defined by HUD?

Y / N Does survivor have any other safe residence?

Y / N Does survivor lack the resources to obtain other safe permanent housing?

2 If all eligibility questions are "Y", please complete the assessment below.

TENANT SELF - ASSESSMENT

	1	2	3	SCORE
Current Housing Situation	Stably housed	Unstable/Temporary housing	Homeless or currently in a shelter-based program	
Other Barriers	0-1 additional barriers	2 additional barriers	3 or more additional barriers	
Support System	Substantial support system	Moderate support system	Low/non-existent support system	
			TOTAL	

Description of other barriers and extenuating circumstances that make this referral a high priority per the staff's professional recommendation: _____

_____

_____

ASSESSMENT COMPLETED BY: _____ ASSESSMENT DATE: _____

CLIENT INTAKE

Age ☐ 18-24 yrs old ☐ 25-54 yrs old ☐ 55-61 yrs old ☐ 62+ yrs ☐ Client doesn't know ☐ Client refused

Veteran ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

Does your household include any minor children? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client Refused

Is anyone in the household currently pregnant? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client Refused

Are you in the process of reunifying with any minor children? ☐ Yes ☐ No

Total Household Size *(Including yourself, how many people are in your household?)* _____

PRIOR LIVING SITUATION

Type of Residence 3.917A *(Type of living arrangement on the night before entering this project)*

HOMELESS SITUATION

- ☐ Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- ☐ Safe Haven

INSTITUTIONAL SITUATION

- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, prison or juvenile detention facility
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center

TRANSITIONAL & PERMANENT HOUSING SITUATION

- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Transitional housing for homeless persons (including Homeless Youth)
- ☐ Host Home (non-crisis)
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Staying or living in a family member's room, apartment, or house
- ☐ Rental by client, with GPD TIP subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client, with RRH or equivalent subsidy
- ☐ Rental by client, with HCV voucher (tenant or project based)
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

Length of Stay in Prior Living Situation *(How long ago did the client start staying in that Type of Residence)*

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than a month
- ☐ One month or more, but less than 90 days
- ☐ 90 days or more, but less than a year
- ☐ One year or longer
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

If Client's Type of Residence is any of the *Institutional Situation* options:

Length of Stay Less than 90 days? *(Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)*	☐ Yes ☐ No

If 'Length of Stay Less than 90 days' is *YES*:

On the night before - stayed on streets, ES, or Safe Haven? *(On the night before the client's stay of less than 90 days in an institutional setting, were they on the streets, in an Emergency Shelter or in a Safe Haven?)*	☐ Yes ☐ No

Approximate Date Homelessness Started *(Approximate date the client's **current** episode of homelessness began)*	☐☐ - ☐☐ - ☐☐☐☐

Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today *(Regardless of where they stayed last night)*

☐ One time ☐ Three times ☐ Client doesn't know ☐ Data not collected
☐ Two times ☐ Four or more times ☐ Client refused

Total number of months homeless on the streets, in ES, or Safe Haven in the past three years

☐ One month ☐ Five months ☐ Nine months ☐ More than 12 months
☐ Two months ☐ Six months ☐ Ten months ☐ Client doesn't know
☐ Three months ☐ Seven months ☐ Eleven months ☐ Client refused
☐ Four months ☐ Eight months ☐ Twelve months ☐ Data not collected

DISABLING CONDITIONS AND BARRIERS

Do you have a disabling condition?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
Do you have a physical disability?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
If yes for Physical Disability, **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
Do you have a developmental disability?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
Do you have a chronic health condition?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
If yes for Chronic Health Condition, **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
Do you have a mental health problem?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
If yes for Mental Health Problem, **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected

Do you have a substance abuse problem?

☐ No ☐ Drug Abuse ☐ Client doesn't know ☐ Data not collected
☐ Alcohol Abuse ☐ Both Alcohol and Drug ☐ Client refused

If you have any Substance Abuse Problem, **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**	☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected

PRIOR CITY

The last city in which the client was permanently housed prior to entry into this project _____

What city were you in immediately prior to entry into this project?

The city in which the client spent the night prior to entry into this project

☐ Aliso Viejo	☐ Huntington Beach	☐ Newport Beach	☐ Westminster
☐ Anaheim	☐ Irvine	☐ Orange	☐ Yorba Linda
☐ Brea	☐ La Habra	☐ Placentia	☐ Unincorporated Orange County
☐ Buena Park	☐ La Palma	☐ Rancho Santa Margarita	
☐ Costa Mesa	☐ Laguna Beach	☐ San Clemente	☐ Outside Orange County, but in California
☐ Cypress	☐ Laguna Hills	☐ San Juan Capistrano	
☐ Dana Point	☐ Laguna Niguel	☐ Santa Ana	☐ Outside of California
☐ El Modena	☐ Laguna Woods	☐ Seal Beach	☐ Client doesn't know
☐ Fountain Valley	☐ Lake Forest	☐ Stanton	☐ Client refused
☐ Fullerton	☐ Los Alamitos	☐ Tustin	☐ Data not colllected
☐ Garden Grove	☐ Mission Viejo	☐ Villa Park	

Which access point is serving this household?

☐ Human Options	☐ Laura's House	☐ WisePlace
☐ Interval House	☐ Radiant Futures	

4 HOUSING INTERESTS

Of the housing opportunities the household is eligible for, which of the following housing types is the household interested in?

Transitional Housing-Rapid Re-Housing (TH-RRH) provides transitional housing operated by a victim service provider agency and/or time-limited rental assistance paired with time-limited supportive services. There is no minimum income requirement for participating in TH-RRH. The goal of TH-RRH is to increase or maintain income to be able to keep paying rent after the rental assistance ends. *This is the only survivor specific housing resource available through CES.*

Transitional Housing-Rapid Re-Housing ☐ Yes ☐ No

Rapid Re-Housing (RRH) provides time-limited rental assistance paired with time-limited supportive services. There is no minimum income requirement for participating in RRH. The goal of RRH is to increase or maintain income to be able to keep paying rent after the rental assistance ends.

Rapid Re-Housing ☐ Yes ☐ No

Other Permanent Housing (OPH) includes ongoing rental assistance with tenant paying 30% of their income towards housing. This housing assistance comes with limited to no supportive services.

Other Permanent Housing ☐ Yes ☐ No

Permanent Supportive Housing provides ongoing rental assistance with intensive ongoing supportive services. Participation in supportive services is voluntary. Household experiencing chronic homelessness are primarily prioritized for PSH.

Permanent Supportive Housing ☐ Yes ☐ No

Is there anything else we should know about you or your needs? _____

Stepping Up Assessment

Stepping Up Assessment Tool

Stepping Up is a request to transfer from rapid rehousing to a higher level of support to meet the household's needs to maintain housing stability. For example, if rapid rehousing is not providing the appropriate level of financial assistance necessary to maintain housing stability, please complete this assessment to request a higher level of rental assistance.

Applicant Information

Full Name: _____ **DOB:** _____

Address: _____ **City:** _____

Address Line 2: _____ **State: CALIFORNIA**

Email: _____ **Phone Number:** _____

Service Provider Information

Case Manager Name: _____ **Contact Information:** _____

Agency Name: _____ **Housing Program Name:** _____

This is an emergency transfer request: Y / N

Eligibility Requirement

Y / N Current Housing Program Receives Referrals from Orange County Coordinated Entry System
Y / N Is Not a Lifetime Registered Sex - Offender
Y / N Have Not Been Convicted of Manufacturing Meth in Public Housing
Y / N Does Not Have a Current Warrant
Y / N Does Not Have Any Current Rent Violations
Y / N Does Not Owe Any Public Housing Agency or the Property Management Company
Y / N At least one member of the household is a citizen or has eligible immigration status

*If you answered "**Yes**" to all of the above questions, please complete the assessment.*

Note: While mixed status households are eligible, rental assistance will only be provided for US citizens or household members with appropriate immigration status. This may make your housing unaffordable.

Checklist

- [x] Stepping Up Assessment
- [ ] Housing Authority Intake Packet and Supporting Documents

Stepping Up Assessment

	1	2	3	Score
Income Amount	Household income is less than 50% AMI	Household income is less than 30% AMI	Household income is less than 15% AMI	
Income Potential	Household is likely to increase their income through employment and/or benefits in the next 12 months	Household is unlikely to increase their income through employment and/or benefits in the next 12 months	Household is on fixed income and has limited ability to increase their income	
Rent Payment	All rent is past due for the past three months	Partial rent is past due for the past three months	No rent is past due for the past three months	
Utilities	Household does not have sufficient income to meet basic needs and pay for utilities	Household has sufficient income to meet basic needs and pay for reduced cost utiltiies	Household has sufficient income to meet basic needs and pay for utilities	
Lease Compliance	Household has had more than 2 lease violations in the past three months	Household has had 1-2 lease violations in the past three months	Household has not had any lease violations in the past three months	
Disabling Condition	None of the household members have a permanent disabling condition		At least one household member has a permanent disabling condition	
Service Needs	Household is not connected with any services in the community	Household is connected with some services, but there are other services that they need	Household is connected with the services they need in the community such as primary health care provider, mental health services, childcare services or other specialized services	
			TOTAL	

Moving On Assessment

Moving On Assessment Tool

Moving on is a choice to move on from permanent supportive housing while still receiving rental assistance. The client must be voluntarily moving on from the program. Please complete this self- assessment with your case manager to see if moving on is a good option for you.

Applicant Information

Full Name: _____ **DOB:** _____

Address: _____ **City:** _____

Address Line 2: _____ **State: CALIFORNIA**

Email: _____ **Phone Number:** _____

Service Provider Information

Case Manager Name: _____ **Contact Information:** _____

Agency Name: _____ **Housing Program Name:** _____

This is an emergency transfer request: Y / N

Eligibility Requirement

Y / N Current Housing Program Receives Referrals from Orange County Coordinated Entry System
Y / N Living in Current Housing Program for At Least 1 Year
Y / N Is Not a Lifetime Registered Sex - Offender
Y / N Have Not Been Convicted of Manufacturing Meth in Public Housing
Y / N Do Not Have a Current Warrant
Y / N Do Not Have Any Current Rent Violations
Y / N Do Not Owe Any Public Housing Agency or the Property Management Company
Y / N At least one member of the household is a citizen or has eligible immigration status

*If you answered "**Yes**" to all of the above questions, please complete the self assessment below with your case manager and ask your case manager to complete the service provider information above.*

Note: While mixed status households are eligible, rental assistance will only be provided for US citizens or household members with appropriate immigration status. This may make your housing unaffordable.

Checklist

- [x] Moving On Assessment
- [ ] Housing Authority Intake Packet and Supporting Documents

Tenant Self - Assessment

	1	2	3	Score
Rent Payment	I have paid rent on time less than 6 times in the last 12 months	I have paid rent on time 6-11 times in the last 12 months	I have paid rent on time every month in the last 12 months or my portion of the rent is $0	
Utility Bills	I have paid my utility bills on time less than 6 times in the last 12 months	I have paid my utility bills on time 6-11 times in the last 12 months	I have paid all of my utility bills in the last 12 months or utilities are included in my rent	
Income	I have not had any income through employment or benefits for the past 12 months	I have had unstable income through employment or benefits for the past 12 months	I have had stable income through employment or benefits for the past 12 months	
Community Living	I have had more than 2 police visits or landlord complaints in the past 12 months	I have had 1-2 police visits or landlord complaints in the past 12 months	I have not had any police visits or landlord complaints in the past 12 months	
Community Services	I am not connected with any services and I have not had any contact with my primary health care provider in the past 12 months	I am connected with some services, but there are other services that I need	I am connected with the services I need in the community such as a primary health care provider, mental health services or other specialized services	
Housing Stability	I am not confident that I can maintain stable housing	I am somewhat confident that I can maintain stable housing	I am very confident that I can maintain stable housing	
			TOTAL	

Tenant Signature **Date**

Service Provider Signature **Date**

Prevention Assessment

Prevention Assessment Tool

Please complete this assessment with the household that is interested in obtaining Prevention Aid. After answering the questions on the assessment, go through the threshold criteria with the household to see if any apply to them. Scores less than 12 points will not be eligible for assistance at this time.

First Name: _____ **Last Name:**_____

Phone Number: _____ **Email:** _____

Address: _____ **City:** _____

Address Line 2: _____ **State: CALIFORNIA**

1.Do you rent?

- ☐ Yes
- ☐ No

2. Can you pay rent next month?

- ☐ Yes
- ☐ No

3. Are you behind on rent?

- ☐ Yes
  - How many months behind on rent are you (months)? _____
  - What is your monthly rent? _____
  - Owed Rent Total: _____
- ☐ No

4. Is your name on the rental agreement or lease?

- ☐ Yes
- ☐ No

5. Do you receive any housing subsidy?

- ☐ Yes
- ☐ No

6. Have you received an eviction notice?

☐ Yes

Date on the notice received? _____

☐ No

Threshold Criteria	**POINT VALUE**
☐ Has moved because of economic factors 2 or more times in the last 60 days	3
☐ Household with dependent children 0-17	3
☐ Household with current pregnant woman	3
☐ Housing will be lost within 14 days	3
☐ Housing will be lost within 21 days	3
☐ Domestic violence or abuse in household	3
☐ Household is under 50% AMI (https://www.hudexchange.info/resource/5334/cdbg-income-limits/)	3
☐ Household with a senior, 65 years or older	2
☐ Household with an individual convicted of a felony	2
☐ Someone in the household has a mental or physical disability and/or circumstances that affect housing	2
☐ History of previous evictions	2
☐ Sudden and significant loss of income, employment, cash benefits and/or sudden increase in expenses due to medical or family emergencies	2
☐ Have been out of work for 3+ Months	2
☐ Applied for shelter and spent at least one night during the prior 60 days literally homeless	2
☐ Rental and/or utility arrears	1
TOTAL POINTS *(Scores <12 are ineligible for services.)*	

Business Calendar
Agenda Item 3

Date: December 20, 2023

Subject: Continuum of Care (CoC) Strategic Investment Planning Tool

Recommended Action:

a. Approve the implementation of the Rehousing and Coordinated Investment Planning Tool – Capital (RCIPT-C) to support the Orange County CoC's strategic planning for current and future investment of resources.

Background and Analysis

As part of the strategic vision for the Orange County CoC, the CoC Vision Ad Hoc and CoC Board membership have elevated the need for fiscal and/or resource mapping as a way to better understand what resources are present in the Orange County homeless response system and how to strategically invest in housing resources through future funding opportunities.

At the November 16, 2022, meeting of the CoC Board, Dusty Olson, U.S. Department of Housing and Urban Development (HUD) Technical Assistance Coach from Abt Associates, provided an overview presentation of two strategic investment planning tools created by HUD: Stella M and Rehousing and Coordinated Investment Planning Tool (RCIPT). The presentation detailed how each tool is used and for what purpose, to support the CoC Board in determining the tool that would be most desired for the Orange County CoC. It was recommended by Dusty Olson that one tool be utilized at a time to assess the landscape of the Orange County homeless response system. A virtual presentation was also provided to homeless response system leaders on February 2, 2023, to support the involvement of local partners who would be key in the successful implementation of either tool. To compare, brief descriptions of Stella M and RCIPT are detailed below.

Stella M

- Focuses on the development of an ideal system with no funding constraints
- Works with both current and hypothetical system performance
- Provides multiple year modeling option
- Tool is a web-based application that is stored by the CoC Administrative Entity

RCIPT

- Includes capital investments and expenditures
- Focuses on outcomes and impacts of changes to investments
- Works within the parameters of existing or new funding
- Works with current performance
- Tool is a basic Excel worksheet

CoC Board officers and members expressed the value found in both tools; however, it was noted that RCIPT appears to be fitting for the need to assess current system performance and resources available within the Orange County CoC.

RCIPT now has an updated Version 2.0 called Rehousing and Coordinated Investment Planning Tool - Capital (RCIPT-C). RCIPT-C is a framework for communities to define and quantify their need for housing supports and services considering the COVID-19 pandemic, and to plan to fulfill these needs with existing and newly available funding sources. A Coordinated Investment Plan enables communities to strategically align resources to provide and maintain permanent housing solutions for households experiencing homelessness or at imminent risk of homelessness. The development of the Coordinated Investment Plan requires broad stakeholder engagement to maximize system change and leverage available resources for optimal utilization. According to HUD, successful implementation of RCIPT-C is dependent on identifying a planning group to develop the Coordinated Investment Plan, inclusive of people with lived experience of homelessness, representatives of populations disproportionately impacted by COVID-19 and homelessness (including, but not limited to, considerations of race, ethnicity, gender, sexual orientation, people with Limited English Proficiency, etc.), decision-makers from each of the funding sources the community is including in the Coordinated Investment Plan and leadership from the private philanthropy sector. There are also special considerations for equity and people disproportionately impacted by homelessness, to help communities plan for use of funds to address inequities. Further details on the tool can be referenced in Attachment A, the RCIPT-C User Guide.

In addition to a local planning group, the Office of Care Coordination would support the success of the tool by working closely with a consultant who could oversee coordination of the project, including engagement of the local planning group and needed stakeholders, and provide regular updates to the CoC Board on progress to date. The Office of Care Coordination is exploring use of CoC Planning of Homelessness Housing, Assistance and Prevention (HHAP) grant dollars to fund consulting support for this activity. Should the CoC Board approve the implementation of RCIPT-C, the Office of Care Coordination will engage the identified consultant, CoC Board and larger network of service providers, system leaders, and people with lived experience, to support with developing a timeline that allows for the project to be completed by the end of Calendar Year 2024.

Approval of the use of RCIPT-C will allow for resource mapping and support driving system-wide engagement and collaboration, as outlined in the CoC Board Leadership Vision and Objectives, to regularly coordinate resource allocation priorities and a broad understanding of the role and participation of private funding sources.

Attachments

Attachment A – RCIPT-C User Guide

The complete tool can be found on the HUD Exchange website here: RCIPT-C Version 2.0

Rehousing and Coordinated Investment Planning Tool-Capital Version 2.0

Overview & User Guide

Table of Contents

- I. Overview
  - a. Background
  - b. Coordinated Investment Planning: Convening a Local Planning Group
  - c. Equity and Rehousing Focus
- II. User Guide
  - a. Summary of RCIPT Tabs
  - b. Detailed Tool Instructions
    - i. Tab 1—Rehousing Strategy
    - ii. Tab 2—Project Type Description & Cost
    - iii. Tab 3--Development Description & Cost
    - iv. Tab 4—Resource Inventory
    - v. Tab 5—CIP Planning Matrix
  - c. Final Report and Reference Tabs
    - i. Tab 6--CIP Report
    - ii. Tab 7—Notes
    - iii. Tab 8—Version Change Log

I. Overview

a. Background

The **Rehousing and Coordinated Investment Planning Tool (RCIPT)** is a framework for communities to define and quantify their need for housing supports and services in light of the COVID-19 pandemic, and to plan to fulfill these needs with existing and newly available funding sources. A**Coordinated Investment Plan (CIP)** enables communities to strategically align resources to provide and maintain permanent housing solutions for households experiencing homelessness or at imminent risk of homelessness. Communities should complete the tool with a particular focus on systems and programs that address historic disparities in experiences of homelessness and impacts of COVID-19.

Version 2.0 is updated to help communities account for newly available resources through HOME-ARP that can help support the development of affordable and supportive housing for those at-risk of or experiencing homelessness. More information about HOME-ARP can be found at https://www.hudexchange.info/programs/home-arp/.

b. Coordinated Investment Planning: Convening a Local Planning Group

A CIP requires broad stakeholder engagement to maximize system change and leverage available resources for optimal utilization. Coordinated planning allows for greater impact than planning where each stakeholder makes independent decisions about each resource.

In order to complete the RCIPT, communities should **identify an existing group or form a new planning group** to develop the community's goals, rehousing strategy, and plan for use of various available resources to create a CIP that can be shared with decision-makers in the community. This group of stakeholders should be inclusive of:

- People with lived experience of homelessness.
- People representative of populations disproportionately impacted by COVID-19 and homelessness (including, but not limited to, considerations of race, ethnicity, gender, sexual orientation, people with Limited English Proficiency, etc.)
- Decision-makers from each of the funding sources the community is including in the CIP.
- Leadership from the private philanthropy sector (i.e. a local community foundation, United Way, etc.)

c. Equity and Rehousing Focus

People of color—particularly Black and Native American people—are disproportionately impacted by homelessness and they are also disproportionately at risk of severe illness and death from COVID-19. As communities plan for the use of existing and newly available funds, these inequities should inform the decisions so that communities are addressing, and not perpetuating, these disproportionate impacts.

Permanent housing is a public health intervention for people in sheltered and unsheltered settings to reduce the risk of severe illness or death from COVID-19. Providing temporary non-congregate shelter and housing people experiencing homelessness in their own unit should be a public health priority.

II. User Guide

a. Summary of RCIPT Tabs

Communities will undertake a four-step process to complete the planning exercises in the RCIPT. The exercises for each tab are outlined in the detailed instructions below.
• Tab 1—Rehousing Strategy
• Tab 2—Project Type Description & Cost
Tab 3-Development Description & Cost (for capital projects)
• Tab 4—Resource Inventory
• Tab 5—CIP Planning Matrix

The CIP Report is the final roll-up report of the exercises completed in Tabs 1–4. No data entry is required on this tab.
• Tab 6—CIP Report

The remaining tabs contained in the spreadsheet are separate from the core four-step process and are to be used primarily as references for communities.
• Tab 7—Notes
• Tab 8—Version Change Log

NOTE: Columns are colored by expected user interaction with the RCIPT:

White: User entry
Green: User entry through drop-down menus
Blue: Pre-populated from entries in other tabs in the RCIPT
Grey: Calculations

b. Detailed Tool Instructions

Instructions for each of the four primary tabs requiring manual entry can be found below.

i. Tab 1—Rehousing Strategy

Purpose:
Communities develop Goals, Cohorts, and Project Type interventions to create a Rehousing Strategy to quantify and segment the community's housing and service needs. The community will also estimate the total number of households (by household type) within each Cohort.

Key Terms:
Goals: Broad, overall community-wide goals in response to COVID-19 and homelessness in your community. Goals can be focused on meeting the housing needs of different households or on investing in a homeless system's infrastructure to improve effectiveness.
Ex. Rehouse # of households experiencing homelessness as quickly as possible to reduce risk of COVID-19 illness and death
Ex. Invest in system-wide landlord engagement strategy
Cohorts: Groups of individuals/households with similar characteristics, housing barriers, and housing and service needs.
Ex. Recently employed and at risk of COVID-19
Ex. Unsheltered and chronically homeless
Ex. Unsheltered senior with limited income
Project Types: Crisis, Housing, and Service Interventions the community currently operates or plans to implement. To address unmet needs or reduce inequities in the system, communities should consider the opportunity to fund new project types or providers, or to change existing programs to make them more effective.
Ex. Housing Problem-Solving + Flex Funds
Ex. Rapid Rehousing (RRH)

NOTE: Planning is done at the household level because the number of housing resources needed is related to the number of households with a housing need. People experiencing homelessness by themselves are considered a household of one.

Community Inputs:
1) **Column A:** Input community-wide Goals. The community may have already identified initial goals and priorities in its COVID-19 response and rehousing strategy. What are the opportunities to create permanent housing? See examples provided above.
2) **Column B:** Within each Goal, delineate distinct Cohorts. These are groups of households with similar characteristics, housing barriers, and housing and service needs who are included under the overall community Goal. See examples provided above.
3) **Column C**: Estimate the number of households in each Cohort, based on the household type. This can be estimated from HMIS data or other sources, including point-in-Time (PIT) or coordinated entry data. The number entered into Column C should be an annualized number (i.e., not PIT).
4) **Column D:** Select the Household Type from the dropdown. Choose from “Single Adults,” “Families,” “Youth,” or “All.”
5) **Columns E–O:** Select the appropriate Crisis Response and Housing Project Type interventions for each cohort by choosing the X in the drop down for the project type. Each Cohort will require at least one (1) Project Type intervention. Select as many of the interventions as necessary given the needs of the particular Cohort. See below for an example of different Project Type interventions matched to particular Cohorts. Communities may consult their current system performance data to inform their planned Project Type intervention and pathway combinations. Communities are encouraged to analyze their coordinated entry data and their Stella Performance data by race and ethnic sub-populations to identify areas for improvement. In order to develop the corresponding Project Types required by each Cohort, communities should take an equity-based approach in examining specific housing barriers for different populations.

- Sample -	
Cohort	**Project Type intervention(s)**
Newly homeless on the street with access to networks/resources	Outreach + Housing Problem Solving/Short Term Rental Assistance (HP/RRH)
Recently employed and at-risk of COVID	Non-Congregate Shelter + RRH
Unsheltered and chronically homeless	Outreach + PSH
Unsheltered senior with limited income	Outreach + Non-Congregate Shelter + Ongoing Shallow Subsidy
Sheltered and employed	Emergency Shelter + RRH

5) **Column P:** If the tool is being used to plan for capital projects and funding sources, users should put an x in column P. This will prompt a dropdown to identify the number of development projects related to the goal, and will create a capital budget tab for each project identified**.**
6) **Column Q:** Record how the Project Type interventions planned for the given Cohort will address racial and other historic disparities. For example, a community may note that the RRH program design provides sufficient time to allow participants to find employment, given systemic barriers to employment based on race.
7) **Column R:** Record any anticipated implementation barriers. For example, a community may note that for a Cohort that will utilize RRH, a portion of these single adults may need PSH at the conclusion of their RRH stay.

ii. Tab 2—Project Type Description & Cost

Purpose:
Communities develop descriptions of the Project Types selected in Tab 1 and describe essential program elements including adjustments made to address equity disparities. Given these potentially modified Project Types, communities will then document and make cost estimations around staffing, operating costs, housing assistance, and other costs to develop total project costs on a per-household basis.

Pre-populated Fields:
1) **Column A**: Project Type by Household Type imported from Tab 1 based on selections in columns E–O. Because costs may vary by household size, users are asked to develop descriptions and costs by household type.
2) Column F: Calculates the monthly cost per household based on data provided in columns D and E
3) Column H: Calculates the staffing cost per household based on data provided in columns D, E and G
4) Column K: Calculates operating and housing assistance costs based on the data provided in columns I and J
5) Column N: Calculates the subtotal of project costs based on the information provided in the fillable columns
6) Column P: Establishes the total project type cost per household after adding administrative expenses for the project

Community Inputs:
1) **Column B:** Develop a brief description of the Project Type for the selected Household Type. For example, a community might list that Housing Problem-Solving + Flex Funds will entail case management and limited financial assistance. The level of detail a community chooses to input may vary; however, it is important to document community-wide assumptions about the level of intensity and services provided in each Project Type to ensure community-wide fidelity to the Project Types developed in the CIP. Communities may consult existing Written Standards in completing this exercise.
2) **Column C:** Record program element adjustments planned to address racial equity considerations. Communities should consider changes to existing program elements to improve effectiveness or address disparities.
3) **Columns D, E, and G:** Estimate the monthly staff costs, caseload, and duration of assistance for each Project Type. Use existing data on program costs in budgets and consider potential modifications to existing program costs in the community based on program elements developed in Columns B and C.
4) **Columns I and J:** Estimate the operating cost or housing assistance cost for each Project Type, including the average duration of assistance. Use existing data on program costs in budgets and consider potential modifications to existing program costs in the community based on program elements developed in Columns B and C. Consider variations in cost for different Household Types. Closely consider if long lengths of stay (duration of assistance) in crisis housing can be shortened by housing people more quickly.
5) **Columns L and M:** Enter costs not otherwise accounted for in each Project Type. For example, direct assistance to a client in a Housing Problem-Solving program or the cost of a mitigation fund pool for a system-wide program incentivizing landlord engagement.
6) **Column O:** Enter Administrative costs as a percentage of costs for each Project Type.

NOTE: Communities who already have Total Project Costs by Household can enter them in Column P and not enter cost detail in the previous columns.

iii. Tab 3--Development Description and Cost

Purpose:
Communities can develop budgets for expenses for each of the capital projects selected in Tab 1, column P and identify expenses within three categories: acquisition, construction and other. Note that orange cells are for user inputs and gray cells will populate based on the information submitted. If capital projects are not part of the planning, tab three will not appear
Community inputs:
Rows 4-6: Users should use these rows to add a project name, a project type (permanent supportive housing, affordable housing, etc.) and the number of units anticipated and being budgeted for.
Row 7: Captures the timeline in which units are anticipated to come online
Row 8: Users can elect to complete the budget to have this number calculate, or can fill it in if they are already aware of the total development cost.
Note: At minimum, rows 4-8 must be completed in order to ensure developments are accurately captured in the planning matrix
Rows 10-13 Users should identify acquisition costs here and enter any comments
Row 14 auto calculates the total of acquisition costs
Rows 16-18 Users should identify construction costs here and add comments
Row 19 auto calculates the total of construction costs
Rows 21-32 Users should identify all other costs related to the project here and add comments
Row 33 auto calculates the total of other costs

iv. Tab 4—Resource Inventory

Purpose:
Communities create a Resource Inventory to catalog the resources available through different stakeholders in the community. The Resource Inventory should account for both new and existing funding streams.

Community Inputs:
1) Column A: List all known and available resources in the community, including federal, state, and local funds and any private sources. For example, this listing could include sources such as the federal Emergency Management Agency (FEMA), Coronavirus Emergency Solutions Grants (ESG-CV), state housing funds, Coronavirus Community Development Block Grant (CDBG-CV), Youth Homelessness Demonstration Program (YHDP), or other funding sources. In addition, communities should include existing Continuum of Care (CoC) permanent supportive housing (PSH) or RRH units or Supportive Services for Veteran Families (SSVF) capacity in their Resource Inventory.
2) Column B: Select whether the corresponding resource in Column A is a financial resource or not. For example, FEMA and ESG-CV funds are financial, but existing CoC PSH and RRH units are not. Both types of resources should be accounted for in the inventory.
3) Column C: Captures whether the funding source will be used to fund capital expenses. Select yes or no via the dropdown menu
4) Column D: Enter the total dollar amount the community has been awarded for the given funding source (for financial sources only).
5) Column F: Enter the units or referral slots in the existing inventory projected to become available within the next 12 months (for non-financial sources only).
6) Column G: Established the number of remaining units after accounting for turnover in existing inventory.

7) **Column H:** Record relevant information pertaining to allowable costs for each resource. For example, shelter operating costs are an eligible expense for FEMA funding. CDBG-CV funds allow for up to three months of rental assistance funding.
8) Column I: List allowable costs/activities for each resource. For example, HOME-ARP can assist with acquisition of, or construction of permanent supportive housing
Column J: List allowable Project Types for each resource. For example, for ESG-CV funds, shelter, outreach, prevention, and RRH are all allowable Project Types. Consider Project Types outlined in the community's Rehousing Strategy when completing this step.
9) **Column K:** Document the responsible party that is the recipient or decision-making entity for each funding source. For example, this could be a city or county jurisdiction. In the case of non-financial sources, this could be a listing of service providers operating the given Project Type in the community.
10) **Column L:** Document the community's priorities around specific Project Types or populations for each resource. For example, communities may choose to prioritize emergency shelter and RRH costs with ESG-CV funds and prioritize homelessness prevention with other funding streams. It is essential that community priorities be discussed and reviewed with the local planning group and identified stakeholders. Some communities may have already made local determinations for specific funding sources and that should be documented in this step. Determining local priorities for each resource will aid communities in developing their final CIP through the CIP Planning Matrix in Tab 4.
11) **Column M:** Document any known timelines or deadlines for allocation or expenditure of each resource. For example, deadlines to submit Consolidated Plan Amendments or expenditure deadlines for local and state housing funds. This will also inform the community's CIP Planning Matrix in Tab 4.
12) **Column N**: Document any other information pertaining to the use of each resource. For example, a community might have already made a local decision to use a particular funding source to serve those most impacted by COVID-19.

v. Tab 5—CIP Planning Matrix

Purpose:
The CIP Planning Matrix is a framework for communities to determine the most effective use of each resource. The CIP Planning Matrix supports the process of making decisions on funding allocations based on the available resources cataloged in the Resource Inventory matched with the Cohorts, Project Types, and Project Costs developed and identified in the Rehousing Strategy and Project Type Description and Costs tabs. Communities will designate specific resources (or combinations of resources) to fund and support their identified needs across Cohorts and Project Types. The CIP Planning Matrix also provides the opportunity for communities to prioritize particular Cohorts and Project Types given gaps or unmet need.

Pre-populated Fields:
1) **Column A:** From Tab 1 column A. The tool will automatically pre-fill this column with the cohorts defined in the Rehousing Strategy matrix (Tab 1, column B). If the tool does not automatically pre-populate this column, click on the button that reads "Update Column A" located in the column heading (row 3) to manually run the program that updates this column.
2) **Column B:** From Tab 1 column B
3) **Column C:** From Tab 1 column D
4) **Column D:** From Tab 2 column P
5) **Column E:** From Tab 3 column C
6) **Column F**: From Tab 1 column C
7) **Column T**: The number of units is auto populated from Tab 3
8) **Column W:** This is the difference between the total development cost and allocated capital resources

Community Inputs:
1) **Column G:** Record the number of households from specific subpopulations, if applicable. This number should be a subset of the total Number of Households Needing Intervention which is shown in Column E. For example, a community may record the number of veterans or persons living with HIV/AIDS who may be eligible for resources dedicated to this subpopulation in this column.
2) **Column I:** Consult with the local planning group and identified stakeholders to select and designate a funding priority for each Cohort and Household Type. Choose from the dropdown: "High," "Medium," "Low," or "Deferred." This step should inform allocation decisions given a potential limited resource environment. The community's plans to address equity and historic disparities should be considered in making prioritization decisions.
4) **Columns J–L:** Select a resource (Column J) from the dropdown as "Resource #1" that will be used for the given Cohort and Household Type. Determine the number of households (Column J) that will be served by this resource. The number in Column K should be less than or equal to the number in Column F (the total number of households). This process should be informed by local considerations for specific cohorts and funding sources in each community. Decision-makers from each funding entity should be engaged as part of this coordinated planning process.
Note: If the number entered into Column K exceeds the number of households or units required for that Cohort/Project Type, or if the Amount Allocated (Column L) requires a dollar amount higher than the funds available, the tool will display an error message.

5) **Columns M-O and P–R**: Repeat activities conducted in Columns J-L for "Resource #2" and "Resource #3," as necessary. These sections allow communities to support a given Cohort and Project Type with up to three resources.
6) **Column S:** If the project includes capital resources, identify the resource.
7) **Column U:** identify the total dollar amount allocated to the capital portion of the project.
8) **Column V:** Identifies the gap between number of households to be served and total number of households

Note: The sum of Columns K, N, and Q should not exceed the number of households in Column F. If the number of households served by the selected resources is more or less than the total households in Column E, Column V will display the gap in "Number of Households Not Served" as well as the corresponding funding gap (Column W).

c. Final Report and Reference Tabs

Information about the uses of the final CIP Report and reference tabs contained in this tool can be found below.

i. Tab 6—CIP Report

Purpose:
Compiles the funding decisions made for each project type in the CIP Planning Matrix into a consolidated report that displays information by Project Type and Household Type, including the number of households served in each and any Resource Gap for the community.

Note: There is no manual data entry required in the CIP Report. The CIP Report is the final roll-up report of the exercises communities have completed in Tabs 1–4.

How to read the CIP Report:
Column A: A list of all Project Type interventions for each specific Household Type developed in the Rehousing Strategy.
Column B: The number of households served in each Project Type category per the inputs in Tab 4—CIP Planning Matrix. Households may be served in more than one intervention.
Columns C and D: The Resource Gap for both the number of households not served (not funded in the CIP Planning Matrix) and the corresponding remaining funding needed, based on the community's per-household cost for the Project Type and Household Type.
Columns E–onward: Each resource identified in Tab 3—Resource Inventory is displayed, with the corresponding dollar amount or unit/referral count as allocated the CIP Planning Matrix.
Total Available Funds/Units row: Shows the total dollar amount of the funding source or units/referrals available for each resource.
Total Funds/Units Allocated row: Shows the total dollar amount or units/referrals that have been allocated for each resource.
Funds/Units Amount Remaining/Overcommitted: Shows the difference between the total dollar amount or units/referrals allocated and the overall amount or number available. Communities will be able to see here if they have overcommitted a resource.
Total Households Served: Shows the total number of households expected to be served by each funding source. Households may be served by more than one Project Type funded by that source; as a result, total households are not duplicated.

Considerations for the CIP Report:
1) Communities may use the CIP Report to identify additional resources or policy responses necessary in the community.
2) Compare gaps to initial Cohorts in Tab 1—Rehousing Strategy. Who is not being served or accounted for? How are disparities that may have been identified in performance data being (or not being) addressed?
3) Communities may use the CIP Report to build local support and buy-in and may establish the CIP as a local planning resource to guide ongoing decision-making around funding allocation.

Next Steps after reviewing CIP Report:
1) Refine Project Type models with providers to ensure implementation with fidelity to Rehousing Strategy.
2) Develop referral processes to other resources.
3) Identify long-term funding opportunities for new projects.
4) Communities should plan to evaluate their CIP and develop data points and collection methodologies to understand if they are reaching their rehousing and equity goals.

ii. Tab 7—Notes

Purpose:
The Notes tab provides a template for communities to track potential program and system process and policy changes that may be required as part of developing a Rehousing Strategy. For example, communities may need to make adjustments to their coordinated entry policies as a result of new Project Types identified as part of the CIP process.

iii. Tab 8—Version Change Log

Purpose:
Documents updates to the RCIPT as improvements and corrections are made.

Support for the RCIPT

For technical questions related to the RCIPT, submit a question to the COVID-19 Ask A Question portal. For non-technical questions about coordinated investment planning, reach out to your technical assistance coach or Regional Team point of contact.

This resource is prepared by technical assistance providers and intended only to provide guidance. The contents of this document, except when based on statutory or regulatory authority or law, do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.