

**ORANGE COUNTY CONTINUUM OF CARE
COORDINATED ENTRY SYSTEM STEERING COMMITTEE**

Wednesday, July 3, 2024
2:00 p.m. – 3:00 p.m.

Location:
Orange County Housing Authority
1501 East Saint Andrew
Place, Santa Ana, CA 92705
Parking is free of cost

Committee Chair: Andrew Crowe, Scholarship Schools

Purpose: The Coordinated Entry System (CES) Steering Committee will function as an advisory group to the Continuum of Care (CoC) Board and Policy, Procedures and Standards (PPS) Committee to align its efforts to those of the Orange County CoC Board Vision including but not limited to reviewing CES policies and procedures for process review, policy formation, assessment of current policies and procedures and formation and conduct of committees in the service of the CoC, CES and Homeless Management Information System (HMIS). The CES Steering Committee will support the CoC Board with policy development, supporting strategic implementation of the CES and evaluating the efficiency and effectiveness of CES.

AGENDA

Call to Order – Andrew Crowe, Chair

Public Comments – Members of the public may address the CES Steering Committee on items listed within this agenda or matters not appearing on the agenda so long as the subject matter is within the jurisdiction of the CES Steering Committee. Members of the public may address the CES Steering Committee with public comments on agenda items 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.

In order to address the CES Steering Committee, members of the public are to complete a Request to Address the Committee form prior to the beginning of each agenda item and submit it to Continuum of Care (CoC) 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 or at least 24 hours before the start of the meeting will be distributed to the CES Steering Committee members and all comments will be added to the administrative records of the meeting. Please include “CES Steering Committee Meeting Comment” in the email subject line.

BUSINESS CALENDAR

- 1. Welcome and Introductions** – Andrew Crowe, Chair
- 2. CES Updates** – Felicia Boehringer, CoC Administrator, Office of Care Coordination
 - a. Individual CES – Tianna Terry, Individual CES Manager, Friendship Shelter
 - b. Family CES – Carrie Buck, Executive Director, and Jocelyn Morales, Senior Family System Specialist, Family Solutions Collaborative
 - c. Veteran Registry – James Bacon, CES Staff Specialist, Office of Care Coordination
 - d. Transitional Aged Youth Registry – James Bacon, CES Staff Specialist, Office of Care Coordination
 - e. Survivor CES – Sarah Jones, CoC Manager, Office of Care Coordination
 - f. Virtual Front Door – Amy Arambulo, Director, Community Impact, OC United Way
- 3. CES Housing Assessment Recommendations** – James Bacon, CES Staff Specialist, Office of Care Coordination and Andrew Crowe, Chair
- 4. CES Bed Reservation Assessment Changes** – James Bacon, CES Staff Specialist, Office of Care Coordination
- 5. CES Training Discussion** – Aubrey Sitler, Consultant, AC Strategies
- 6. CoC Updates** – Felicia Boehringer, CoC Administrator, Office of Care Coordination

Next Meeting: Wednesday, September 4, 2024, from 2:00 p.m. – 3:00 p.m., in-person at 1501 E St Andrew Pl, Santa Ana, CA 92705

Item 3. Attachment A.

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

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

Please select which of the following types of housing opportunities you are interested in. You may select up to three, and you will only be considered for the types you select.

Rapid Re-Housing (RRH) Yes No

⚡ Rapid Re-Housing 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.

Housing Choice Voucher (HCV) Yes No

⚡ Housing Choice Voucher provides ongoing rental assistance with limited to no supportive services. There may be a required financial contribution from the participant. The goal of the HCV program is to help households obtain affordable housing.

Permanent Supportive Housing (PSH) Yes No

⚡ Permanent Supportive Housing provides ongoing rental assistance with intensive ongoing supportive services. Participation in supportive services is voluntary. There may be a required financial contribution from the participant. The goal of PSH is to help households that face greater barriers obtain and keep affordable housing

ACCESSIBILITY NEEDS

If you, or anyone in your household, have a disability, you may need accessible housing. This may mean you need ramps or wider entrances, space for medical equipment or a wheelchair, or special light switches, electrical outlets, and other fixtures.

If you, or anyone in your household, need accessible housing, you will only be considered for housing options that can meet your needs. There will be more housing options available to you if accessibility is not a concern.

These questions are about some common needs. If you have needs not covered by these questions, please list them at the end of the assessment.

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

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

3. Do you require some accommodations but not all the features of an accessible unit? Yes No

Please indicate your needs below:

a. no stairs Yes No

b. grab bars Yes No

c. seat in tub or shower Yes No

d. other Yes No If other, please specify _____

4. Is there anything else about your accessibility needs that we should know?

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

Item 3. Attachment B.

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

HOUSING INTEREST

Please select which of the following types of housing opportunities you are interested in. You may select up to three, and you will only be considered for the types you select.

Rapid Re-Housing (RRH) Yes No

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Housing Choice Voucher (HCV) Yes No

Housing Choice Voucher provides ongoing rental assistance with limited to no supportive services. There may be a required financial contribution from the participant. The goal of the HCV program is to help households obtain affordable housing.

Permanent Supportive Housing (PSH) Yes No

Permanent Supportive Housing provides ongoing rental assistance with intensive ongoing supportive services. Participation in supportive services is voluntary. There may be a required financial contribution from the participant. The goal of PSH is to help households that face greater barriers obtain and keep affordable housing.

ACCESSIBILITY NEEDS

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If you, or anyone in your household, need accessible housing, you will only be considered for housing options that can meet your needs. There will be more housing options available to you if accessibility is not a concern.

These questions are about some common needs. If you have needs not covered by these questions, please list them at the end of the assessment.

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

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

3. Do you require some accommodations but not all the features of an accessible unit? Yes No

Please indicate your needs below:

a. no stairs Yes No

b. grab bars Yes No

c. seat in tub or shower Yes No

d. other Yes No If other, please specify _____

4. Is there anything else about your accessibility needs that we should know?

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 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

5a. **If Yes**, does anyone in the household currently have an open felony 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



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

5a. **If Yes**, does anyone in the household currently have an open felony 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

