

Policies, Procedures and Standards Committee

Meeting Date: September 13, 2022

Meeting Time: 3:30 p.m. – 5:00 p.m.

Meeting Link: <https://ocgov.webex.com/ocgov/j.php?MTID=me3574ea77b5c6cc12c94b72e96bc8dc8>

Meeting Number: 2465 268 3270

Passcode: pps112

Phone: +1-213-306-3065

Committee Chair: Becks Heyhoe

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

AGENDA

Welcome and Introductions – Becks Heyhoe, PPS Chair

Public Comments: Members of the public may address the Policies, Procedures and Standards (PPS) Committee on items listed within this agenda or matters not appearing on the agenda so long as the subject matter is within the jurisdiction of the PPS Committee. Members of the public may address the PPS Committee with public comments on agenda items after the PPS Committee member discussion. Comments will be limited to three minutes. If there are more than five public speakers, this time will be reduced to two minutes. In order to address the PPS Committee, members of the public are to enter their name and agenda item number in the Webex chat box to be placed in a queue. PPS Committee staff will call your name in the order listed in the chat box.

CONSENT CALENDAR

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

BUSINESS CALENDAR

1. **Orange County Continuum of Care (CoC) Data Integration Policy** – Zulima Lundy, Director of Operations, Office of Care Coordination and Erin DeRycke, Director, CoC Data and Operations, 211OC
 - a. Recommend the Orange County CoC Data Integration Policy and Memorandum of Understanding (MOU) for review and approval by the Orange County CoC Board.
2. **Coordinated Entry System (CES) Prioritization Policy and Procedures** – Zulima Lundy, Director of Operations, Office of Care Coordination and Rebecca Ricketts, CES Manager, Office of Care Coordination
 - a. Approve proposed recommendation from Shelter Preference Working Group and recommend the revised CES Policy and Procedures for approval by the Orange County CoC Board.
3. **Office of Care Coordination Updates** – Zulima Lundy, Director of Operations, Office of Care Coordination
4. **Adjournment to:** Regular meeting on October 11, 2022, 3:30 p.m. – 5:00 p.m.

Policies, Procedures and Standards (PPS) Committee

Meeting Date: August 09, 2022

Meeting Time: 3:30 p.m. – 5:00 p.m.

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MINUTES

Welcome and Introductions – Becks Heyhoe, PPS Chair

- a. Chair Becks Heyhoe called the meeting to order at 3:32 p.m.
- b. Roll Call
 - i. Present: Becks Heyhoe, Matt Bates, Judson Brown, Patti Long, Dawn Price, and Christina Weckerly-Ramirez

CONSENT CALENDAR

1. Approve the PPS Committee Meeting Minutes from April 12, 2022

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

BUSINESS CALENDAR

1. **Orange County Continuum of Care (CoC) Data Integration Policy** – Zulima Lundy, Director of Operations, Office of Care Coordination and Erin DeRycke, Director, CoC Data and Operations, 2110C

On the January 19, 2022, meeting of the CoC Board, the CoC Board approved the redefined recommendation from the PPS Committee regarding the North Orange County Public Safety Collaborative (NOCPSC) request. 2-1-1 Orange County (2110C) as the HMIS Lead in partnership with the Office of Care Coordination as the Collaborative Applicant for the Orange County CoC worked to draft a Data Integration and Data Breach Policies and created a Memorandum of Understanding (MOU) template. Erin DeRycke from 2110C provided an overview of the draft policies and how the MOU template would be utilized effectively in support of the policies. Additionally, the Office of Care Coordination recommended the idea of sharing the draft policy for community review and feedback prior to PPS Committee approval.

Amended Recommended Action: Allow for additional feedback and review of the Orange County CoC Data Integration Policy and MOU, and for the Data Integration Policy and MOU to be presented at the PPS September 2022 meeting.

Dawn Price motioned to approve the items on Amended Recommended Action. Christina Weckerly-Ramirez seconded the motion. Motion passed unanimously.

PPS Committee Member Comments:

- Matt Bates requested clarification regarding approval of the recommendation and whether the next steps would be having the CoC Board approve the policy. Matt Bates provided feedback to improve upon the question regarding data integration improving care coordination for clients. Also, Matt Bates noted that the monitoring element is labor intensive and asked if 211OC is anticipating any additional challenges.
- Dawn Price inquired how the proposed policy will impact the original request from the NOCPSC. Dawn Price recommends that including how the data policy will impact the original request in future presentations.
- Judson Brown asked whether there is a provision in the MOU that the agency has consent from the individuals to share and export data into the Homeless Management Information System (HMIS). Judson Brown also recommended having the legal review of the MOU.
- Christina Weckerly-Ramirez noted still trying to understand the logistics of the data being pushed and pulled and had an overall question as to what data integration looks like. Christina Weckerly-Ramirez recommended to include the reasoning for pulling data.

Public Comments:

- Nikki Buckstead asked for clarification on the materials presented.
- Melanie McQueen commented that agencies would need to be mindful as there can be discrepancies in the data (i.e., misspellings in the client's name, different in the date of birth), noting that these discrepancies may impact data matching or reconsolidation process that goes hand in hand with this data policy.
- Pat Davis advocated for housing as a human right and encouraged by policies that can improve access to data. Pat Davis noted that the PPS Committee sets the tone for the value of using data, and shares concerns over misuse or breaches of the data and appreciates the effort of the group.

2. Coordinated Entry System (CES) Policy and Procedures Shelter Priority Working Group Update – Zulima Lundy, Director of Operations, Office of Care Coordination

On March 8, 2022, the PPS Committee approved two revisions to the CES Policy and Procedures and recommended a third proposed policy revision be further discussed with a designated working group representing a wider group of stakeholders. The Office of Care Coordination solicited interest to create a working group to further explore the Shelter Priority. The working group began meeting regularly on June 2022 and has met three times to discuss at length all possible options while also exploring ways in options can impact people experiencing homelessness on the CES. The working group is committed to arrive on an option which accounts for the needs of the Orange County CoC, as well as considers the needs of people experiencing homelessness, and the federal and state guidance related to CES.

3. FY 2022 CoC Supplemental to Address Unsheltered and Rural Homelessness Notice of Funding Opportunity – Zulima Lundy, Director of Operations, Office of Care Coordination

a. Overview

The U.S. Department of Housing and Urban Development (HUD) is making approximately \$322 million in funding available through a CoC Supplemental to Address Unsheltered and Rural Homelessness Notice of Funding Opportunity (Special NOFO). Eligible project types for this funding include permanent housing (rapid rehousing and permanent supportive housing), joint transitional housing and permanent housing – rapid rehousing, supportive services only, and HMIS. The CoC Special NOFO application is due on October 20, 2022 and providing funding on a three-year grant term. The Office of Care Coordination as the Collaborative Applicant for the Orange County CoC has identified this funding opportunity as important to support the ongoing efforts to address unsheltered homelessness.

b. Development of CoC Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs

As part of the Collaborative Application process, CoC's are tasked with developing a CoC Plan to Address Individuals and Families Experiencing Homelessness with Severe Service Needs (CoC Plan). The Office of Care Coordination is seeking input from CoC stakeholders in the development of the CoC Plan. Throughout the next month, the Office of Care Coordination plans to solicit feedback via listening sessions and online survey in effort to draft a competitive application informed by stakeholders and community members of the Orange County CoC.

PPS Committee Member Comments:

- Dawn Price recommended to look at initiatives from the early parts of the COVID-19 pandemic to see if there are models that can be effective and replicated, such as Project Roomkey, Project Toolbelt and Homekey. Dawn Price also noted that programs must pay their staff adequately to meet the needs of the clients and not look for the cheapest solution since these programs must look at how they are paying their own people that are doing the work.
- Matt Bates highlighted that different model of shelter can be very successful for clients who are unable to successfully navigate the congregate shelter model that is prominent in Orange County. Additionally, Matt Bates recommended to review best practices of other CoCs that have non-congregate shelter models.
- Judson Brown commented that the bed management reservation system is an ongoing effort that need further investment and implementation for all outreach providers. Judson Brown also commented on people experiencing homelessness who are dying on the streets on a monthly basis, noting that the CoC needs targeted teams to conduct outreach to those who more likely to die on the streets to prevent deaths. Judson Brown also commented that coordination with the Housing and Homelessness Incentive Program (HHIP) investment plan through CalOptima should be considered.
- Christina Weckerly-Ramirez agreed regarding the HHIP investment plan and recommended leveraging the collaboration with CalOptima specially with the roll out of new street medicine intervention, as CalAim, and enhanced care management.

Public Comments:

- Pat Davis commented in the challenges of the congregate shelter. Pat Davis also wanted to call attention to the 51 individuals experiencing homelessness who passed away in July

2022, especially the racial and ethnic backgrounds. Pat Davis also commented that any program model other than congregate shelter that can be looked into.

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

Date: September 13, 2022

Subject: Continuum of Care (CoC) Data Integration Policy

Recommended Action:

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

Background and Analysis

On August 10, 2021, the Policies, Procedures and Standards (PPS) Committee moved to establish an Ad Hoc to review a data integration request by the North Orange County Public Safety Collaborative (NOCPSC) and Outreach Grid in more detail and return to the PPS Committee with a recommendation on how to best address the request.

An Ad Hoc comprised of three members was established to explore the request for a data-sharing mechanism between Outreach Grid and the Homeless Management Information System (HMIS). The Ad Hoc had an initial meeting on September 28, 2021; a joint meeting with representatives from NOCPSC and Outreach Grid on October 25, 2021, to further discuss the request and gain additional insight and background; and a final meeting on January 5, 2022, to debrief on the information received and arrive at a recommendation for the PPS Committee Meeting.

The Ad Hoc made a recommendation on the NOCPSC request was presented to the PPS Committee for approval on January 11, 2022, and approved by the PPS Committee. The approved recommendation included redefining the request from NOCPSC and Outreach Grid, with the following principles and within the following parameters:

- The preservation of HMIS integrity is paramount, including governance, data quality, functionality and purpose. The Ad Hoc had outstanding concerns regarding how the proposed manual push / pull of data could compromise data integrity and recommend this be further explored in conjunction with the HMIS Lead to ensure appropriate checks and balances.
- The Ad Hoc supports the aim of linking individuals experiencing homelessness to appropriate resources and are therefore proposing that this collaboration could focus on data-sharing and integration of CES elements only. This would involve a pull of the Coordinated Entry System (CES) related data only from HMIS into Outreach Grid. The Ad Hoc was supportive of receiving information and data from Outreach Grid to HMIS, as determined appropriate by the Orange County Continuum of Care (CoC), through a pull mechanism.
- The Ad Hoc is committed to promoting efficiencies in service delivery and propose that NOCPSC and Outreach Grid seek to become HMIS participating agencies through the current established process as detailed in the HMIS Policies and Procedures. This would allow for the entry of data directly into HMIS and facilitate care coordination with the Orange County CoC.
- The Ad Hoc recognized that mechanics of implementation will require further thought and potential policy / process, including but not limited to:

- Role-Based Access Control – determining which users have view, edit and deletion privileges and who is responsible for setting and maintaining these permissions.
- Release of Information / Authorization.
- Audit and Breach Procedures.
- Frequency and Costs
- Roles and Responsibilities

Additionally, the Ad Hoc’s recommendation provided the next step and direction for the Orange County CoC and the HMIS Lead to develop a data-sharing policy and related processes and procedures.

The item was brought before the CoC Board on January 19, 2022, for approval and the CoC Board membership moved to approve the recommended action with the caveat that the policy and process will be presented to the CoC Board for final approval.

The Working Group was established at the recommendation of the Ad Hoc comprise of HMIS Lead, HMIS Administrators and representatives with technical backgrounds on data sharing mechanism, drafted data integration policy. Throughout the process of meeting from March to July 2022, the Working Group identified how the policy could serve in a broader capacity for data integration requests presented to the Orange County CoC and drafted a proposed policy and procedure for the Ad Hoc to review.

As next step, the Ad Hoc reconvened on July 5, 2022, to review a draft of the recommended data integration policy, as well as discuss outstanding questions and considerations from the Working Group. The Ad Hoc noted the importance of defining specifics around data points requested, roles and responsibilities around access to data imported and exported from HMIS, and the purpose the data is being requested/utilized. 2-1-1 Orange County (211OC) as the HMIS Lead in partnership with the Office of Care Coordination revised the draft policy and created a Memorandum of Understanding (MOU) template based on feedback from the Ad Hoc that requires agencies to note specifics around data requested.

At the August 9, 2022, meeting of the PPS Committee, the recommended Data Integration Policy and MOU drafts were presented to the PPS membership for consideration. The PPS Committee membership motioned to amend the recommended action to allow additional feedback and review of the CoC Data Integration Policy and MOU. The Office of Care Coordination, on behalf of the Orange County Continuum of Care (CoC), facilitated a feedback period for the draft policy from August 18, 2022, to September 2, 2022. The CoC General Membership, local stakeholders, and community partners were invited via email to submit feedback or questions on the policy via the HMIS Help Desk. Feedback on the Data Integration Policy and MOU was collected and reviewed in preparation of the revised recommended action for the Data Integration Policy and MOU.

Support of the CoC Data Integration Policy to be presented to the CoC Board will allow the Orange County CoC to not only respond to the request of the NOCPSC but also to continued data integration requests received. The Office of Care Coordination anticipates continued data integration needs based on requirements coming from the State and seeks to be prepared to respond in a timely manner to best serve the Orange County community and its stakeholders.

Attachments

Attachment A – Data Integration Policy

Attachment B – Data Integration Memorandum of Understanding (MOU)

Attachment C – Summary of Feedback Received

New: Data Integration Policy

Data integration is the process of exporting data from one data system and importing it into another. For the purposes of the Data Integration policy, data import is the process of taking data from an outside case management database and importing it into HMIS, and data export is the process of taking data out of HMIS and importing it into an outside case management database.

Requests for data import or export must be submitted through the Data Import/Export Request Form. Consult the current [HUD Data Dictionary and HUD Data Standards Manual](#) for HUD standard fields collected in HMIS. All imports must be in [HUD CSV Format](#) unless otherwise approved by the HMIS Lead. Agencies requesting exports of their own data do not require approval from the CoC Board. All other requests are decided by the CoC Board in conjunction with the CoC Lead and the HMIS Lead. Requests must demonstrate how the data integration will improve care coordination for clients in order to be considered.

Data Integration Requirements

Agencies wishing to request any data integration with OC HMIS must agree to the following policies. The Requesting Agency and/or Outside Database Vendor must sign an MOU prior to any work being completed.

- Prior to transferring any data, the HMIS Lead will conduct an Agency/Vendor Review which may include but is not limited to privacy, security, data sharing, data storage, data timeliness, data completeness, and data collection practices.
- All approved data integrations are subject to an annual review by the HMIS Lead, CoC Lead, and CoC Board. This review will include a certification to ensure the data integration is in compliance with the HMIS Policies and Procedures, and that the items included in the Agency/Vendor Review are still in effect. The review will also consider if the data integration is still necessary and favorable for the Continuum of Care. If the data integration is no longer considered necessary or if the audit is failed, the data integration will be terminated.
- Violation of any of the policies and procedures in this document may be grounds for termination of the data integration at any time, and is at the discretion of the HMIS Lead. The CoC Board will be notified of any data integrations that have been terminated.
- The HMIS Lead will provide an estimate for implementation and maintenance fees upon receiving the appropriate data integration request form. If the CoC chooses not to cover these fees, they will become the responsibility of the agency requesting the data integration. Fees will be updated annually by the HMIS Lead.
- The Requesting Agency and Outside Database Vendor must agree to the Roles and Responsibilities outlined in this policy as applicable.
- Data integrations are subject to all policies and procedures outlined in this document. Imported data is owned by the agency responsible for managing the data in HMIS.
- Data integration projects approved by the CoC Board will be scheduled to accommodate the current workload of the HMIS Lead. Scheduling is at the discretion of the HMIS Lead.

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Roles and Responsibilities

A critical component of data integration is understanding the responsibilities of those involved in the process. The following participants may be involved in the data integration process. Please review the tables below for the expected responsibilities for each participant. The responsibilities are subject to change and will be finalized when the project plan for the data integration is developed.

- **HMIS Lead:** HMIS administrator for the Orange County CoC
- **Requesting Agency:** The Provider that is serving clients directly, and is the responsible party for the data. If the Requesting Agency is requesting a data import, the agency must be participating in HMIS, and must be in compliance with all policies and procedures outlined in this document. If the agency is not already participating in HMIS and does not meet the criteria outlined in the Agency Access section, the agency must submit the Agency Access Application and be approved to access HMIS prior to submitting the Data Import/Export Request Form.
- **Outside Database Vendor:** The entity that provides the technical and administrative support for the outside database. This entity will not be given direct access to HMIS.

Importing Data into HMIS	
Task	Responsibility
Submit Data Import/Export Request Form	Requesting Agency
Determine specifications of import into HMIS (frequency, report parameters, data elements, report format, etc.)	HMIS Lead/Requesting Agency
Develop project plan	HMIS Lead
Review privacy/consent practices for outside database to ensure client consent to share data in HMIS	HMIS Lead
Review outside database for proper collection of HUD required data and/or custom data	HMIS Lead
Format/prepare data in approved format	Requesting Agency
Review prepared data for accuracy and completeness	Requesting Agency
Submit prepared data in approved submission process	Requesting Agency
Review data from agency for proper format and completeness	HMIS Lead
Complete import of data into HMIS	HMIS Lead
Review imported data in HMIS and review accuracy/completeness	Requesting Agency
Report any data imported incorrectly to HMIS Lead	Requesting Agency
Resolve any issues with import file or requesting database and resend data as needed	Requesting Agency
Resolve any issues with HMIS import and re-upload data as needed	HMIS Lead

Exporting Data from HMIS	
Task	Responsibility
Submit Data Import/Export Request Form	Requesting Agency

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Determine specifications of export from HMIS (frequency, report parameters, data elements, report format, etc.)	Outside Database Vendor/HMIS Lead/Requesting Agency
Develop project plan	HMIS Lead
Represent and warrant software is in compliance with best practice policies for privacy and security practices	Outside Database Vendor
Represent and warrant software is in compliance with best practice policies for access roles and data sharing	Outside Database Vendor
Represent and warrant software is in compliance with best practice policies for data storage and security infrastructure	Outside Database Vendor
Review agencies/users that will have access to data to ensure compliance with HMIS Policies and Procedures	HMIS Lead
Ensure HMIS Consent Form and related documents name outside database/vendor for transparency	HMIS Lead
Create export file and/or export data from HMIS as needed	HMIS Lead
Import data into outside database	Outside Database Vendor
Review imported data in outside database for accuracy/completeness	Outside Database Vendor/Requesting Agency
Notify HMIS Lead of any errors with export data	Outside Database Vendor/Requesting Agency
Resolve any issues with HMIS export and resend data as needed	HMIS Lead
Resolve any issues with outside database import as needed	Outside Database Vendor

New: Data Breach Policy

A data breach is the unauthorized access or acquisition of data that compromises the security, confidentiality, or integrity of data in HMIS. Data may be in any format (electronic, hardcopy or verbal) and may consist of a single piece of data and/or an entire data system. Breaches to the HMIS servers are managed by the HMIS vendor. If a breach to the HMIS servers occurs, the HMIS vendor will notify the HMIS Lead, and the HMIS Lead will notify the participating agencies as appropriate.

Breaches may also occur at participating agencies. The participating agency is responsible for immediately mitigating the data breach to the extent possible as soon as the breach is identified, including notifying clients who may have been impacted by this breach. Data breaches could include but are not limited to:

- HMIS users sharing HMIS account and/or passwords with others.
- Sharing client identifying information with anyone that doesn't have access to HMIS or hasn't been approved to access that data.
- Sharing client identifying information over an unencrypted network.
- Leaving printed documents with client identifying information in an unsecured location.

Any suspected data breach must be reported to the HMIS Lead by submitting the Data Breach Incident Report. The HMIS Lead will review the breach and the mitigating actions taken by the agency, and will assist with any additional action that may be needed. The HMIS Lead will report all data breaches to the

Item 1. Attachment A

Agency Access Working Group, and that group will determine if any corrective action is needed. Corrective action may include but is not limited to notifying the CoC Board, CoC Lead, and funders of the agency, and revoking HMIS access.

Update: Client Consent Form (in yellow)

Orange County Continuum of Care

Homeless Management Information System Participating Entities

Please note that the list of entities contributing data to HMIS can change frequently and without notice, and therefore the website should be consulted for the most recent list – <http://ochmis.org/about-hmis/contributing-agencies/>.

The following entities are participating in the Homeless Management Information System (HMIS). These entities have the ability to enter data into HMIS and also view the client's information previously entered by other HMIS participating entities, including utilization of homeless services in Orange County.

1736 Family Crisis Center	Jamboree
American Family Housing	Lutheran Social Services of Southern California
Anaheim Housing Authority	Mental Health Association
Casa Teresa	Mercy House
Casa Youth Shelter	New Directions for Veterans
City Net	OC Rescue Mission
City of Costa Mesa	Orange County Asian and Pacific Islander Community Alliance
City of Dana Point	Orange County Housing Authority
City of Garden Grove	Orange County United Way
City of Huntington Beach	People Assisting the Homeless (PATH)
City of San Clemente	Pathways of Hope
City of Stanton	Project Kinship
Colette's Children's Home	Project Self-Sufficiency
Community Action Partnership of Orange County	Salvation Army
County of Orange/Office of Care Coordination	Santa Ana Housing Authority
Covenant House of California	Santa Ana Police Department
Dayle McIntosh Center	Share Our Selves
Families Forward	South County Outreach
Families Together of Orange County	SPIN
Family Assistance Ministries	StandUp for Kids
Family Solutions Collaborative	The Orangewood Foundation
Friendship Shelter	Tierney Center Goodwill OC
Grandma's House of Hope	US Veterans Initiative
Health Care Agency – Behavioral Health Services	Volunteers of America Los Angeles (VOALA)
HIS-OC	Waymakers
Housing for Health Orange County	We Care Los Alamitos
Illumination Foundation	WisePlace for Women

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The following entities have restricted access in HMIS. This means that the entities are limited to only entering data into HMIS are not able to view client's history, files, project enrollments, etc.

City of Huntington Beach
Santa Ana Police Department

Below is a list of the agencies or entities that have been approved to receive ongoing exports of data from HMIS. Signing this form gives the agencies below access to your client identifying data for the purposes of data analysis or care coordination.



Memorandum of Understanding

Between

211 Orange County (HMIS Lead Agency for Orange County)

And

[Agency Name]

I. Purpose

- a. The purpose of this Memorandum of Understanding (MOU) is to clearly identify the roles and responsibilities of each party as they relate to their participation in the **[select one or both]**:
 - i. Import of data into the Orange County Homeless Management Information System (OC HMIS) from the **[database name]**.
 - ii. Export of data from the Orange County Homeless Management Information System (OC HMIS) into the **[database name]**.
- b. The purpose of this data integration is **[describe what will be achieved with this data integration/how the integration will improve care coordination for clients]**.

II. Project Overview

- a. The data **[import/export]** will occur **[frequency]** on or around the **[date]**.
- b. The reporting period of each data **[import/export]** will be **[dates]**.
- c. The data **[import/export]** will include **[client population, project types, etc.]**.
- d. The data **[import/export]** will include the following data elements.
 - i. **[Data element]**
 - ii. **[Data element]**

III. 211OC's Responsibilities **[include import/export responsibilities based on type of integration]**

- a. Data Import Responsibilities
 - i. Review request and develop project plan
 - ii. Review privacy/consent practices for **[database name]** to ensure client consent to share data in OC HMIS
 - iii. Review **[database name]** for proper collection of HUD required data and/or custom data
 - iv. Review data from **[database name]** for proper format and completeness
 - v. Complete import of data into OC HMIS
 - vi. Resolve any issues with OC HMIS import and re-upload data as needed

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- b. Data Export Responsibilities
 - i. Review request and develop project plan
 - ii. Review the agencies and users that will have access to exported data to ensure compliance with the HMIS Policies and Procedures
 - iii. Ensure HMIS Consent Form and related documents name **[database name/agency name]** for transparency
 - iv. Create export file and/or export data from HMIS as needed
 - v. Resolve any issues with OC HMIS export and resend data as needed

IV. **[Agency Name]'s Responsibilities [include import/export responsibilities based on type of integration]**

- a. Data Import Responsibilities
 - i. Submit Data Import/Export Request Form
 - ii. Determine specifications of import into HMIS with HMIS Lead (frequency, report parameters, data elements, report format, etc.)
 - iii. Format/prepare data in approved format
 - iv. Review prepared data for accuracy and completeness
 - v. Submit prepared data in approved submission process
 - vi. Review imported data in HMIS and review accuracy/completeness
 - vii. Report any data imported incorrectly to HMIS Lead
 - viii. Resolve any issues with import file or requesting database and resend data as needed
- b. Data Export Responsibilities
 - i. Submit Data Import/Export Request Form
 - ii. Determine specifications of export from HMIS (frequency, report parameters, data elements, report format, etc.) with HMIS Lead
 - iii. Represent and warrant that **[database vendor]** has adopted and follows best practices policies for:
 - 1. Data storage and security infrastructure
 - 2. Privacy and security practices
 - 3. Access roles and data sharing
 - iv. Import data into **[database name]**
 - v. Review imported data in **[database name]** for accuracy/completeness
 - vi. Notify 211OC of any errors with export data
 - vii. Resolve any issues with outside database import as needed

V. **Terms and Conditions**

- a. The terms of this MOU Agreement are in effect for the duration of the data integration project.
- b. **[Agency Name]** and **[database name]** must meet all requirements outlined by 211OC in the Agency/Vendor Review in order for the data integration to commence.
- c. This data integration will be reviewed on an annual basis by 211OC, the CoC Lead, and the CoC Board. This review will include a certification to ensure the data integration is in compliance with the HMIS Policies and Procedures, and that the items included in the

Item 1. Attachment B

Agency/Vendor Review are still in effect. The review will also consider if the data integration is still necessary and favorable for the Continuum of Care. If the data integration is no longer considered necessary or if the audit is failed, the data integration will be terminated.

- d. **[Agency Name]** and **[database name]** are required to be in compliance with the current HMIS Policies and Procedures. Violation of any of the HMIS Policies and Procedures at any time may be grounds for termination of the data integration, and is at the discretion of 211OC.
- e. Data imported into OC HMIS is owned by **[Agency Name]**.
- f. **[Data Imports only]** Data imported into OC HMIS will remain in OC HMIS until the data is required to be purged by HUD regulations, and is not contingent upon the data integration being terminated.
- g. **[Data Exports Only]** Client records exported from HMIS must be deleted from **[database name]** 7 years after the record creation date in compliance with HUD regulations.

VI. Fees

- a. The estimated first year cost to complete this data **[import/export]** is **[cost]**. This includes **[hours]** of planning, testing, and implementation of the data integration, and **[hours]** per data **[import/export]** that occurs during the year. If time spent on this data integration is at least 15% above or below the estimated hours the fees will be adjusted to reflect this change.
- b. **[Cost]** for planning, testing, and implementation must be paid in order for work on this data integration to begin.
- c. **[Cost]** must be received for each data **[import/export]** prior to the data **[import/export]** being completed.
- d. Fees are not refundable once work has been completed.
- e. Fees will be updated annually by 211OC.

VII. Modification and Termination

- a. Amendments to this agreement must be made in writing and signed by both entities before going into effect.
- b. **[Agency Name]** may terminate this agreement at any time.
- c. **[Data Imports only]** If **[Agency Name]** is not completing direct data entry into OC HMIS once the data integration is terminated, **[Agency Name]**'s access to HMIS will be revoked. **[Agency Name]** may request an export of their data entered into OC HMIS.
- d. **[Data Exports only]** **[Agency Name]** is responsible for maintaining privacy and security of client data, even after the data integration has been terminated.

VIII. Effective Date and Signature

- a. This MOU will be in effect once signed by authorized officials at both 211OC and **[agency name]**, and will remain in effect until the data integration has been terminated.

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2110C Authorized Official

Date

[Agency Name] Authorized Official

Date

Item 1. Attachment C

Agency Feedback 1

Agency was interested in exploring data integration for their agency, and had the questions below.

- Would there be a data exchange template built for providers to use?
- How often would the data exchange occur?
- Would it be a manual process or automatic?

211OC response:

Thanks for your email. The Data Integration policy has been left intentionally vague in some areas to allow 211OC to have flexibility to respond to specific data requests. When the policy is finalized we will be releasing a Data Import/Export Request Form, and any agencies interested in data integration would need to complete that form to initiate the process. If your agency wanted to import data into Clarity from another database it would be manual process, and the files would have to meet the [HUD CSV specifications](#). The import would occur at most a couple times a week, but it would also depend on your needs.

The link for the September PPS meeting is below. The meeting is at 3:30.

Join the meeting from your computer:

<https://ocgov.webex.com/ocgov/j.php?MTID=me3574ea77b5c6cc12c94b72e96bc8dc8>

Meeting number: 2465 268 3270

Password: pps112

Agency Feedback 2

- Roles and Responsibilities Importing/Exporting Data
 - There are a lot of tasks that need to take place prior to the first step in Importing or Exporting data into HMIS. As of now, it is difficult to find the documentation that outlines the data format for anything in HMIS that exists outside of the federal HMIS data dictionary. There are custom forms that Orange County uses to collect data beyond what is required federally. I recommend adding some additional roles and responsibilities that would help requesting agencies get their database ready prior to submitting the Import/Export request form.
 - Data dictionary that includes data elements and their format will be created, updated, and maintained: HMIS Lead
 - Request data dictionary and modify reports or database to prepare for data import upload: Requesting Agency
- Roles and Responsibilities Import Data (Page 8)
 - Run Report of Data in HMIS and Review Accuracy/Completeness
 - Of what? There's some gray area here that I think should be defined specifically.
 - Suggestion: add "Run Report of Data in HMIS and Review Accuracy/Completeness of uploaded data." To remove any ambiguity.
 - Flag and report to HMIS Lead any data imported incorrectly

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- Where will this task take place? To my knowledge there's not a way to "flag" data in HMIS.
 - Suggestion: "Flag and report to HMIS Lead any data imported incorrectly within data accuracy report" to remove ambiguity.
 - Resolve any issues with the prepared data and resend as needed
 - Where is this issue to be resolved? It could be resolved directly in HMIS by the requesting agency, or it could be resolved within the requesting agencies database.
 - Generally, upload issues would be issues with one or more fields which would necessitate fixing the data in the requesting agencies database and then reuploading the data.
- Roles and Responsibilities Exporting Data from HMIS (Page 8)
 - Review access roles and data sharing of outside database
 - This is ambiguous and could range from reading over MOUs to requesting specific data sharing policies or procedures from the requesting agency. I suggest removing any ambiguity by inserting a clause that specifies what this review would entail.
 - Export Data from HMIS
 - Assigned to the HMIS lead, but is there a possibility to allow the requesting agency to do this through a custom report? I don't know what the potential volume of request might be, but I can see this becoming a full-time role in and of itself.
 - Is it possible to create the following roles:
 - Request custom report for data export: Requesting Agency
 - Create custom report for data export: HMIS Lead
 - Run report for data export: Requesting Agency
- Santa Ana Police Department
 - I see that the Santa Ana police department has access to viewing client data in HMIS. I have some concerns about entering into an agreement that could potentially lead to SAPD being able to do data exports. As you know, there is a lot of sensitive data in HMIS that SAPD does not currently have the ability to do any sort of large-scale analysis on. If SAPD were to be able to do data exports; they would have the ability to take that data and import in into a tool like PowerBi or Tableau and pull out a lot of data – including geo location, dates, times. This data could be used to track people very easily. I think it's worth asking what set of circumstances might lead to SAPD being allowed access to viewing historical data or getting access to data exports.

211OC Response: Thanks for sending your feedback. We will update the policy to reduce ambiguity as much as we can. Some items you mentioned were left a little vague to allow for flexibility in responding to data requests. We would plan to be more specific in the MOU.

Regarding the Santa Ana Police Department, they have access to complete data entry into HMIS. They don't have access to view data other agencies have entered. As with all agencies in HMIS, they can currently complete data exports of their own data, but not data from other agencies in HMIS.

Item 1. Attachment C

The role of exporting data from HMIS in the data integration policy is specific to data integration only, and does not apply to any of the exports agencies are currently able to run. In situations where the entity requesting the data export doesn't have access to HMIS, 211OC would fill that role. That doesn't necessarily mean we would manually complete the export every time. Depending on the specifics of the request, we may schedule an export to send.

Legal Feedback

- Add that data exported to other database needs to be deleted 7 years from record creation date to be in compliance with HUD requirements
- If the client requests to revoke their consent in HMIS after their data has already been shared, they would have to reach out to the agency managing the outside database to have their data deleted.
- Instead of 211OC completing the privacy, security, data storage, access roles, and data sharing review in the outside database, the vendor of that database should certify that these items are in compliance with best practices. The purpose is so that 211OC isn't liable for the outside database.

Date: September 13, 2022

Subject: Coordinated Entry System (CES) Prioritization Policy and Procedures

Recommended Action:

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

Background and Analysis

On March 8, 2022, the Policies, Procedures and Standards (PPS) Committee approved the recommendations of revising the Coordinated Entry System (CES) Policy and Procedures, including the incorporation of an Emergency Transfer Request and discontinuing the use of the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). The third proposed revision of the CES Policy and Procedures was to discontinue the shelter preference; however, the PPS Committee motioned for the creation of a working group to further discuss the proposed revision with a wider group of stakeholders.

The Office of Care Coordination solicited interested agencies to participate in the creation of a working Group to further explore the Shelter Priority, called the Shelter Preference Working Group (Working Group). The membership for the Working Group was comprised of diverse representative, including City Staff, County Staff, shelter providers, street outreach teams and other homeless service providers. The Working Group began meeting regularly to discuss the CES prioritization policy in depth and examine options regarding the shelter preference in the CES prioritization policy.

The Working Group explored three options for the CES Policy: 1) Keep the shelter preference; 2) Identify Hybrid Options; and 3) Remove the shelter preference. Through robust discussion and consensus building, the Working Group had strong agreement to explore hybrid options and recognized the importance of service engagement in successful housing outcomes and the goal to prioritize the most vulnerable households to appropriate and available housing opportunities. At the most recent meeting, the Working Group discussed the following hybrid options and is recommending Option 3:

- Option 1: 50% Resource Split
- Option 2: Point In Time Resource Split
- **Option 3: Chronic Homelessness Preference**
- Option 4: Shelter Preference After Top 10%
- Option 5: Shelter Preference in Top 5%

The prioritization policy recommended by the Working Group is to prioritize people experiencing chronic homelessness by length of homelessness then people not experiencing chronic homelessness by length of homelessness, disabling condition and shelter status. The Office of Care Coordination, on behalf of the Orange County Continuum of Care (CoC), shared a draft of the updated CES Policies and Procedures with the CoC distribution list for public feedback on August 31st, 2022. In addition to opening the public feedback period from August 31, 2022, to September 7, 2022, the Office of Care Coordination received feedback from the Lived Experience Advisory Committee on September 6, 2022, and hosted a public listening session on September 7, 2022, to provide the opportunity to learn about the recommended changes to the CES

Policy and Procedures, as well as the opportunity to provide feedback. Attachment C provides a summary of CES Policy Feedback Received through this process.

The draft of the CES Policy and Procedures detailing the recommended change is being presented to the PPS Committee for approval, please reference Attachment A for a redline version and Attachment B for a clean version. This recommendation will allow the CES to operate more equitably and be more accessible by ensuring those with the longest lengths of homelessness and disabling conditions are prioritized for housing opportunities.

Attachments

Attachment A – CES Policy Draft – Redline Version

Attachment B – CES Policy Draft – Clean Version

Attachment C – CES Policy Feedback Received



COORDINATED ENTRY SYSTEM POLICIES AND PROCEDURES

Date Approved by Continuum of Care Board: ~~March 23, 2022~~TBD

GOAL

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

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

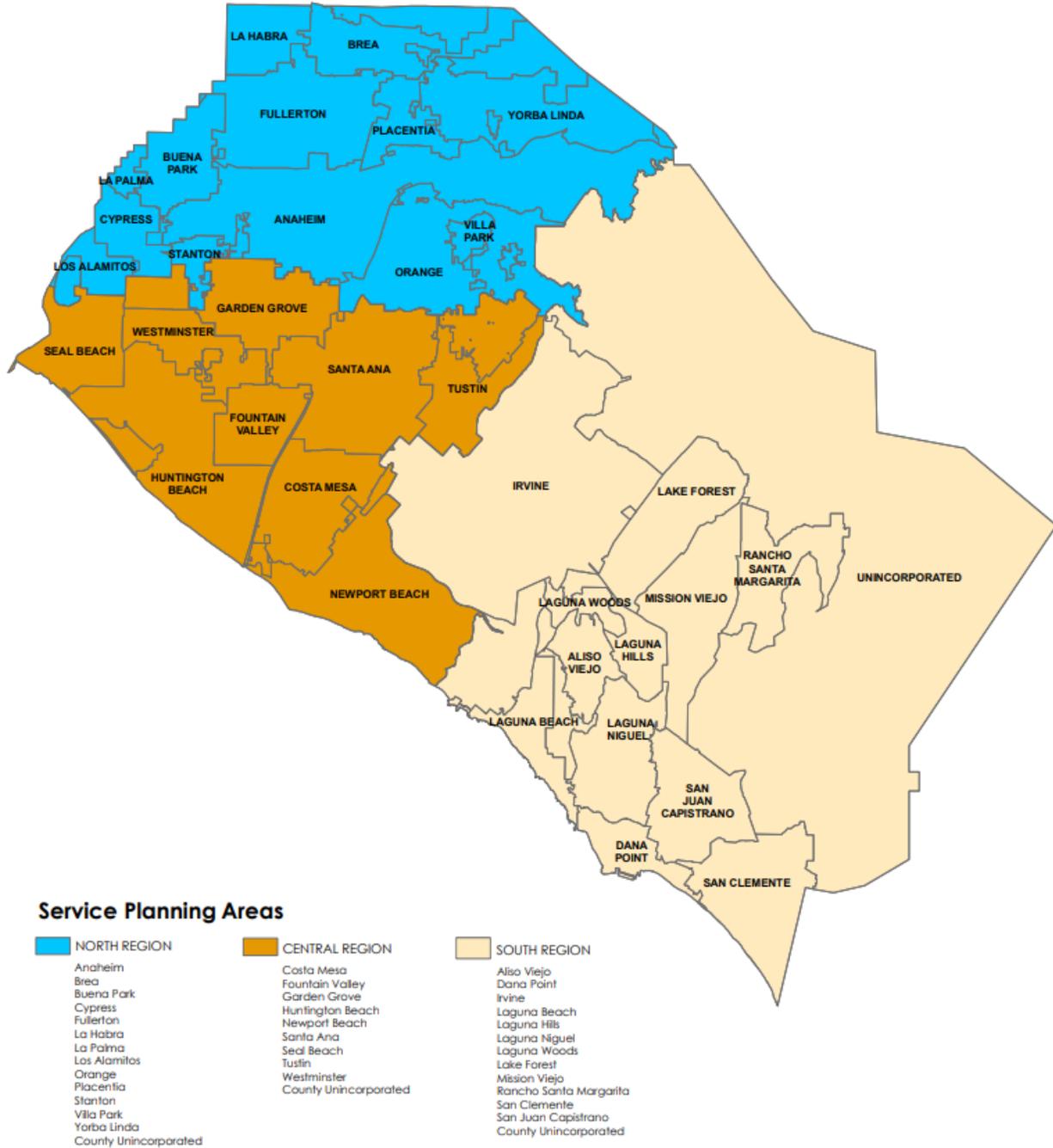
CES LEAD

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) as well as any other housing resources that voluntarily participate in the CES. The lead agency will work collaboratively with the CES Steering Committee, a committee of the CoC Board, to develop and review CES policies and procedures every five years, at minimum.

PLANNING

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

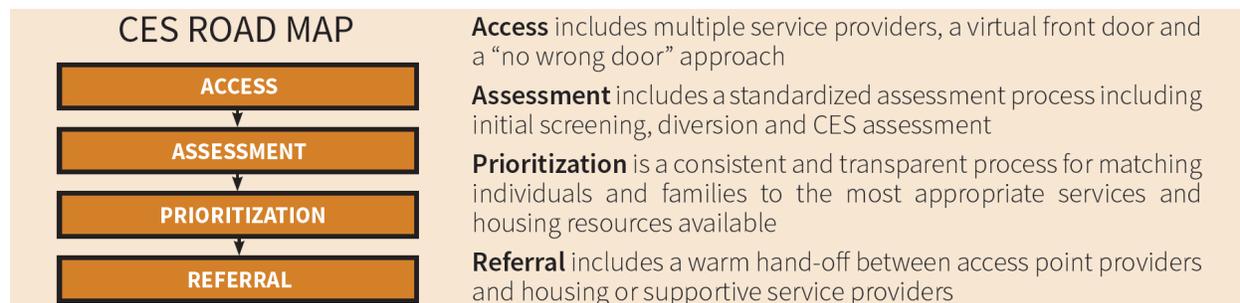
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All households who meet the U.S. Department of Housing and Urban Development (HUD) definition of homelessness are eligible to participate in CES. For definitions, please see attachment A.

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.

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ACCESS

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

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

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

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

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

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Access Model

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

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

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

Orange County CES 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

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

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

Virtual Access

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

ASSESSMENT

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

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

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

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

Safety planning is done for-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. Accessors-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.

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

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

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

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

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

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

PRIORITIZATION

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

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

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

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

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

The primary factors considered during prioritization is length of homelessness and permanent disabling conditions. 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 homelessness. For households experiencing literal homelessness and not chronic homelessness, the prioritization factors are length of homelessness, disabling conditions and shelter status. Exceptions to the prioritization ~~based on length of homelessness and disabling conditions~~ may be made through case conferencing and as appropriate to meet specialized client needs. In addition, case conferencing will be employed to ensure housing resources are aligned to client needs and promote effective resource utilization.

~~To facilitate the prioritization process, centralized master prioritization lists have been created for individuals, families, and veterans experiencing homelessness. In addition, a subset of the individual prioritization list is maintained monthly as a Top 10% list. To create the Top 10% list, the top 10% of individuals based on length of homelessness are selected as a sub-set of the master prioritization list. Individual matches are made from the Top 10% list unless no appropriate matches are available at which point, matches are made from the larger master prioritization list. The purpose of the Top 10% list is to focus CES efforts and support a high level of engagement from agencies participating in CES as well ensure the most effective and appropriate use of available resources.~~

All housing opportunities available through CES will prioritize chronically homeless individuals and families that are the most appropriate referral to the available resource. Chronically homeless individuals and families with the longest length 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.

Housing opportunities provided by public housing authorities that are not funded through the CoC (ex. Housing Choice Vouchers) will be prioritized by CES in compliance with the administrative plan for each public housing authority jurisdiction. Prioritization and case conferencing will be

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used to refer individuals and families who are the most appropriate referral to the available resource.

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

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

Participants remain enrolled in CES until the participant is permanently housed, opts out of participating in CES, or becomes inactive. Participants will be made inactive on the prioritization list after 90 days of non-engagement with access points or participating agencies.

Scenario 1: CES receives 5 HCVs for non-elderly individuals. Based on the 2019-2022 Point in Time results, homeless households were distributed throughout Orange County's Service Planning Areas as follows: 4042% North, 4947% Central, and 4410% South. Therefore, the vouchers will be designated as follows: 2 North Service Planning Area, 2 Central Service Planning Area, and 1 South Service Planning Area. ~~Starting with the Top 10% list, sheltered individuals—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. If no sheltered matches are available, unsheltered individuals on the Top 10% list will be considered prior to considering matches on the master prioritization list. If no individuals experiencing chronic homelessness are available, individuals with a permanent disabling condition experiencing homelessness with the longest lengths of homelessness will be considered followed by people without a permanent disabling condition with the longest lengths of homelessness.~~

Scenario 2: A project-based PSH unit becomes available in the North Service Planning Area for a family. ~~Sheltered families~~Families experiencing chronic homelessness with the longest length of homelessness from the North Service Planning Area are considered first for this opportunity. If no ~~sheltered~~ families experiencing chronic homelessness from the North Service Planning Area are available, ~~unsheltered~~ families experiencing chronic homelessness ~~from the North Service Planning Area will be considered followed by sheltered families experiencing chronic homelessness~~ from any Service Planning Area will be considered, ~~followed by families experiencing homelessness with a head of household with a permanent disabling condition from the North Service Planning Area, and then unsheltered families experiencing homelessness with a head of household with a permanent disabling condition from any Service Planning Area will be considered. Finally, families experiencing homelessness from the North Service Planning Area with the longest lengths of homelessness will be considered followed by families experiencing homelessness from any Service Planning Area.~~

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. Sheltered individuals from the Top 10% list with the longest lengths of homelessness are considered first for this opportunity. Then, unsheltered individuals from the Top 10% list with the longest length of homelessness will be considered before considering individuals on the master prioritization list. Individuals experiencing chronic homelessness with the longest lengths of homelessness are considered first for this opportunity. Then, individuals with a permanent disabling condition experiencing homelessness with the longest lengths of homelessness will be considered followed by people without a permanent disabling condition with the longest lengths of homelessness.~~

REFERRAL

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

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

Upon referral to housing opportunities, housing providers will provide an overview of program expectations including the share of rent and utility costs to participants 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 housing referral, the participant is returned to the prioritization list and remains on the prioritization list for a new housing referral. The individual or family will continue to be prioritized for available housing resources following the prioritization process previously described.

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

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

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

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

EMERGENCY TRANSFER REQUEST POLICY

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

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

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

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

PRIVACY AND DATA MANAGEMENT

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

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

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

GRIEVANCE PROCESS

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

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

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

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

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

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

Emergency Solutions Grants Interim Rule 24 CFR 576

HUD Equal Access rule: 24 CFR 5

ATTACHMENT A – Homeless Definition

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

Category 1. Literally Homeless

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

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

Category 2. Imminent Risk of Homelessness

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

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

Category 3. Homeless under other Federal statutes

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

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

Category 4. Fleeing/Attempting to Flee Domestic Violence

Any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence;
- Has no other residence; and
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COORDINATED ENTRY SYSTEM POLICIES AND PROCEDURES

Date Approved by Continuum of Care Board: March 23, 2022

GOAL

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

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

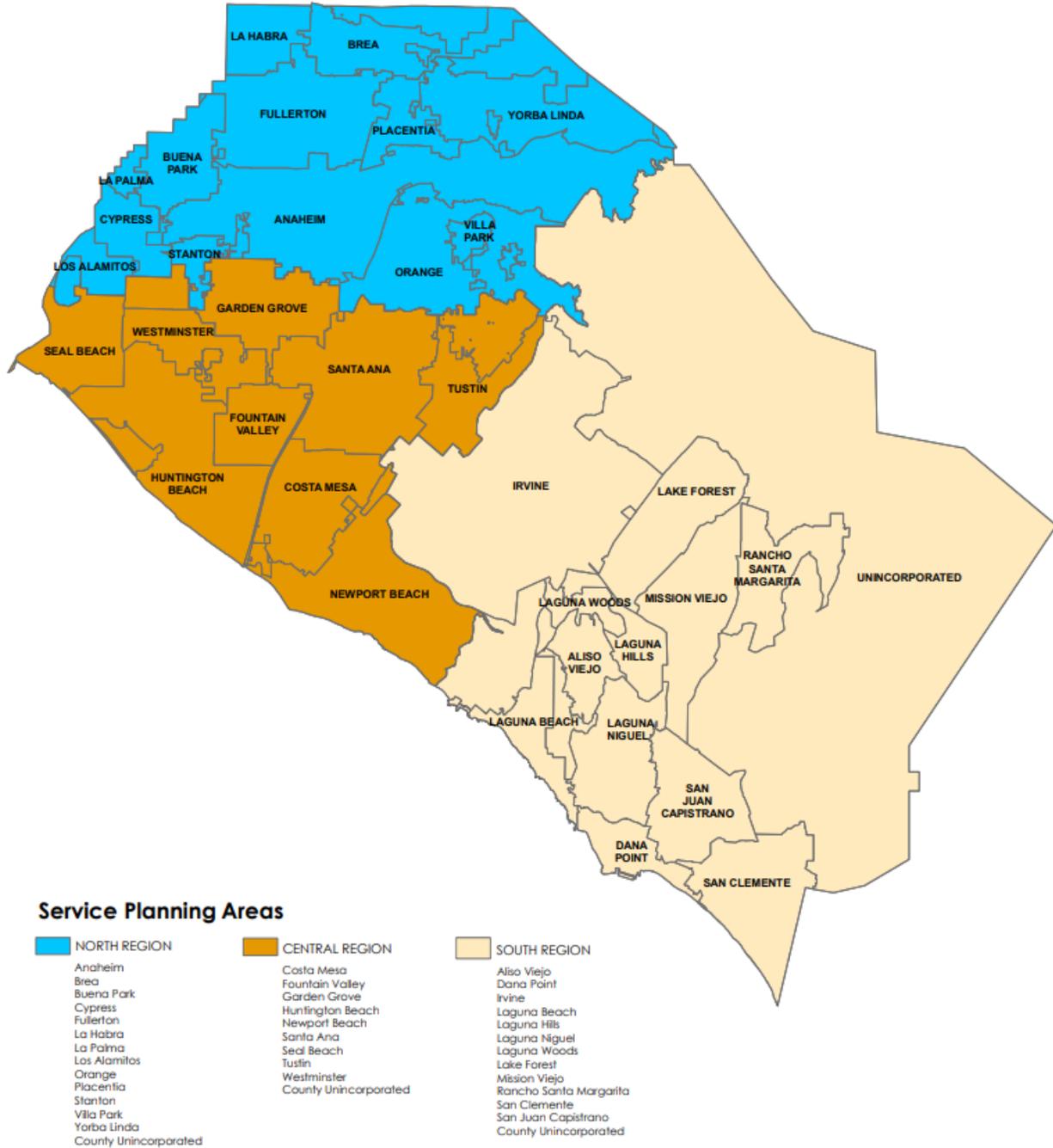
CES LEAD

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) as well as any other housing resources that voluntarily participate in the CES. The lead agency will work collaboratively with the CES Steering Committee, a committee of the CoC Board, to develop and review CES policies and procedures every five years, at minimum.

PLANNING

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

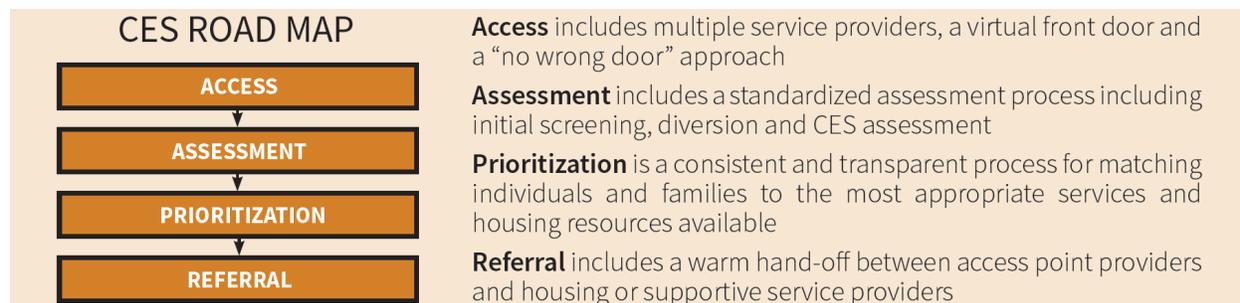
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All households who meet the U.S. Department of Housing and Urban Development (HUD) definition of homelessness are eligible to participate in CES. For definitions, please see attachment A.

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.

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ACCESS

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

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

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

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

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

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Access Model

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

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

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

Orange County CES 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, 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

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

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

Virtual Access

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

ASSESSMENT

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

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

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

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

Safety planning is done for all individuals 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.

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

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

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

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

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

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

PRIORITIZATION

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

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

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

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

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

The primary factors considered during prioritization is length of homelessness and permanent disabling conditions. Another factor in the prioritization process is connection to shelter, which is aimed at increasing system flow and maximizing limited shelter and housing resources. Exceptions to the prioritization based on length of homelessness and disabling conditions may be made through case conferencing and as appropriate to meet specialized client needs. In addition, case conferencing will be employed to ensure housing resources are aligned to client needs and promote effective resource utilization.

To facilitate the prioritization process, centralized master prioritization lists have been created for individuals, families, and veterans experiencing homelessness. In addition, a subset of the individual prioritization list is maintained monthly as a Top 10% list. To create the Top 10% list, the top 10% of individuals based on length of homelessness are selected as a sub-set of the master prioritization list. Individual matches are made from the Top 10% list unless no appropriate matches are available at which point, matches are made from the larger master prioritization list. The purpose of the Top 10% list is to focus CES efforts and support a high level of engagement from agencies participating in CES as well ensure the most effective and appropriate use of available resources.

All housing opportunities available through CES will prioritize chronically homeless individuals and families that are the most appropriate referral to the available resource. Chronically homeless individuals and families with the longest length 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.

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

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

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

Participants remain enrolled in CES until the participant is permanently housed, opts out of participating in CES, or becomes inactive. Participants will be made inactive on the prioritization list after 90 days of non-engagement with access points or participating agencies.

Scenario 1: CES receives 5 HCVs for non-elderly individuals. Based on the 2019 Point in Time results, homeless households were distributed throughout Orange County's Service Planning Areas as follows: 40% North, 49% Central, and 11% South. Therefore, the vouchers will be designated as follows: 2 North Service Planning Area, 2 Central Service Planning Area, and 1 South Service Planning Area. Starting with the Top 10% list, sheltered individuals experiencing chronic homelessness with the longest lengths of homelessness are matched to these opportunities. If no sheltered matches are available, unsheltered individuals on the Top 10% list will be considered prior to considering matches on the master prioritization list. If no individuals experiencing chronic homelessness are available, individuals with a permanent disabling condition experiencing homelessness with the longest lengths of homelessness will be considered followed by people without a permanent disabling condition with the longest lengths of homelessness.

Scenario 2: A project-based PSH unit becomes available in the North Service Planning Area for a family. Sheltered families experiencing chronic homelessness with the longest length of homelessness from the North Service Planning Area are considered first for this opportunity. If no sheltered families experiencing chronic homelessness from the North Service Planning Area are available, unsheltered families experiencing chronic homelessness from the North Service Planning Area will be considered followed by sheltered families experiencing chronic homelessness from any Service Planning Area will be considered followed by families experiencing homelessness with a head of household with a permanent disabling condition from the North Service Planning Area, and then unsheltered families experiencing homelessness with a head of household with a permanent disabling condition from any Service Planning Area will be considered. Finally, families experiencing homelessness from the North Service Planning Area with the longest lengths of homelessness will be considered followed by families experiencing homelessness from any Service Planning Area.

Scenario 3: An RRH opportunity becomes available for homeless individuals. Sheltered individuals from the Top 10% list with the longest lengths of homelessness are considered first for this opportunity. Then, unsheltered individuals from the Top 10% list with the longest length of homelessness will be considered before considering individuals on the master prioritization list. Individuals experiencing chronic homelessness with the longest lengths of homelessness are considered first for this opportunity. Then, individuals with a permanent disabling condition

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experiencing homelessness with the longest lengths of homelessness will be considered followed by people without a permanent disabling condition with the longest lengths of homelessness.

REFERRAL

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

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

Upon referral to housing opportunities, housing providers will provide an overview of program expectations including the share of rent and utility costs to participants 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 housing referral, the participant is returned to the prioritization list and remains on the prioritization list for a new housing referral. The individual or family will continue to be prioritized for available housing resources following the prioritization process previously described.

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

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

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

EMERGENCY TRANSFER REQUEST POLICY

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

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

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

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

PRIVACY AND DATA MANAGEMENT

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

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

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

GRIEVANCE PROCESS

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

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

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- For housing program related complaints, grievances should be directed to the appropriate 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](#)

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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

2022 CES POLICY FEEDBACK & QUESTIONS

The CES draft policies were available for public review and feedback from August 31, 2022 through September 7, 2022. The feedback below was received in writing, during CoC Committee Meetings and during the public listening session.

As a homeless advocate, I am concerned about losing outreach workers if we don't remove the shelter preference. Outreach workers are frustrated and upset about the shelter preference and not being able to get people housed off the streets. The shelter preference is a barrier to housing.

If we keep focusing on the shelter only model, we are essentially ignoring people on the streets.

An unsheltered preference is a good idea. People that don't want to access shelter are at the bottom of the list and that's unfair.

I agree with doing away with the shelter preference. I am helping someone with mental health issues that prevent her from going to shelter but that shouldn't exclude her from housing. I agree with a hybrid approach. We can't just house people directly from the streets that aren't ready. There are people that are not getting proper support. How will service needs be considered? How are disabling conditions considered and is there a preference for people with severe mental illness?

I view housing as a form of healthcare, so removing shelter preferences would be ideal. If a person has been unhoused for 15 years, said person is likely disabled. I acknowledge that persons in shelters are disabled but there is a modicum of safety and ability to lay down, that is not good enough either. Coupled with the fact that there are not enough shelter beds to 'house' our vulnerable population. I can understand why this question has such a conundrum. There is no right answer as housing is a human right, this is a human rights issue.

I agree with the Working Group's recommendation to consider how long people have been unhoused to first get the housing available. I agree with the group.

The elimination of the prioritized shelter status should also extend past chronic homelessness status for families. Families who are in shelter have a better opportunity to potentially divert away from the system while staying in shelter. Most shelters have access to case managers and potentially housing navigation already, while also providing a safer environment for agencies to practice having diversion conversations. However, families who are staying in their car, outdoors, or a place not meant for habitation do not have the same opportunities and have been on the Community Queue for more than 100 days waiting for a housing program opportunity. The length of homelessness as a prioritization should be extended to all families to support the process and flow for families who have been on the community queue for longer.

I agree that the recommendation from the Working Group is a step in the right direction. The draft policies will benefit Individual CES more than Family CES since there are fewer families experiencing chronic homelessness. The shelter preference should be eliminated for everyone experiencing homelessness, not just people experiencing chronic homelessness. There are over 100 families experiencing unsheltered homelessness and they should be able to access housing and the shelter preference prevents them from being considered for housing opportunities.

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We should continue to move toward true equity by removing the shelter preference.

The Working Group's proposal is a good compromise and clearly took a lot of work.

Will shelter status still need to be updated if there is no longer a shelter preference?

It will be important to continue to monitor the impact of these policy changes to confirm that we shouldn't remove the shelter preference all together.

How is this policy recommendation different from the previously proposed policy of removing the shelter preference? How does this recommendation mitigate the concerns that came with removing the shelter preference?

If chronically homeless status will be prioritized, will there be any adjustments made to how chronically homeless status is being verified? Do household have to have their chronicity documented through services or will self-certification information suffice?

Has the service infrastructure for unsheltered households been expanded or made more robust in response to this recommended policy change?
