

ORANGE COUNTY  
CONTINUUM OF CARE BOARD  
Wednesday, May 27, 2020  
2:00 PM – 4:00 PM

**Webinar:**  
<https://global.gotomeeting.com/join/511229197>  
**Dial by Phone: +1 (872) 240-3311**  
**Access Code: 511-229-197**

# Agenda

## Board Member Names

Jeanne Awrey, OC Dept. of Education [Secretary]  
Matt Bates, City Net  
Judson Brown, City of Santa Ana  
Natalie Bui, Veteran Affairs CRRC  
Donald Dermit, The Rock Church  
Curtis Gamble, Hope Lifted  
Vacant  
Vacant

Becks Heyhoe, OC United Way  
Patti Long, Mercy House  
Dawn Price, Friendship Shelter  
Albert Ramirez, City of Anaheim  
Maricela Rios-Faust, Human Options  
George Searcy, Jamboree Housing [Chair]  
Tim Shaw, Individual [Vice-Chair]

**Call to Order** – George Searcy, Chair

**Board Member Roll Call** – Jocelyn Gaspar, CoC Specialist

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

## **CONSENT CALENDAR**

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

1. **Approve Continuum of Care Board Meeting Minutes from March 26, 2020 and the Continuum of Care Board Retreat Minutes from April 29, 2020.**

## **BUSINESS CALENDAR**

1. **Update from the Office of Care Coordination regarding COVID-19 response** – Jason Austin, Director
2. **Update from the Continuum of Care Manager regarding COVID-19 response** – Paul Duncan, CoC Manager
3. **System of Care Data Integration System (SOCDIS)** – Paul Duncan, CoC Manager and Natalie Dempster, Care Coordination Manager
  - a. Authorize 2-1-1 Orange County as the HMIS Administrator for Orange County Continuum of Care to participate and provide input on the OC Health Care Agency's Data Integration Project.

- b. Authorize 2-1-1 Orange County as the HMIS Administrator for Orange County Continuum of Care to share data with the Data Integration Project to ensure increased care coordination, streamline service delivery and deduplication of efforts.
  - c. Assign the Continuum of Care Manager or designee as the program expert on behalf of the Continuum of Care to design and implement the Data Integration Project in partnership with the OC Health Care Agency.
- 4. Update on COVID-19 Funds Expended To Date – Paul Duncan, CoC Manager**
- 5. Utilization of funding update for HHAP, California Emergency Solutions and Housing (CESH), Emergency Solutions Grants Programs (ESG) CARES - Paul Duncan, CoC Manager**
- 6. Analysis of Homeless Housing, Assistance and Prevention (HHAP) infrastructure allocations and Family Solutions Collaborative funding allocation - Paul Duncan, CoC Manager**
- a. Authorize the allocation of an additional \$50,000 to the Family Solutions Collaborative from HHAP funding for a total of \$100,000, to support structural shifts in the operations of the collaboratively Solution Collaborative
- 7. Creation of a Coordinated Entry System Ad Hoc to update prioritization policy in response to COVID-19 - Paul Duncan, CoC Manager**
- a. Authorize the creation of an Ad Hoc Committee with authority to research, review and change CES prioritization policies for the purpose of COVID-19 response. Any prioritization policy changes will be specific to the period of COVID-19 pandemic response and will revert to the preceding policies at the point that COVID-19 response ends.
  - b. Ad Hoc Committee will be responsible for reporting back at the monthly CoC Board meeting any time there is a change made to the CES prioritization policy for COVID-19 response.
- 8. HUD 2019 CoC Notice of Funding Availability Competition Debrief - Paul Duncan, CoC**
- 9. Authorize the extension of CoC Board member seats through October 2020 - Paul Duncan, CoC Manager**
- a. Authorize the extension of expiring CoC Board Member seats through October 2020.
  - b. Authorize the extension of George Searcy as Board Chair, Tim Shaw as the Vice-Chair, and Jeanne Awrey as Secretary until the point at which an election is done to fill expiring board seats.
  - c. Assign Office of Care Coordination staff to conduct further research and analysis of timeline and if there are alternatives that can be made for conducting the process, such as a virtual process with a general members meeting.

**Next Meeting:** June 24, 2020

**ORANGE COUNTY  
CONTINUUM OF CARE BOARD  
SPECIAL MEETING  
Wednesday, March 25, 2020  
2:00 PM – 4:00 PM**

**Webinar:**  
<https://www.gotomeet.me/HCACareCoordination/cocboard>  
**Dial by Phone: +1 (571) 317-3112**  
**Access Code: 994-868-397**

# MINUTES

## Board Member Names

Jason Austin, OC Health Care Agency  
Jeanne Awrey, OC Dept. of Education [Secretary]  
Matt Bates, City Net  
Judson Brown, City of Santa Ana  
Natalie Bui, Veteran Affairs CRRC  
Donald Dermit, The Rock Church  
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Vacant

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Albert Ramirez, City of Anaheim  
Maricela Rios-Faust, Human Options  
George Searcy, Jamboree Housing [Chair]  
Tim Shaw, Individual [Vice-Chair]

### Call to Order – George Searcy, Chair

Chair George Searcy called the meeting to order at 2:05 p.m.

### Board Member Roll Call – Jeanne Awrey, Secretary

Present: Jeanne Awrey, Matt Bates, Judson Brown, Natalie Bui, Donald Dermit, Becks Heyhoe, Patti Long, Dawn Price, Albert Ramirez, Maricela Rios-Faust, George Searcy and Tim Shaw.

Absent Excused: Jason Austin and Curtis Gamble

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- Susan Price from the City of Costa Mesa commented on the State funding available to support the ongoing response to the Novel Coronavirus.
- Larry Haynes from Mercy House commented on partnerships with the County and cities to support efforts to quickly locate motels for people experiencing homelessness.

## BUSINESS CALENDAR

1. **Update form the Office of Care Coordination regarding COVID-19** – Paul Duncan, CoC Manager

Paul Duncan, Continuum of Care (CoC) Manager, thanked the CoC Board for the ongoing support during this difficult time. The Office of Care Coordination created an email address ([OCHomelessnessResponse@ochca.com](mailto:OCHomelessnessResponse@ochca.com)) to assist with answering questions and sharing information regarding the COVID-19 pandemic.

The Cold Weather Shelters operating in Santa Ana and Fullerton Armories were closed on March 23, 2020. Two alternative locations were immediately identified for the ongoing operations of the Cold Weather Shelter Program and transitioned to a 24/7 facility. The change in program operations support the ongoing efforts to slow the virus by allowing participants to stay in the facility and practice Safer at Home.

Public Comments:

- Briana Stickney from the City of Fullerton thanked the County and Mercy House for how quickly the Fullerton Alternative Shelter Site was up and running after transitioning from the Fullerton Armory.

**2. Report from the CoC Board Chair regarding COVID-19 advocacy letter to the County of Orange – George Searcy, CoC Board Chair**

Maricela Rios-Faust motioned to amend Priority 7 bullet point 3 of the Continuum of Care Executive Recommendations, COVID-19 Homeless Resource Strategy's 7 priorities as presented by Chair George Searcy to include the following:

Establish a Coordination Team composed of the CoC Board Chair, Vice Chair and OC Health Care Agency CoC staff to act to deploy future CoC COVID-19 funds that may be received to align with such funding across the system. Consult with representatives from the south service planning area, the coastal cities and cities receiving direct allocations from State sources.

Jeannie Awrey seconded the amendment. The motion passed by unanimous consent.

The balance of the Continuum of Care Executive Recommendations, COVID-19 Homeless Resource Strategy's 7 priorities as presented by George Searcy passed by unanimous consent.

Public Comments:

- Barry Ross from St. Joseph commented on allowing hospitals to act as an access points to refer into homeless services.
- Susan Price from the City of Costa Mesa commented on increasing the Service Planning Area consultants for Coordination Team as the current two cities may not be representative of an entire Service Planning Area.

The CoC Board voted and approved by unanimous consent the Shelter System COVID-19 Response Priorities as presented by Dawn Price. Dawn Price has agreed to support with the initiative.

**3. Update on 2018 State Emergency Solutions Grant (ESG) Program Disaster Funding – Paul Duncan, CoC Manager**

In 2018, approximately \$2 million of ESG funding was underspent across the state. The State of California has received approval from HUD to extend the funding for another year. The Orange County CoC has requested to the State to receive funding to support the ongoing COVID-19 efforts. The amount to be received by the Orange County CoC is pending.

**4. Homeless Emergency Aid Program (HEAP) Funding Discussion and Evaluation – Paul Duncan, CoC Board Manager**

Authorize the OC Health Care Agency Staff to assess current HEAP expenditures and unencumber any HEAP funding that projects to be underspent. Authorize the OC Health Care Agency to utilize HEAP funds with the approval from the CoC Board Chair and CoC Board Vice Chair to provide additional resources for the homeless population in response to COVID-19.

Judson Brown motioned to approve the recommendation. Natalie Bui seconded the recommendation. The motion passed by unanimous consent.

Public Comments:

- Jerry Frimond from the City of Laguna Beach commented on using the funds for additional isolation shelters or needs as they arise.

**5. Homeless Housing, Assistance and Prevention (HHAP) COVID-19 Funds Recommendation – Paul Duncan, CoC Board Manager**

Authorize the OC Health Care Agency to utilize HHAP funds with the approval from the CoC Board Chair and CoC Board Vice Chair to provide additional resources for the homeless population in response to COVID-19.

Authorize the Orange County Health Care Agency to utilize and distribute additional funds received by HUD with the approval from the CoC Board Chair and CoC Board Vice Chair to provide additional resources for the homeless population in response to COVID-19.

Judson Brown motioned to approve the amended motion. Donald Dermit seconds the motion. The amended motion passed by unanimous consent.

**6. Homeless Housing, Assistance and Prevention Request for Proposals Update and Recommendation – Paul Duncan, CoC Manager**

Authorize the OC Health Care Agency to utilize up to ten percent of HHAP's Request For Proposals funds to support the ongoing COVID-19 efforts with the CoC Board Chair and CoC Vice Chair authority.

The CoC Board did not vote on the item. Instead, the CoC Board Chair, Vice Chair and OC Health Care Agency staff agreed to discuss developing a strategy or process for the HHAP Request for Proposals.

Public Comment:

- Susan Price from the City of Costa Mesa commented on HHAP funding and the trailers being provided by the State.

**Meeting Adjourned:** 4:27 P.M.

**Next Meeting:** April 22, 2020

**ORANGE COUNTY  
CONTINUUM OF CARE BOARD  
SPECIAL MEETING  
Wednesday, April 29, 2020  
10:00 AM – 12:00 PM**

**Webinar:**  
<https://global.gotomeeting.com/join/303523669>  
**Dial by Phone: +1 (571) 317-3112**  
**Access Code: 303-523-669**

# MINUTES

## Board Member Names

Jeanne Awrey, OC Dept. of Education [Secretary]  
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Judson Brown, City of Santa Ana  
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Albert Ramirez, City of Anaheim  
Maricela Rios-Faust, Human Options  
George Searcy, Jamboree Housing [Chair]  
Tim Shaw, Individual [Vice-Chair]

### Call to Order – George Searcy, Chair

Chair George Searcy called the meeting to order at 10:08 a.m.

### Board Member Roll Call

Present: Jeanne Awrey, Matt Bates, Judson Brown, Natalie Bui, Donald Dermit, Curtis Gamble, Becks Heyhoe, Patti Long, Dawn Price, Albert Ramirez, George Searcy and Tim Shaw.

Absent Excused: Maricela Rios-Faust

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

- No Public Comments

## BUSINESS CALENDAR

### **1. Update from the Office of Care Coordination regarding COVID-19 response – Jason Austin, Director**

Jason Austin was welcomed by the CoC Board Chair as the new Director for the Office of Care Coordination. Through Project Roomkey, four hotels/motels are currently operating in Orange County as temporary shelters, two locations are for individuals who are sick or symptomatic for COVID-19 and two location is for

asymptomatic and medically vulnerable populations residing in shelters. The County anticipates an additional three hotels/motels becoming available in the next week. In total, the County anticipates a total capacity of 665 motel/hotel beds for individuals who are sick and symptomatic and vulnerable population. The hotel sites have nurses and site supervision to support the clients. To enter into the program, clients must be referred through an access point that includes, the shelter system, outreach teams, hospitals, and law enforcement. The Joplin Facility is now operating as a shelter site with 100 bed capacity for the South Service Planning Area.

**2. Update from the Continuum of Care Manager regarding COVID-19 response – Paul Duncan, CoC Manager**

Continuum of Care funds are being utilized to support families experiencing unsheltered homelessness and any individuals experiencing homelessness who are unable to use the County of Orange's Project Roomkey program. Service providers and cities qualify for the available funds. Currently 40 households have accessed the resources. Anyone interested that qualifies under the CDC's definition as vulnerable must first email OCHomelessnessResponse@ochca.com.

OC Health Care Agency staff coordinated a conference call with cities receiving Emergency Solutions Grant (ESG) CARES funding to discuss the COVID-19 response on the city-level. OC Health Care Agency staff intends to continue coordinating meeting with stakeholders to support regional needs.

**3. Report from the CoC Board Chair regarding the COVID-19 Advocacy Letter for funding to address housing and homelessness – George Searcy, CoC Board Chair**

The Orange County Housing Finance Trust, the Orange County CoC, and County of Orange created a joint advocacy letter to request a State budget allocation of \$35 million that will provide an immediate short-term response to the need for COVID-19 isolation units and a long-term increase in affordable and supportive housing units in Orange County.

**4. Update on CARES Act Funding regarding the allocated Community Development Block Grant (CDBG) and Emergency Solutions Grant (ESG) program funds– Paul Duncan, CoC Manager**

Through the CARES Act funding, it is estimated that Orange County will receive approximately \$2,468,762 from the State of California. The administrative entity (HCA) is required to collaborate and receive input and agreement from the CoC on how funding is utilized. There is additional funding that will be allocated from HUD that is expected to be announced within the next week or two. Allocations within the second round of funding awards will be distributed in a different formula, which will take into account both the number of persons experiencing homelessness as well as persons that are experiencing unsheltered homelessness. Remaining unallocated CARES Act funding is \$3 billion in CDBG and \$2 billion in ESG.

**5. Family Solutions Collaborative one-time funding allocation – Paul Duncan, CoC Board Manager**

Action: Authorize the allocation of a one-time funding award in the amount of \$50,000 to the Family Solutions Collaborative (FSC) to support structural shifts in the operations of the collaborative. Any additional funding requires a financial analysis and must be brought to the CoC Board for approval.

Chair George Searcy motioned to approve the recommendation. Donald Dermit seconded the recommendation. Patti Long abstained from voting. The recommendation passed by unanimous consent.

**6. Update regarding procurement and utilization of Homeless Housing, Assistance and Prevention (HHAP) and California Emergency Solutions and Housing (CESH) - Paul Duncan, CoC Board Manager**

The Office of Care Coordination recommends that this RFP is done in conjunction with a RFP that will utilize State funding to the CoC for COVID-19 response as well as HHAP and CESH funding dependent upon the proposals and need. The authorization for that was given to the CoC Chair and Vice-Chair. OC Health Care Agency staff will be working with the Chair and Vice-Chair to finalize and release an RFP for that purpose. At the same time the Office of Care Coordination recognizes the need for timely availability of capital funds for projects that may be already in the works or quick capital needed to respond to COVID-19 needs. With strained capacity by many entities the OC Health Care Agency would look to create a simplified procurement that ensured interested entities were not further strained during a time of needed capacity for crisis response. The Office of Care Coordination recommends the CoC consider prioritizing the award of capital funding to a project(s) that bring on new services, increases services, or significantly enhances existing service.

**7. HHAP Request for Proposals (RFP) for capital funds recommendation – Paul Duncan, CoC Manager**

- Authorize the OC Health Care Agency to release an RFP to solicit proposals for capital projects.
- Authorize the creation of an ad-hoc group for review and scoring of proposals that are received through this procurement.
- Run this in concurrence with a procurement that provides funding from HHAP and California Emergency Solutions Housing (CESH) that responds to service and resources needs for crisis response related to the COVID-19 pandemic.

Vice Chair Tim Shaw motioned to approve the recommendation. Matt Bates seconded the recommendation. The motion passed.

**8. Special listening section: The Orange County CoC Board and Office of Care Coordination request your input on what needs are being seen around homeless response in relation to COVID-19**

This section is meant to provide opportunity to listen to emerging needs around COVID-19. If there is an emergent need that is surfaced during this portion of the meeting, the CoC Board may elect to take action specifically relating to the health and well-being of persons who are experiencing homelessness or at risk of homelessness in relation to the COVID-19 pandemic.

- Karen William from 2-1-1 Orange County complimented the efforts to date in response to COVID-19 and shared insight on the new calls coming into 2-1-1 Orange County's Information and Referral.
- Julie Dodd Thomas commented on establishing a plan to support on the potential rise in homelessness as a result of COVID-19, specifically in South Orange County.
- Elizabeth Andrade from Family Assistance Ministries echoed Julie's comment and commented on creating initiatives for prevention efforts and commented an increased need for rental assistance in South County.

**9. CoC Board Member Comments**

- Tim Shaw commented on the efforts from staff in response to COVID-19.
- Matt Bates commented on prevention and diversion efforts and considering involving the smaller non-profits, churches and small groups.
- Dawn Price commented on using this response as a learning opportunity and in the future, review lessons learned.
- Chair George Searcy echoed the above comments and closed the meeting in honor of all the homeless services frontline staff.

**Meeting adjourned:** 11:40 a.m.

**Next Meeting:** May 27, 2020



**Date: May 27, 2020**

**From: Paul Duncan, OC Health Care Agency**

**To: Continuum of Board**

**Subject: HMIS participation in Data Integration Project**

**Recommendations:**

1. Authorize 2-1-1 Orange County as the HMIS Administrator for Orange County Continuum of Care to participate and provide input on the OC Health Care Agency's Data Integration Project.
2. Authorize 2-1-1 Orange County as the HMIS Administrator for Orange County Continuum of Care to share client – level data with the Data Integration Project to ensure increased care coordination, streamline service delivery and deduplication of efforts.
3. Assign the Continuum of Care Manager or designee as the program expert on behalf of the Continuum of Care to design and implement the Data Integration Project in partnership with the OC Health Care Agency.

**History:**

The sharing of data will be governed by the Memorandum of Understanding (MOU) established through Assembly Bill (AB) 210 Homeless Multidisciplinary Personnel Team. This bill authorized counties to establish a homeless adult and family multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services. AB 210 allows provider agencies to share confidential information, as specified, for the purpose of coordinating housing and supportive services to ensure continuity of care.

The bill requires the sharing of information be governed by protocols developed in each county, as specified, and requires each county to provide a copy of its protocols to the State Department of Social Services. Attached is the County's AB 210 MOU as submitted to the State for reference and has been reviewed and signed by each of the County agencies to ensure compliance.

The County of Orange (County) identified the creation of a coordinated data-sharing platform as a priority to serve both internal and external stakeholders with the goal of improving care coordination and delivery of services to its most vulnerable residents. The solution proposed will address the need amongst stakeholders to share information necessary for care coordination for those high-utilizers of the County's System of Care. High-utilizers are individuals who have accessed services and/or resources and are found in three programs within the System of Care. The System of Care includes Behavioral Health, Healthcare, Housing, Benefits and Supportive Services, and Community Corrections. The Data Integration Project will be developed in phases, integrating different County systems based on the identified cohort that will receive intense care coordination.

The goal of the data-sharing initiative includes:

- a. Increased care coordination through improved information sharing capabilities

- b. Tracking and reporting on aggregated data and outcomes
- c. Improved efficiency in service delivery and eliminating duplication of services
- d. Streamlined referral process and reduction in barriers to access
- e. Continuous monitoring and improvement of quality of care
- f. Achievement of targeted benchmarks and outcomes through measurement and tracking of key performance indicators.
- g. Increased data tracking, reporting and data analytics that improve planning and future investments in all segments of the System of Care.

The approach and model of the Data Integration Project is based on successful data sharing solutions currently implemented in other jurisdictions using an International Business Machines Corporation (IBM) developed-platform. The County collaborated with these other jurisdictions on best practices and lessons learned during their development and implementation processes.

**Analysis:**

The first cohort to receive intense care coordination utilizing this data-sharing platform will be those experiencing homelessness. The Orange County Continuum of Care HMIS data is an integral piece to the Data Integration Project as it is the primary source of data for those experiencing homelessness in Orange County. The data-sharing platform will connect HMIS to other data systems within the County to improve care coordination and referral linkage to behavioral health programs, housing programs, and supportive services.

The County serves as: a services provider for vulnerable populations including those experiencing with homelessness, a funder of a broad range of shelter and housing solutions and as the Administrative Entity for the Continuum of Care in partnership with the CoC Board of Governors. In these varied capacities the County provides a broad capability to coordinate these various functions affecting data sharing, analysis and reporting.

The data will be staged with the appropriate administrative, technical and physical controls in place for protection of data. The standards of privacy and security are established by HIPAA. There will be appropriate security controls in place for data at rest and in transmission across the entire network architecture. Access to the application shall be managed by built-in administrative and technical controls in a tiered approach. Credentials provided to the end users shall be built on role-based access and a policy matrix.

MEMORANDUM OF UNDERSTANDING  
FOR THE PROVISION OF  
HOMELESS ADULT AND FAMILY MULTI-DISCIPLINARY PERSONNEL TEAM

This Memorandum of Understanding (MOU) is entered into by Orange County Social Services Agency (SSA), Orange County Health Care Agency (HCA), Orange County Office of Care Coordination (OCC), Orange County Community Resources (OCCR), Orange County Information Technology (OCIT), Orange County Sheriff-Coroner Department (OCSO), Orange County Probation Department (Probation), and Orange County Public Works (OCPW). All of the above are departments or agencies of the County of Orange (County), and may be referred to hereinafter collectively as “AGENCIES” or individually as “AGENCY.”

This MOU defines the roles and responsibilities of the AGENCIES and sets forth the guidelines for the establishment of Homeless Adult and Family Multi-Disciplinary Personnel Teams (HAF-MDPT) and will serve as the protocol for HAF-MDPT for the County.

The relationship between the AGENCIES, with regard to this MOU, is based upon the following principles, all of which are agreed to by the AGENCIES:

1. This MOU is established to further the interests of the County, in a collaborative effort, in accordance with State of California (State) Assembly Bill 210 (AB 210), effective January 1, 2018.
2. The sharing of information pursuant to this MOU is authorized by California Welfare and Institutions Code (WIC) section<sup>1</sup> 18999.8 and is specifically intended to apply to the sharing of confidential information by the AGENCIES with the members of the HAF-MDPT and their designees.

<sup>1</sup> Unless otherwise stated, all references to “section” herein shall refer to sections of the WIC.



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1. TERM

The term of this MOU shall be effective upon execution of all signatures and remain in effect continuously, unless terminated earlier pursuant to the provisions of Section 11 of this MOU; however, the AGENCIES shall be obligated to perform such duties as would normally extend beyond this term, including, but not limited to, obligations with respect to reporting and confidentiality.

2. PURPOSE AND GOAL

2.1 The purpose of this MOU is to:

2.1.1 Provide the framework for the AGENCIES to share certain confidential information with the members of the HAF-MDPT, and their designees, as authorized by and within the parameters set forth in section 18999.8;

2.1.2 Create a platform that allows for integration of services provided by the AGENCIES and for the exchange of information between AGENCIES and the members of the HAF-MDPT, and their designees; and

2.1.3 Serve as the protocol for HAF-MDPT for the County pursuant to section 18999.8(e).

2.2 The goal of this MOU is to:

2.2.1 Reduce duplication of efforts and services by the AGENCIES;

2.2.2 Expedite the identification, assessment, and linkage of homeless individuals and families to housing and supportive services within the County;

2.2.3 Allow the AGENCIES to share certain confidential information for the purpose of coordinating housing and supportive services to ensure continuity of care;

2.2.4 Improve the quality of care and outcomes for homeless individuals and families;

2.2.5 Maximize access to and usage of appropriate federal and State services

and benefits;

2.2.6 Increase efficiency of processes and services; and

2.2.7 Reduce recidivism and more effectively serve high utilizers of services.

### 3. DEFINITIONS

3.1 Designee (as used in connection with HAF-MDPT): Person(s) the HAF-MDPT designate to be a member of the HAF-MDPT for a particular case and who is (are) qualified pursuant to WIC Section 18999.8(b)(2).

3.2 Homeless: Any recorded instance of an adult or family self-identifying as homeless within the most recent twelve (12) months, or any element contained in service utilization records indicating that an adult or family experienced homelessness within the most recent twelve (12) months.

3.3 HAF-MDPT: A team of two (2) or more persons who are trained in the identification and treatment of homeless adults and families, and who are qualified to provide a broad range of services related to homelessness. The team may include, but shall not be limited to, the following:

3.3.1 Mental health and substance abuse services personnel and practitioners or other trained counseling personnel;

3.3.2 Police officers, probation officers, or other law enforcement agents;

3.3.3 Legal counsel for the adult or family representing them in a criminal matter;

3.3.4 Medical personnel with sufficient training to provide health services;

3.3.5 Social services workers with experience or training in the provision of services to homeless adults or families or funding and eligibility for services;

3.3.6 Veterans services providers and counselors;

3.3.7 Domestic violence victim service organizations, as defined in subdivision (b) of Section 1037.1 of the Evidence Code;

## Attachment A

- 3.3.8 Any public or private school teacher, administrative officer, or certified pupil personnel employee; and
  - 3.3.9 Housing or homeless services provider agencies and designated personnel.
- 3.4 Homeless Services Provider Agency (HSPA): Any governmental or other agency that has as one of its purposes the identification, assessment, and linkage of housing or supportive services to homeless adults or families. The homeless services provider agencies serving adults or families that may share information under this section include, but are not limited to, the following entities or service agencies:
- 3.4.1 Social services;
  - 3.4.2 Health services;
  - 3.4.3 Mental/behavioral health services;
  - 3.4.4 Substance abuse services;
  - 3.4.5 Probation;
  - 3.4.6 Law enforcement;
  - 3.4.7 Legal counsel for the adult or family representing them in a criminal matter;
  - 3.4.8 Veterans services and counseling;
  - 3.4.9 Domestic violence victim service organizations, as defined in subdivision (b) of Section 1037.1 of the Evidence Code;
  - 3.4.10 Schools;
  - 3.4.11 Homeless services; and
  - 3.4.12 Housing.
4. POPULATION TO BE SERVED
- 4.1 The HAF-MDPT will facilitate the expedited identification, assessment, and linkage of homeless individuals and families to housing and supportive services



## Attachment A

within the County.

- 4.2 The AGENCIES will disclose certain confidential information to members of the HAF-MDPT, and their designees, for the purpose of coordinating housing and supportive services to ensure continuity of care to homeless individuals and families.

5. HAF-MDPT ROLE AND RESPONSIBILITIES

5.1 Information Sharing

5.1.1 Pursuant to section 18999.8(c)(1), the members of the HAF-MDPT, and their designees, may disclose to, and exchange with, one another information that may be designated as confidential under State law, if the member of the HAF-MDPT having that information reasonably believes it is generally relevant to the identification, reduction, or elimination of homelessness or the provision of services.

5.1.2 Members of the HAF-MDPT, and their designees, may share or disclose the information they receive from the AGENCIES amongst and to each other in person, telephonically, via facsimile, or electronically, if there is adequate verification of the identity of the member(s) of the HAF-MDPT who is/are involved in that exchange or disclosure of information.

5.2 Confidentiality of Information Received from the AGENCIES

5.2.1 Members of the HAF-MDPT, and their designees, may not disclose any confidential information or writings they receive from the AGENCIES to any person who is not a member of the HAF-MDPT, except to the extent required or permitted under applicable law. For sake of clarity any person, referenced above, includes the AGENCIES, their staff, any other County department, and any other person or entity.

5.2.2 In accordance with section 18999.8(c)(1), any discussion relative to the disclosure or exchange of information during a HAF-MDPT meeting is

## Attachment A

confidential and, notwithstanding any other law, testimony concerning that discussion is not admissible in any criminal, civil, or juvenile court proceeding.

- 5.2.3 The information and writings received by members of the HAF-MDPT, and their designees, from the AGENCIES, pursuant to this MOU, shall be deemed private and confidential and shall be protected from discovery and disclosure by all applicable statutory and common law protections.
- 5.2.4 In accordance with section 18999.8(f), every member of the HAF-MDPT, and their designees, who receives information pursuant to this MOU in his or her capacity as a member of the HAF-MDPT shall be under the same privacy and confidentiality obligations and subject to the same confidentiality penalties as the person/AGENCY disclosing the information, and shall maintain the information in a manner that ensures the maximum protection of privacy and confidentiality rights of the person to whom the information pertains. The following confidentiality standards apply to the information received by the members of the HAF-MDPT and their designees:
- 5.2.5 Members of the HAF-MDPT, and their designees, shall maintain confidentiality of all information they receive from SSA pursuant to WIC Sections 827 and 10850-10853, the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP), Division 19-000 (<http://www.cdss.ca.gov/ord/entres/getinfo/pdf/cws8.pdf>), and all other provisions of law and regulations promulgated thereunder relating to privacy and confidentiality, as each may now exist or be hereafter amended.
- 5.2.6 Members of the HAF-MDPT, and their designees, shall maintain confidentiality of all information they receive from HCA pursuant to

## Attachment A

Health Insurance Portability and Accountability Act of 1996 and its implementing regulations at 45 Code of Federal Regulations (CFR) Part 160, 162, and 164 (HIPAA), WIC 5328 et seq., California Civil Code section 56 et seq., and any other law that may apply to maintaining the confidentiality of the information received.

5.2.7 Members of the HAF- MDPT, and their designee, shall maintain confidentiality of all Criminal Offender Record Information (CORI), Probation Records, and Juvenile Records they receive from the OCSD, Probation, or any other law enforcement agency, pursuant to Penal Code (PC) Sections 11105, 1205.03, 1205.10 and 13300 and/or WIC 827, 827.1. Unauthorized disclosure of CORI or Juvenile Records obtained from OCSD or Probation pursuant to this MOU may be subject to criminal action pursuant to PC § 11142 and/or WIC 827(b)(2)(C)

5.2.8 Members of the HAF-MDPT, including designees, shall maintain the confidentiality and privacy of all information they receive from the AGENCIES under all applicable state and federal laws.

### 5.3 Use of Shared Information

5.3.1 Members of the HAF-MDPT, and their designees, shall use the information shared pursuant to this MOU only to:

5.3.1.1 Facilitate the identification and assessment of homeless adults, youth, and families and their linkage to the most appropriate housing and supportive services;

5.3.1.2 Keep AGENCIES informed about the services individuals and/or families are currently receiving or have received in the past; and

5.3.1.3 Coordinate care, ensure continuity of care, and reduce duplication and fragmentation of services.

## Attachment A

6. AGENCY ROLE AND RESPONSIBILITIES

- 6.1 AGENCY may disclose any information that has any tendency to assist the HAF-MDPT to identify, assess, and link homeless adults, youth, and families to housing and supportive services to members of the HAF-MDPT, and their designees, in accordance with section 18999.8, unless another State or federal law prohibits the disclosure of the information by the AGENCY.
- 6.2 The relevant information that the AGENCY discloses to members of the HAF-MDPT shall include any information that has any tendency to assist the HAF-MDPT to identify, assess, and link homeless adults, youth, and families to housing and supportive services. This information may include, but is not limited to, the following categories:
- 6.2.1 Demographic Information
  - 6.2.2 Contact Information
  - 6.2.3 Service and Program History
  - 6.2.4 Medical History
  - 6.2.5 Mental Health History
  - 6.2.6 Disability Status
  - 6.2.7 Housing and Homeless History and Status
  - 6.2.8 Benefit History and Status
  - 6.2.9 Criminal History and Status
  - 6.2.10 Probation Status
  - 6.2.11 Domestic Violence Status
  - 6.2.12 Employment and Educational History and Status
  - 6.2.13 High Risk Behavior, Violence, or Aggression History
- 6.3 There may be information that falls outside of the categories listed in Section 6.2 that is permissible to be shared. Moreover, no AGENCY is required to share any information simply because it falls into one of the categories listed.

## Attachment A

- 6.4 AGENCIES may decide to share different information depending on the method of information sharing, or may determine that different information may be shared by different personnel.
- 6.5 Representatives of domestic violence victim service organizations, as defined in subdivision (b) of Section 1037.1 of the Evidence Code, will obtain a domestic violence victim's informed consent, in accordance with all applicable State and federal confidentiality laws, before disclosing information regarding a domestic violence victim or the victim's family.
- 6.6 No substance use disorder treatment and referral information (SUD) in possession of HCA may be disclosed by HCA to HAF-MDPT, and their designee, unless the person to whom the information pertains has signed a written authorization in accordance with 42 CFR 2.31.
- 6.7 Each AGENCY will take reasonable steps to ensure information is complete, accurate, and up to date to the extent necessary for the AGENCY's intended purposes and that the information has not been altered or destroyed in an unauthorized manner.
- 6.8 How Information May be Shared with HAF-MDPT
- 6.8.1 AGENCY may share or disclose information with member(s) of the HAF-MDPT, and their designees, in person, telephonically, via facsimile, or electronically, if there is adequate verification of the identity of the member(s) of the HAF-MDPT, and their designees, who is/are involved in that exchange or disclosure of information.
- 6.8.2 Electronic sharing of information/data by the AGENCY with the members of the HAF-MDPT, and their designees, under this MOU will be facilitated via a method that satisfies the legal requirements and security measures applicable to such information/data. Each disclosing AGENCY shall be responsible for identifying all legal requirements and

## Attachment A

security measures applicable to the information/data it will share under this MOU and shall be jointly and severally responsible with the receiving AGENCY and/or HAF-MDPT, for ensuring the confidentiality, integrity, and availability of such data and complying with state and federal law.

6.8.3 All data specified under this MOU will have a retention period specified in the County Records Management Policy and/or departmental records control schedule(s) applicable to each AGENCY.

6.9 Members of the HAF-MDPT, and their designees, who have access to information shared by AGENCIES, shall sign the Employee Participation And Confidentiality Agreement (See Exhibit B), that includes, at a minimum, general use, security safeguards, acceptable use, and enforcement policies.

7. POLICIES AND PROCEDURES

7.1 Each participating AGENCY to this MOU shall develop uniform written policies and procedures that include security and privacy awareness training for members of the HAF-MDPT, and their designees, who receive and have access to information pursuant to this MOU.

7.2 All AGENCIES shall receive a copy of this MOU and ensure that their employees who participate as members of the HAF-MDPT, or designee thereof, too, have a copy of this MOU.

8. ENSURING CONFIDENTIALITY

AGENCIES shall employ security controls that meet their applicable federal and State standards, including reasonable administrative, technical, and physical safeguards, to ensure that the confidentiality, integrity, and availability of the data that they share with the members of the HAF-MDPT, and their designees, is maintained during the exchange process, and any unauthorized or inappropriate access, use, or disclosure is prevented.

9. IMPLEMENTATION AND OVERSIGHT

## Attachment A

The department head of each participating AGENCY, or designee, will provide oversight and coordination of activities under this MOU and the development and implementation of their respective uniform policies and procedures and security controls that pertain to and support this MOU.

10. RESOLUTION OF CONFLICTS AND ORDER OF PRECEDENCE

10.1 County ordinances, regulations, policies, directives, or any other rules (County Rules) shall govern this MOU and shall take precedence over this MOU in the event of a conflict between the provisions of this MOU and the County Rules. AGENCY shall seek a resolution of any conflicts for the betterment of the County as a whole.

10.2 For resolution of conflicts among AGENCIES in regards to the administration of this MOU, members of the HAF-MDPT, and their designees, shall first confer to resolve the conflict. If the conflict is not resolved at that level, a conference between the department head of each participating AGENCY, or designee, involved in the conflict shall be held to resolve the conflict.

11. TERMINATION

Any termination of this MOU shall be done under the authority and with the collaboration of the department heads of each participating AGENCY, or designee, and in a manner to the better of the County, including providing as much advance notice as possible of the termination and the orderly transfer of service responsibilities and pertinent documents.

12. GENERAL PROVISIONS

This MOU represents the entire understanding of the AGENCIES with respect to the subject matter of the MOU. In the event modifications or directives are issued by the Board or the Chief Executive Office that impact the administration of this MOU, such modifications or directives shall immediately be deemed incorporated into this MOU without further amendment by the AGENCIES to the extent such modifications are consistent with the provisions of section 18999.8. No other change, modification,





Attachment A

WHEREFORE, the Parties hereto have executed the Memorandum of Understanding in the County of Orange, California.

By: [Signature]

Debra J. Baetz, Director  
County of Orange  
Social Services Agency

Dated: 9-20-19

By: [Signature]

Richard Sanchez, Director  
County of Orange  
Health Care Agency

Dated: 9-12-19

By: [Signature]

Susan Price, Director of Care Coordination  
County of Orange  
Office of Care Coordination

Dated: 8/14/19

By: [Signature]

Dylan Wright, Director  
County of Orange  
Community Resources

Dated: 9/12/2019

By: [Signature]

Joel Golub, Chief Information Officer  
County of Orange  
Information Technology

Dated: 8/14/19

By: [Signature]

Don Barnes, Sheriff  
County of Orange  
Sheriff-Coroner

Dated: 10/1/19

By: [Signature]

Steven J. Sentman, Chief Probation Officer  
County of Orange  
Probation

Dated: 9/17/2019-

By: [Signature]

Shane Silsby, Director  
County of Orange  
Public Works

Dated: 09/19/2019

Attachment A

Approved As To Form  
SSA Counsel  
County of Orange, California

By: Carolyn S. Frost

Deputy

Dated: 05/24/19



THIS INSTRUMENT IS A CORRECT COPY OF  
THE ORIGINAL ON FILE IN THIS OFFICE

ATTEST (DATE: 10/1/19)

ROBIN STELER  
CLERK OF THE BOARD

BY: [Signature] DEPUTY

Date: May 27, 2020

From: Paul Duncan, OC Health Care Agency

TO: Continuum of Board

Subject: Update on COVID-19 Funds Expended to Date

**Analysis:**

All homeless shelter providers and/or cities operating shelters in Orange County may access up to \$500,000 of the COVID-19 funding allocated to the Orange County CoC from the State to provide immediate resources and/or alternative shelters for the following three segments of the homeless population and related eligible activities.

**Sheltered and Unsheltered Individuals who are at Higher Risk for Severe COVID-19 Illness**

- Individual is age 65 or older
- Individual has an Underlying Health Condition as identified by the [guidance from the CDC](#).
  - Chronic lung disease or moderate to severe asthma
  - Serious heart conditions
  - Conditions that can cause a person to be immunocompromised
  - Severe obesity (body mass index of 40 or higher)
  - Diabetes
  - Chronic kidney disease and who are undergoing dialysis
  - Liver disease

Household Type	# of Households Being Served	# of Homeless Service Providers
Individual	48	5

**Sheltered and Unsheltered Individuals Experiencing COVID-19 symptoms** (does not have to be confirmed COVID-19)

- Individual experiencing any of the following COVID-19 related symptoms:
  - Fever,
  - New or worsening cough, and/or
  - New or worsening shortness of breath/respiratory symptoms

Household Type	# of Households Being	# of Homeless Service Providers
Individual	1	1

**Unsheltered Families**

- Unsheltered families as identified by the Family Solutions Collaborative that are pending shelter placement.

# of Family Households	# of Adults in Households	# of Children in Households	Total People in Families
32	45	65	110

## Funding Commitments to Date

- Projected Costs based on County's Approvals – \$340,213
- Accounts Receivable to Date – \$144,732.88
- Remaining Funds for Alternative Shelter Placement – \$159,787

### History:

The Orange County CoC Board at the March Special meeting authorized the Chair and Vice-Chair of the CoC Board to work with Office of Care Coordination staff to identify areas for funding need and to direct funding to areas that were specific to COVID-19 response. The Chair and Vice-Chair allocated \$500,000 in funding to provide isolation space for families and individuals.

Due to unknown needs, as well as to avoid procurement and contract execution, the Health Care Agency created a Letter Of Agreement (LOA) that any City or Non-Profit who is serving persons experiencing homelessness could execute to assist eligible households. Providers are required to communicate with Office of Care Coordination staff whenever accessing these funds in order to be able to track and substantiate costs associated to LOAs.

## Overview of Funding

This emergency funding is for immediate solutions to combat COVID-19, suggested uses include but are not limited to:

- **Isolation Capacity** – support for the acquisition/lease of hotels, motels, trailers, and other alternative isolation placements.
- **Emergency Shelter Operations** – furnishings, medically-indicated services and supplies, and equipment needed to maintain a sanitary shelter environment for clients and staff.
- **Shelter Capacity** – support for increasing shelter capacity and the acquisition of new shelters.
- **Street Outreach** – supplies and equipment needed to protect staff engaging with unsheltered from COVID-19 and to meet the urgent physical needs of people experiencing homelessness.
- **Transportation** – support for the transportation of those experiencing homelessness to and from shelters and medical care.
- **Staffing** – support for additional staff for infectious disease preparedness and case management for clients.

**Date:** May 27, 2020

**From:** Paul Duncan, OC Health Care Agency

**TO:** Continuum of Board

**Subject:** Utilization of Funding Update for Homeless Housing, Assistance and Prevention (HHAP) California Emergency Solutions and Housing (CESH), CARES Act Emergency Solutions Grant (ESG-CV)

**Analysis:**

The Orange County CoC has received \$13,751,854.50 in HHAP, CESH and ESG-CV funding to address and prevent homelessness. Of the above funding amount, there is \$11,618,001 that is currently unallocated. The funding sources have a range of requirements for utilization, including eligible program types and time frame for expending funds (See attachment for detail of requirements). In addition to the above identified funding, there are additional allocations that will be made to specifically address COVID-19. Of the currently available funding there is \$3,281,888 that must be allocated to address COVID-19, while the remaining \$8,336,112 can be used for a wider range of needs, including COVID-19 response.

The Office of Care Coordination has engaged with the Chair and Vice-Chair to discuss options for balancing a number of priorities for the utilization of available funds. Based on conversations, Office of Care Coordination staff will be conducting further analysis in the following areas:

- Assessment of the potential impacts of COVID-19 on people becoming newly homeless. Without significant efforts to stabilize households currently at risk, the County could see a large increase in persons' newly experiencing homelessness. A recent analysis by Dr. O'Flaherty at Columbia University estimated there could be a 40-45% increase in the number of people experiencing homelessness between the January 2019 PIT count and 2021 PIT count, due to job loss sustained from COVID-19 responses <https://community.solutions/analysis-on-unemployment-projects-40-45-increase-in-homelessness-this-year/>. Staff will analyze the numbers for Orange County unemployment claims to date, and will use a similar methodology used in Dr. O'Flaherty's analysis to specifically look at potential increases in Orange County.
- Assessment of persons who are currently utilizing Project Room Key resources. Staff will assess acuity, resources, and housing needs of persons within isolation rooms in comparison to the overall CES community queue. The goal is to have a better understanding of who is utilizing those resources and to the extent possible how we can support people with permanent and temporary housing resources, versus people returning to the street. This is correlated to the item regarding CES prioritization policies. One additional factor that staff will continue to monitor is the timeline for isolation rooms to wind down from the Project Room Key initiative.
- Assessment on the overall impact on existing emergency shelter programs. This may take longer to get a full analysis of existing shelter programs, however there is an acknowledgement that how congregate shelters facilities have been operated in the past may need substantial changes. Changes could range from a reduction in the number of beds at a given shelter to needing an investment to reorient the space and add separation and other public health related protective

features. Impact to the shelter system should be considered within funding needs and opportunities.

As staff assess various areas assumptions will need to be made based upon the best information available and that a fully detailed data analysis would not be advisable with the urgent time frame to make funding decisions. There are also factors outside of the CoC that should be considered as funding decisions are made, such as guidance from the State and Federal level around response and utilization of resources. We know that our current resources are not adequate to address the needs of all persons experiencing homelessness and we must also be clear that the funding currently available is greatly appreciated, but will not be enough to address all of the housing needs of person's currently experiencing homelessness and those that will newly be at risk of homelessness. These should be acknowledged and discussed as we make funding recommendations.

**History:**

The CoC has received funding resources from before the COVID-19 pandemic began as well as funding sources too specifically respond and support homeless and at risk households. The CoC has held an Ad Hoc to discuss HHAP and CESH funding as well as conducted an RFI to gather information in regards to what type of programs non-profit providers and cities are interested in operating and see the greatest need for. The intent had been that a Request For Proposals (RFP) would be released and that programs would have started near the beginning of fiscal year 2020-2021. That effort was paused in response to the COVID-19 pandemic as the Board and staff assess needs and what is most needed for utilization of the funds.

Grant Title	Funding Source	Funding Amount	Admin Funds	Available for Allocating	Time Frame for Spending Funds	COVID-19 Obligations	Eligible Activities	Current Obligations
California Emergency Solutions and Housing (CESH) Round 2	State of California Housing and Community Development (HCD)	\$ 1,116,498.00	\$ 55,823.00	\$ 1,060,675.00	6/30/2024	No Obligations	<ul style="list-style-type: none"> <li>Emergency Shelters</li> <li>Rapid Re-Housing</li> <li>Homeless Prevention</li> <li>Street Outreach</li> <li>HMIS</li> <li>Flexible Housing Subsidy Funds</li> </ul> Programming must align with ESG regulations	
Homeless Housing, Assistance and Prevention (HHAP) - CoC Allocation	State of California Homeless Coordinating and Financing Council (HCFC)	\$ 8,081,115.98	\$ 565,678.12	\$ 7,275,437.86	6/30/2024	No Obligations	<ul style="list-style-type: none"> <li>Rapid re-housing</li> <li>Operating subsidy for permanent housing</li> <li>Operating subsidy for emergency shelter / navigation center</li> <li>Landlord incentives / housing navigation / housing location</li> <li>Outreach and outreach coordination</li> <li>System supports for regional coordination and system infrastructure (up to 5%)</li> <li>Creation / delivery of permanent housing projects</li> <li>Homeless prevention</li> <li>Diversion / problem solving</li> <li>Capital to create a new emergency shelter / navigation center</li> </ul>	TA for youth homeless count - \$50,000; Data Infrastructure allocation - \$140,000; Family Solutions Collaborative - \$50,000
COVID-19 HHAP Set Aside	State of California	\$ 1,336,888.52	\$ -	\$ 836,888.52	Must be encumbered by 6/30/2020	Must be spent on COVID-19 Response for persons currently homeless	Funds are meant to be flexible in responding to COVID-19 response, which can include: <ul style="list-style-type: none"> <li>Emergency Shelter (including isolation rooms)</li> <li>Street Outreach</li> <li>Rapid Re-Housing</li> </ul>	\$5000,000 has been obligated for temporary isolation housing for families, and individuals who meet the guidelines for Project Room Key
Unspent 2018 Homeless Emergency Aid Program (HEAP)	State of California Homeless Coordinating and Financing Council (HCFC)	\$ 15,568,715.65		TBD	6/30/2021	No Obligations	<ul style="list-style-type: none"> <li>Street Outreach</li> <li>Homeless Prevention Activities</li> <li>Other Service Activities (more broad than HHAP)</li> <li>Rapid Re-Housing</li> <li>Rental Assistance or Subsidies</li> <li>Capital Improvements</li> </ul>	All funding has been allocated. The Office of Care Coordination is assessing to identify if there will be underspent funding that can be reallocated
CARES Act Funding ESG-CV Round 1	U.S. Department of Housing and Urban Development	\$ 772,352.00	\$ -	\$ -	12/31/2020	Must be spent on COVID-19 Response	All of the CARES Act ESG Funding has the following available program types <ul style="list-style-type: none"> <li>Emergency Shelters</li> <li>Rapid Re-Housing</li> <li>Homeless Prevention</li> <li>Street Outreach</li> <li>HMIS</li> </ul>	\$772,352 is allocated to the alternative shelter sites. Based upon timeframes and expenditures this may be unused and allocated to other uses in the future
CARES Act Funding State ESG-CV Round 1	State of California Housing and Community Development (HCD)	\$ 2,445,000.00	\$ -	\$ 2,445,000.00	12/31/2020	Must be spent on COVID-19 Response	See CARES Act Funding ESG-CV Round 1	
CARES Act Funding ESG-CV Round 2	U.S. Department of Housing and Urban Development	TBD			12/31/2020	Must be spent on COVID-19 Response	See CARES Act Funding ESG-CV Round 1	
CARES Act Funding State ESG-CV Round 2	State of California Housing and Community Development (HCD)	TBD			12/31/2020	Must be spent on COVID-19 Response	See CARES Act Funding ESG-CV Round 1	
<b>Total</b>		<b>\$ 29,320,570.15</b>		<b>\$ 11,618,001.38</b>				

Organization	Project Name	Contract Amount	Contract Start Date	Contract End Date	Funding Agency
Families Forward	COC - Families Coordinated Entry System	\$280,000	7/1/2019	6/30/2020	<a href="#">Federal CoC-CES: 100%</a>
The Chrysalis Center	Homeless Prevention Employment Program	\$500,000	7/1/2019	7/1/2020	GF: 100%
211OC	Professional & Technical Support and Information & Referral Services	\$766,589	7/1/2019	7/1/2020	GF: 14% Federal HUD: 52% State: 8% OCHA Ops: 26%
Mercy House Living Centers, Inc.	PS - Year Round Emergency Shelter/Multi-Service Center Program (Operator Agreement)	\$2,400,000	7/1/2019	7/1/2020	GF: 100%
Kingdom Causes, Inc. dba City Net	PS - Community Resource Mobilization and Coordination Services	\$240,208	10/1/2019	6/30/2020	GF: 100%
The Midnight Mission	PS - Courtyard Transitional Center Services	\$1,704,167	10/1/2019	6/30/2020	GF: 100%
WISEPlace	PS - SAFEPlace Program	\$1,615,057	10/1/2019	6/30/2020	GF: 100%
American Family Housing	PS - Washington House Shelter Program	\$338,689	10/1/2019	6/30/2020	GF: 100%
City of Buena Park	HEAP (Capital Improvements)	\$6,412,300	5/1/2019	4/30/2021	<a href="#">State BCSH: 100%</a>
City of Laguna Beach	HEAP (Capital Improvements)	\$544,000	5/1/2019	4/30/2021	<a href="#">State BCSH: 100%</a>
City of Laguna Beach	HEAP (Services)	\$365,000	5/1/2019	4/30/2021	<a href="#">State BCSH: 100%</a>
City of Placentia	HEAP (Capital Improvements)	\$5,650,000	5/1/2019	4/30/2021	<a href="#">State BCSH: 100%</a>
Family Assistance Ministries	HEAP (Services)	\$30,000	5/1/2019	4/30/2021	<a href="#">State BCSH: 100%</a>
Families Forward	HEAP (Services)	\$500,000	5/1/2019	4/30/2021	<a href="#">State BCSH: 100%</a>
Kingdom Causes, Inc. dba City Net	HEAP (Services)	\$350,000	5/1/2019	4/30/2021	<a href="#">State BCSH: 100%</a>
Mercy House Living Centers, Inc.	HEAP (Services)	\$638,980	5/1/2019	4/30/2021	<a href="#">State BCSH: 100%</a>
Kingdom Causes, Inc. dba City Net	HDAP	\$983,556	5/1/2019	6/30/2020	<a href="#">State CDSS: 100%</a>
Friendship Shelter	HDAP	\$216,843	5/1/2019	6/30/2020	<a href="#">State CDSS: 100%</a>
Mercy House Living Centers, Inc.	HDAP	\$673,219	5/1/2019	6/30/2020	<a href="#">State CDSS: 100%</a>
Friendship Shelter	State ESG - Emergency Shelter Services (ESS)	\$150,000	7/1/2019	6/30/2020	<a href="#">State HCD: 100%</a>
Mercy House Living Centers, Inc.	State ESG - Emergency Shelter Services (ESS)	\$70,670	7/1/2019	6/30/2020	<a href="#">State HCD: 100%</a>
Mercy House Living Centers, Inc.	State ESG - Rapid Rehousing (RRH)	\$229,914	7/1/2019	6/30/2020	<a href="#">State HCD: 100%</a>
Pathways of Hope (Fullerton Interfaith Emergency Services)	State ESG - Emergency Shelter Services (ESS)	\$120,000	7/1/2019	6/30/2020	<a href="#">State HCD: 100%</a>
Covenant House California	HEAP TAY (Capital Improvements)	\$778,435	11/1/2019	4/30/2021	<a href="#">State BCSH: 100%</a>
Orange County United Way	CESH Activity 1 - Rental Assistance & Housing Relocation/Stabilization	\$275,000	12/1/2019	6/30/2021	<a href="#">State HCD: 100%</a>
Orange County United Way	CESH Activity 2 - Flexible Housing Subsidy Funds	\$400,500	12/1/2019	6/30/2021	<a href="#">State HCD: 100%</a>
Mercy House Living Centers, Inc.	CESH Activity 3 - Emergency Housing Interventions	\$205,000	11/1/2019	6/30/2021	<a href="#">State HCD: 100%</a>
Grandma's House of Hope	CESH Activity 3 - Emergency Housing Interventions	\$235,000	11/1/2019	6/30/2021	<a href="#">State HCD: 100%</a>
Pathways of Hope (Fullerton Interfaith Emergency Services)	CESH Activity 3 - Emergency Housing Interventions	\$160,000	11/1/2019	6/30/2021	<a href="#">State HCD: 100%</a>
Families Forward	CESH Activity 2 - Flexible Housing Subsidy Funds	\$250,000	11/1/2019	6/30/2021	<a href="#">State HCD: 100%</a>
Interval House	CESH Activity 1 - Rental Assistance & Housing Relocation/Stabilization	\$150,250	11/1/2019	6/30/2021	<a href="#">State HCD: 100%</a>
Interval House	CESH Activity 3 - Emergency Housing Interventions	\$175,000	11/1/2019	6/30/2021	<a href="#">State HCD: 100%</a>
Kingdom Causes, Inc. dba City Net	Veterans Housing Navigation	\$75,000	9/9/2019	3/8/2020	<a href="#">GF: 100%</a>
Urban Initiatives	Technical and Consulting Services Homeless Prevention	\$37,000	7/19/2019	7/18/2020	<a href="#">Federal CoC: 100%</a>



Date: May 27, 2020

From: Paul Duncan, OC Health Care Agency

TO: Continuum of Board

Subject: Family Solutions Collaborative One-Time Funding Allocation

**Recommendations:**

1. Authorize the allocation of an additional \$50,000 to the Family Solutions Collaborative from Homeless Housing Assistance and Prevention (HHAP) funding for a total of \$100,000, to support structural shifts in the operations of the collaborative.

**Analysis:**

Based upon direction from the CoC Board, Office of Care Coordination staff did an analysis of previous allocations made by the CoC Board that fall under the system infrastructure category of the HHAP grant. The Orange County CoC can spend up to 5% of the grant on infrastructure items, which is equivalent to \$404,056.

Current allocations that have been committed are the following:

- Technical Assistance for conducting a youth focused homeless count: \$50,000
- Data Infrastructure for the Office of Care Coordination in support of the CoC at a two year allocation of \$70,000 per year: \$140,000
- Expanding capacity to the FSC for structure shifts in operations of the collaborative: \$50,000

With a current commitment of \$240,000 we have allocated 59.4% of what is allowable under the contract with a remaining maximum of \$164,056 that can be spent on system infrastructure items. The additional \$50,000 that has been requested of the FSC would take us to \$290,000 allocated, which is 71.8% of the maximum allowable.

There are currently no other proposals that have been put forth around infrastructure items. The additional allocation of \$50,000 that is being recommended would leave a remaining \$114,056 that could be utilized if there were an infrastructure need identified and there were any remaining unallocated HHAP funds.

**History:**

Supporting documentation of previous action of an allocation of \$50,000 can be found at the following link. <https://www.ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=115401> under item 5 starting on page 8 of the document. The CoC Board voted unanimously to allocate the recommended \$50,000 funds and voiced approval in considering an additional \$50,000 that was requested by FSC leadership during the April board meeting. The CoC Board requested an analysis of current utilization of system infrastructure funding, including what an additional \$50,000 would mean towards the 5% allowable cap of HHAP funds for system infrastructure.

Date: May 27, 2020

From: Paul Duncan, OC Health Care Agency

TO: Continuum of Board

Subject: Creation of a Coordinated Entry System (CES) Ad Hoc to as Needed Update Prioritization Policy in Response to COVID-19

**Recommendations:**

1. Authorize the creation of an Ad Hoc Committee with authority to research, review and change CES prioritization policies for the purpose of COVID-19 response. Any prioritization policy changes will be specific to the period of COVID-19 pandemic response and will revert to the preceding policies at the point that COVID-19 response ends.
2. Ad Hoc Committee will be responsible for reporting back at the monthly CoC Board meeting any time there is a change made to the CES prioritization policy for COVID-19 response.

**Analysis:**

HUD released a memo to all Continuums to consider CES prioritization policies and changes based upon COVID-19 response. Memo from HUD is attached as a supplemental document. The memo recommends that CoC's have a process and mechanism for making changes within a 10-day period. The State of California has also provided encouragement to continuums to assess their prioritization policy and to make adjustments to account of COVID-19 response.

As the CoC and County have responded to COVID-19 there are people that have moved from shelters and the streets into isolation due to age or various conditions that create additional risks if the persons were to contract COVID-19. There has also been an effort to look at ways in which the hotels/motels that are being used for isolation and quarantine could be purchased and transitioned into PSH housing. During those conversations there have been voices who have advocated that persons that have been moved to isolation should be prioritized for that housing. There have been voices that have brought up concern as that would prioritize people for PSH that may be less vulnerable than others as well as vulnerable persons who had difficulty being able to access or maintain in isolation housing through Project Room Key.

This Ad Hoc group is meant to weigh different research and factors in determining whether or not to make a change in the prioritization policies. Conversation that occurred with an initial conversation with the Chair, Vice-Chair, Chair of the CES Policy Committee and Housing Opportunities Committee identified the following areas for further exploration in coming to policy decision:

- A profile of the persons who are accessing Project Room Key
  - Number of persons
  - VI-SPDAT scores and other areas of vulnerability

- Length of time homelessness
- Analysis of how Project Room Key participants compare to the CES Community Queue
- A review of funding source requirements and intents
- Funding opportunities that may prioritize resources for responding to Project Room Key and persons impacted by COVID-19 in other ways
- Analysis of available resources in comparison to need both in Project Room Key and the overall CES
- Implications both positive and negative that could be created by changing CES policies

The Ad Hoc Committee should weigh the above factors as well as any other emerging considerations when considering any changes to the CES prioritization policies. Any changes that are made to policies should be communicated broadly through multiple efforts to ensure that providers and community stake holders are aware of changes along with the intent and purpose.

**History:**

The current Orange County CES policy and procedures for Prioritization reads as below:

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 2019 Point in Time Count found the following distribution of individuals and families experiencing homelessness: 40% in North, 49% in Central and 11% in South Service Planning Areas. Another factor in the prioritization process is connection to emergency shelter, which is aimed at increasing system flow and maximizing limited housing opportunities.

Exceptions to the above prioritization process 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 HUD funded CoC PSH opportunities available through CES must prioritize chronically homeless individuals and families that are the most appropriate referral to the available resource. 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.

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.

All RRH resources available through CES must prioritize individuals and families with the longest length of homelessness and with the most significant service needs over individuals and families with shorter lengths of homelessness and less significant service needs in adherence to the 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 on the prioritization list 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.

**Date:** May 27, 2020

**From:** Paul Duncan, OC Health Care Agency

**To:** Continuum of Care (CoC) Board

**Subject:** HUD 2019 CoC Notice of Funding Availability Competition Debrief

**Analysis:**

The Orange County Continuum of Care (CoC) has been awarded a total of \$26,143,204 through the 2019 COC Notice of Funding Availability (NOFA) competition, representing an 8.6 percent increase in overall funding to the Orange County CoC. The Orange County CoC received a score of 155 out of 200 possible points in the NOFA competition. Of the 45 points that Orange County CoC lost in the competition, 24 points were due to significant increases in the 2019 Point In Time (PIT) count, which are reflected in Section 2 and 5 of the scoring categories. Due to increased PIT counts, the average Southern California CoC scored dropped 11.7 points from 160.5 points in 2018 to 148.8 points in 2019.

The U.S. Department of Housing and Urban Development (HUD) applied a formula which accounted for CoC's Annual Renewal Demands (ARD) along with total application scores and created an adjusted median score of 157 points. CoCs that scored below 157 points were at increased risk for losing grants placed in Tier 2. Due to the adjustment that was made by HUD, the Orange County CoC did not receive funding for two of the projects that were ranked in Tier 2.

Areas of Positive Focus

- This is one of the highest scores that the Orange County CoC has received in the past five NOFA cycles and the highest in comparison to the other 13 CoCs in Southern California (4 out of 13).
- Our CoC scored 4.5 points above the median for all CoCs, which is to be commended with the loss of 24 points related to the increased PIT count.
- The Orange County CoC was awarded the full Domestic Violence (DV) bonus project in the amount of \$849,143. The DV bonus project application scored well with a total score of 79.38 out of 100 possible points. The median score for DV Bonus Projects all CoC's who applied was 60.88 points.
- Continued efforts to increase emergency shelter beds participation in HMIS has resulted in the Orange County CoC receiving full points in that scoring category during the NOFA competition.
- Although homelessness has increased, the Orange County CoC continues to decrease the length of time that persons experience homelessness. This may be attributed to the inclusion of length of time experiencing homelessness in the Coordinated Entry System (CES) prioritization policies.
- The CoC continued to increase accessibility to assistance programs, including mainstream benefits and permanent housing resources.

### Areas for Improvement

- The Orange County CoC lost six points out eight possible points in the scoring category of returns to homelessness. The majority of program types have demonstrated low returns to homelessness; however there is an opportunity to focus on how we track and report street outreach exits and its impacts on returns to homelessness.
- The Job and Income Growth scoring category accounted for 15 points and we lost a total of seven points in that category. As a CoC, we have done well through many of the programs in income growth and as a CoC can assess where can we work with people to continue to increase income.

### **History:**

As part of the annual NOFA, HUD releases a number of key areas of focus that local CoCs must demonstrate their project performance as well as strategies to address homelessness and support the key areas of focus. Each CoC receives a score up to 200 points based upon the currently identified key areas of focus and strategies of HUD. Each CoC must rank and prioritize grants based upon each programs' performance and local priorities set by the CoC. During the 2019 NOFA process Orange County CoC was able to rank 94 percent of its funding in Tier 1, which by HUD's designation is funding that the CoC can anticipate to receive regardless of their scoring during the NOFA process. CoCs had to place the remaining six percent of its renewal funding in to Tier 2, which is funding that can be lost based upon competition of scores among all of the CoCs in the country. Each year HUD identifies what funding may be available for bonus programs with any additional funding that is available. Additionally, HUD analyzes Fair Market rents across jurisdictions and will make adjustments for programs that provide rental assistance for supportive housing programs.

At the end of April 2020, HUD announced all of the funding awarded through the 2019 CoC NOFA process. At the beginning of May 2020, HUD provided local CoCs with a debrief document detailing NOFA scores and providing feedback on priority areas. The debrief document is not inclusive of all the scored questions within the NOFA.

In the past two NOFA competitions, HUD has made additional funding available for DV specific programs. CoCs are able to compete for new program funding based upon a formula with a \$5 million maximum application amount for new program. The Orange County CoC submitted an application for a joint transitional housing and rapid re-housing program.

In the 2018 NOFA, the Orange CoC's overall funding award amount was \$24,073,151 and received an overall score of 149.75 points out of 200 available points.

**Continuum of Care (CoC) Program  
Competition Debriefing – DV Bonus Scores**

**Fiscal Year (FY)  
2019**

**CoC: CA-602**

**Applicant: Interval House**

This document summarizes scores your CoC’s DV Bonus scores received during the FY 2019 Continuum of Care (CoC) Program Competition for CoC Application questions **1F-DV Bonus**. The lowest score for a project funded was **66.5**.

<b>RRH or Joint TH-RRH Projects</b>				
<b>NOFA Language</b>	<b>NOFA Section</b>	<b>Application Question Number</b>	<b>Maximum Points Available</b>	<b>DV Bonus Score</b>
<b>CoC Score.</b> Up to 25 points in direct proportion to the score received on the CoC Application.	II.B.10.(e)(1)(a)	n/a	25	19.38
<b>Need for the Project.</b> Up to 25 points based on the extent the CoC quantifies the need for the project in its portfolio, the extent of the need, and how the project will fill that gap.	II.B.10.(e)(1)(b)	1F-2, 1F-2a	25	15
<b>Quality of the Project Applicant.</b> Up to 50 points based on the previous performance of the applicant in serving survivors of domestic violence, dating violence, or stalking, and their ability to house survivors and meet safety outcomes. Additionally, to be eligible to receive a PH-RRH or Joint TH and PH-RRH project, the CoC must demonstrate that the project will use trauma-informed, victim-centered approaches.	II.B.10.(e)(1)(c)	1F-4, 1F-4a, 1F-4b, 1F-4c, 1F-4d, 1F-4e	50	45
<b>Total Score</b>	<b>79.38</b>			

<b>Overall Scores for all DV Bonus Applicants</b>	
Highest Score for any CoC	93.56
Lowest Score for any CoC	14.69
Median Score for all CoCs	60.88

**Continuum of Care (CoC) Program  
Competition Debriefing**

**Fiscal Year (FY)  
2019**

**CoC: CA-602–Santa Ana, Anaheim/Orange County CoC**

This document summarizes the scores that your Continuum of Care (CoC) received during the Fiscal Year (FY) 2019 CoC Program Competition and includes:

- 1. High Priority CoC Application Questions;**
- 2. CoC Scoring Summary**—on the four sections of the application; and
- 3. Overall Scores for all CoCs**—including highest and lowest scores.

The scores are organized in the same manner as the CoC application. HUD included a FY 2019 CoC Application NOFA Cross Reference in the [Detailed Instructions of the FY 2019 CoC Application](#) which indicated how the CoC application questions relate to the NOFA for the FY 2019 CoC Program Competition.

<b>1. High Priority CoC Application Questions</b>			
<b>CoC Application Question</b>	<b>NOFA Section</b>	<b>Maximum Score Available</b>	<b>CoC Score Received</b>
<b>1E. Continuum of Care (CoC) Project Review, Ranking, and Selection</b>			
<p><i>This question assessed whether a CoC used objective criteria and past performance to review and rank projects. To receive full points, CoCs would have had to use performance-based criteria to at least partially evaluate and rank projects. Examples of performance criteria include reducing the length of time people experienced homelessness, and the degree to which people exited programs for permanent housing destinations.</i></p> <p><b>1E-2. Project Ranking and Selection.</b> Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition: (1) used objective criteria to review and rank projects for funding; (2) included one factor related to improving system performance; and (3) included a specific method for evaluating projects submitted by victim service providers that utilized data generated from a comparable database, and evaluated these projects on the degree they improve safety for the population served; and (4) attach evidence that supports the process selected.</p>	VII.B.1.a	18	15



**Continuum of Care (CoC) Program  
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<p><b>1E-3.</b> Severity of Needs and Vulnerabilities. Applicants must describe: (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and (2) how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.</p>	<p>VII.B.1.b</p>	<p>4</p>	<p>3</p>
<p><b>2A. Homeless Management Information System (HMIS) Bed Coverage</b></p>			
<p><b>2A-2.</b> Bed Coverage Rate. Using 2019 HIC and HMIS data, applicants must report by project type: (1) total number of beds in 2019 HIC; (2) total beds dedicated for DV in the 2019 HIC; and (3) total number of 2019 HIC beds in HMIS.</p>	<p>VII.B.3.b</p>	<p>6</p>	<p>6</p>
<p><b>3A. Continuum of Care (CoC) System Performance</b></p>			
<p><b>3A-1.</b> First Time Homeless as Reported in HDX. (3A-1) Applicants must: report the number of first time homeless as reported in HDX.</p> <p>(3A-1a) Applicants must: (1) describe the process the CoC developed to identify risk factors the CoC uses to identify persons becoming homeless for the first time; (2) describe the CoC’s strategy to address individuals and families at risk of becoming homeless; and (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time.</p>	<p>VII.B.2.b</p>	<p>3</p>	<p>2</p>
<p><b>3A-2.</b> Length-of-Time Homeless as Reported in HDX. (3A-2) Applicants must: provide the average length of time individuals and persons in families remained homeless as reported in HDX.</p> <p>(3A-2a) Applicants must: (1) describe the CoC’s strategy to reduce the length-of-time individuals and persons in families remain homeless; (2) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.</p>	<p>VII.B.2.c</p>	<p>14</p>	<p>14</p>
<p><b>3A-3.</b> Successful Permanent Housing Placement and Retention as Reported in HDX. (3A-3) Applicants must: (1) report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX; and</p>	<p>VII.B.2.d</p>	<p>11</p>	<p>8</p>

**Continuum of Care (CoC) Program  
Competition Debriefing**

**Fiscal Year (FY)  
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<p>(2) report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.</p> <p>(3A-3a) Applicants must: (1) describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid re-housing exit to permanent housing destinations; and (2) provide the organizations name or position title responsible for overseeing the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid re-housing exit to permanent housing destinations; (3) describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid re-housing, retain their permanent housing or exit to permanent housing destinations; and (4) provide the organizations name or position title responsible for overseeing the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid re-housing, retain their permanent housing or exit to permanent housing destinations.</p>			
<p><b>3A-4.</b> Returns to Homelessness as Reported in HDX. (3A-4) Applicants must: (1) report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.</p> <p>(2) report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.</p> <p>(3A-4a) Applicants must: (1) describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness; (2) describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families returns to homelessness.</p>	<p>VII.B.2.e</p>	<p>8</p>	<p>2</p>
<p><b>3A-5.</b> Job and Income Growth. (3A-5) Applicants must: (1) report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid re-housing, and permanent supportive housing projects that increase their employment income from entry to exit as reported in HDX.</p>	<p>VII.B.2.f; VII.B.2.g; VII.B.6.n; VII.B.6.o</p>	<p>15</p>	<p>8</p>

**Continuum of Care (CoC) Program  
Competition Debriefing**

**Fiscal Year (FY)  
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<p>(2) report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid re-housing, and permanent supportive housing projects that increase their non-employment cash income from entry to exit as reported in HDX.</p> <p>(3A-5a) Applicants must: (1) describe the CoC’s strategy to increase employment income; (2) describe the CoC’s strategy to increase access to employment; (3) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and (4) provide the organizations name or position title that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment.</p> <p>(3A-5b) Applicants must: (1) describe the CoC’s strategy to increase non-employment cash income; (2) describe the CoC’s strategy to increase access to non-employment cash sources; and (3) provide the organizations name or position title that is responsible for overseeing the CoC’s strategy to increase non-employment cash.</p> <p>(3A-5c) Applicants must describe how the CoC: (1) promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and (2) is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.</p> <p>(3A-5d.) Applicants must indicate all the steps the CoC has taken to promote employment, volunteerism, and community service among people experiencing homelessness in the CoC’s geographic area.</p>			
<p><b>3A-6.</b> System Performance Measures Data Submission in HDX. Applicants must enter the date the CoCs submitted it’s FY 2018 System Performance Measures data in HDX.</p>	<p>VII.B.2.h</p>	<p>6</p>	<p>6</p>
<p><b>3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives</b></p>			
<p><b>3B-1a.</b> Applicants must: (1) describe how the CoC currently rehuses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs; (2) describe how the CoC addresses both housing and service needs to ensure</p>	<p>VII.B.5.b.2</p>	<p>1</p>	<p>1</p>

**Continuum of Care (CoC) Program  
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families with children successfully maintain their housing once assistance ends; and (3) provide the organizations name or position title responsible for overseeing the CoC’s strategy to rapidly re-house families with children within 30 days of them becoming homeless.			
<b>4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies</b>			
<b>4A-2.</b> Lowering Barriers to Entry Data: Applicants must report: (1) total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in it’s CoC Priority Listing in FY 2019 CoC Program Competition; and (2) total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	VII.B.6.g	7	7
<b>4A-3.</b> Street Outreach. Applicants must: (1) describe the CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged; (2) state whether the CoC's Street Outreach covers 100 percent of the CoC’s geographic area; (3) describe how often the CoC conducts street outreach; and (4) describe how the CoC tailored it’s street outreach to persons experiencing homelessness who are least likely to request assistance.	VII.B.6.h	3	3
<b>4A-4.</b> RRH Beds as Reported in the HIC. Applicants must report the total number of rapid re-housing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2018 and 2019.	VII.B.6.j	10	10

**Continuum of Care (CoC) Program  
Competition Debriefing**

**Fiscal Year (FY)  
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<b>2. CoC Scoring Summary (from FY 2019 CoC NOFA)</b>			
Scoring Category	Sections in the CoC Application	Maximum Score (Points)	Your CoC Score (Points)
1. Project Capacity, Review, and Ranking	1E	29	25
2. System Performance	2B, 3A, PIT	60	37
3. Homeless Management Information System	2A	9	9
4. Point-in-Time Count	2B	6	6
5. Performance and Strategic Planning	2B, 3B, PIT	40	27
6. CoC Coordination and Engagement	1B, 1C, 1D, 3A, 3B, 4A	56	51
<b>Total CoC Application Score*</b>		<b>200</b>	<b>155</b>

\*The total does not include bonus scores.

<b>3. Overall Scores for all CoCs</b>	
Highest Score for any CoC	186.5
Lowest Score for any CoC	37.25
Median Score for all CoCs	150.5
Weighted Mean Score** for all CoCs	157

\*\*The weighted mean score is the mean CoC score weighted by Annual Renewal Demand. CoCs that scored higher than the weighted mean score were more likely to gain funding relative to their Annual Renewal Demand, while CoCs that scored lower than the weighted mean were more likely to lose money relative to their Annual Renewal Demand.

Date: May 27, 2020

From: Paul Duncan, OC Health Care Agency

TO: Continuum of Board

Subject: Authorize the Extension of CoC Board Member Seats through October 2020

**Recommendations:**

1. Authorize the extension of expiring CoC Board Member seats through October 2020.
2. Authorize the extension of George Searcy as Board Chair, Tim Shaw as the Vice-Chair, and Jeanne Awrey as Secretary until the point at which an election is done to fill expiring board seats.
3. Assign Office of Care Coordination staff to conduct further research and analysis of timeline and if there are alternatives that can be made for conducting the process, such as a virtual process with a general members meeting.

**Analysis:**

The Orange County Continuum of Care Governance Charter indicates that the CoC would have begun the process of forming a nomination committee and to begin the process of collection nominations and presenting nominations to the full Board in June and new board members beginning in August, along with election of new officers. We are currently out of compliance with the Charter and seek the Board to make a motion recognizing and giving direction to staff regarding this matter.

The response to the COVID-19 pandemic has meant that the way in which public meetings are conducted has had to change. The CoC has moved CoC Board Meetings to virtual meetings and has suspended the monthly Homeless Provider Forum. Additionally, the items that have come before the Board to be addressed have been focused on responding to the pandemic versus normal business that the CoC would usually focus on.

During a disaster response situation, it is recommended that there be an established chain of command and that there is a clear understanding of duties and goals. As we remain in an emergency response situation to COVID-19, it is advisable that the CoC Board, a vital decision making body for response to persons experiencing homelessness, remain in place to provide continuity of leadership. Current Board members are aware of COVID response and the Chair and Vice-chair have been working closely with Office of Care Coordination staff and are receive regular briefings on the pandemic response. The normal process for selecting new board members and officers can be conducted at the point in which an emergency response is no longer needed and public meetings can resume in person.

**History:**

The Orange County CoC Board has a Governance Charter section for Continuum of Care Board Selection process reads as the following:

For the inaugural CoC Board Members, they will be elected by the voting General Membership at the April Homeless Provider Forum Full Membership meeting and seated in July.

1. The Membership shall be informed when the nomination period opens and closes.
2. A Nominating Committee comprised of three (3) to five (5) Voting Members will be appointed annually by the Board Chair and confirmed by the CoC Board. The Committee will identify and screen potential candidates and conduct the election by secret ballot at the August CoC Board Meeting.
3. The Nominating Committee will:
  - a. Recruit candidates and confirm willingness to serve.
  - b. The Collaborative Applicant will verify qualifications of all candidates to serve as Board Members or Officers.
  - c. The Collaborative Applicant will ensure adequate representation of subpopulations listed in Section VII C.
4. For the inaugural meeting, each member shall be randomly assigned a term of two (2) years or three (3) years. After the initial term, all members will have two-year terms; The Continuum of Care Board shall, at its first meeting, confirm the initial, randomly selected two and three-year terms.
5. Appointments made to fill a vacancy left by a member before the expiration of the term of that member shall be for the remaining term of that member. Appointments made to fill a vacancy can be made upon the recommendation of the Collaborative Applicant and confirmed by a majority of the Continuum of Care Board.
6. The traditional nominating and election timeline is as follows:
  - April Board Chair appoints Nominating Committee
  - May Nominating Committee convenes
  - June Nominations made to the Board
  - August Full membership meeting vote to elect the CoC Board and Officers and ratify or amend the Governance Charter
  - August Board seating takes place. Outgoing CoC Board and Board staff will provide “training” for incoming Board.
7. At the first meeting each August, the Continuum of Care Board will elect the Board Officers (Chair, Vice-Chair and Secretary) to serve for one (1) year terms. Board Officers may serve for more than one (1) but not more the two (2) consecutive terms as an Officer.