



**Policies, Procedures and Standards  
Committee  
November 10, 2020**

## **Welcome and Introductions**

Tim Shaw, Policies, Procedures and Standards  
(PPS) Committee Chair

# PPS Committee Updates

Zulima Lundy, Continuum of Care (CoC) Manager

# Homeless Management Information System (HMIS)

Zulima Lundy, CoC Manager

Erin DeRycke, 2-1-1 Orange County

# PPS Committee Governance Charter

Zulima Lundy, CoC Manager

# Agenda Item #4

## Responsibilities

- Function as an advisory group to the CoC Board
- Recommend or dissolve any committees, workgroups and ad hoc groups necessary for the proper and efficient functioning of the Orange County CoC
- Vet all proposed policies arising from committees to ensure adherence to the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, U.S. Department of Housing and Urban Development (HUD) Notices and regulations, and evidence-based practices.
- Establish a clear standard for the level of care that agencies provide by program type
- Work with the Collaborative Applicant (County of Orange) to update the CoC Board Governance Charter annually, which will include all procedures and policies needed to comply with HUD mandates and HEARTH Act regulations

# Agenda Item #4

## Recommendation Process

- Matters referred to the PPS Committee by the CoC Committees or workgroups shall be placed on the calendar for consideration and action at the first meeting of the PPS Committee after such reference
- If there is an issue of importance to the Committee, the Committee may submit recommendations to the CoC Board for their consideration in coordination with the Collaborative applicant. The CoC Board may adopt, amend, or reject the recommendations of the Committee

# Agenda Item #4

## Membership

- The PPS Committee is chaired by the CoC Board's Vice Chair, with additional membership comprised of the chairs of any ongoing committees, as well as no fewer than one and no more than two at large board members
- At large members shall be nominated by the CoC Board annually upon completion of the CoC Board Officer elections, except for the first year
- The PPS Committee is open to the CoC General membership and CoC-funded agencies for active and ongoing participation as the matters for consideration and action impact policies, procedures, and standards for the CoC



# Agenda Item #4

## Meeting Schedule

- The PPS Committee will meet on an as-needed basis but no less than every other month
- Meetings will be open to the public except as otherwise determined by the PPS Committee
- Any person who attends a meeting may be asked by the PPS Chair to leave if the person is disruptive; if a conflict of interest applies; or if an agenda business item(s) is deemed by the PPS Chair to be of such nature that it involves only Orange County CoC closed session business

## Voting and Quorum

- A quorum is constituted by the presence of a majority of more than 50% of the appointed members of the PPS Committee.
- A majority vote of those members present and voting is required to take any action. Each member shall be entitled to one vote and no proxy votes will be accepted

# **Homeless Prevention Assessment Tool**

Zulima Lundy, CoC Manager

# Agenda Item #5

## Overview

- Past and current tools for Prevention Assistance

## Recommendation

- Recommend the creation of an ad hoc to review past and current tools for Prevention Assistance and recommend a tool for prioritizing at-risk of homelessness households for Prevention Assistance

# Lived Experience Ad Hoc

Tim Shaw, PPS Chair

# Agenda Item #6

## Discussion

- Discussion on developing a Lived Experience Ad Hoc consisting of members with current or past experience of homelessness



# HMIS User License Fees

Policies, Procedures and Standards Committee

November 10, 2020

# Proposal 1: Right-Sizing Current Users

## Costs Covered by HMIS Lead per Agency in HMIS

- 2 Manager Licenses + additional Manager License for every 1000 enrollments
- Enterprise Licenses equivalent to the enrollments entered by the agency
  - Using current license and enrollment data, 80 enrollments = approximately 1 Enterprise license

Costs not covered by HMIS Lead will be the responsibility of the agency



# Feedback Received

- Agencies without federal or CoC Board awarded funding should not be charged
- Policy may discourage live data entry into HMIS
- Policy does not take into account additional licenses that may be needed for funding awarded during the year
- Agencies would like to be consulted if there is a change in the policy in the future
- Agencies should be given 60 days to pay to allow time to prepare purchase order

# Proposal 2: Right-Sizing Current Users

- \$1,500 annually from each agency receiving funding that requires HMIS participation
- No charge for agencies not receiving funding that requires HMIS participation
- Impact:
  - 11 agencies pay less than proposal 1
  - 25 agencies pay more than proposal 1 (17 have no charge under proposal 1)
  - Agencies will continue to request as many licenses as they like

# Spreadsheet Overview

- **Project Type:** Project types in operation at your agency
- **Funding Sources:** Federal or other funding requiring HMIS participation awarded to your agency
  - If blank, your agency would not be charged under Proposal 2
  - If not blank, your agency would be charged \$1500 annually under Proposal 2
- **Enterprise Users:** Standard licenses active at your agency as of September
- **Manager Users:** Agency Administrator licenses active at your agency in September
- **Total Users:** Sum of Enterprise and Manager Users
- **Current Annual Cost:** Cost HMIS Lead is currently paying for these licenses

Agency Name	Project Type	Funding Sources	Enterprise User	Manager User	Total Users	Current Annual Cost
Agency A	ES, PSH, SSO, SO	ESG, CoC, HEAP	29	3	32	\$10,140.00
Agency B	ES, HP, Other, PSH, RRH, SSO, SO	CESH, CoC, ESG, HEAP	18	3	21	\$6,840.00

# Spreadsheet Overview

- **Active Enrollments in Past Year:** Enrollments entered by your agency in calendar year 2019
- **Proportion of Users:** Percentage of the users in the CoC at your agency
- **Proportion of Enrollments:** Percentage of the enrollments in the CoC entered by your agency
- **Covered Enterprise Licenses:** Enterprise licenses that will be covered by HMIS Lead
- **Covered Manager Licenses:** Manager licenses that will be covered by HMIS Lead
- **Costs Covered by HUD HMIS Contract:** Maximum cost HMIS Lead will pay for licenses
- **Paid by Agencies:** Amount agency will need to pay to maintain current licenses if Proposal 1 is implemented in January 2021
  - If negative, agency does not have a cost, but may need to consider adding additional licenses to right-size

Agency Name	Active Enrollments in the Past Year	Proportion of Users	Proportion of Enrollment	Covered Enterprise Licenses	Covered Manager Licenses	Costs Covered by HUD HMIS Contract	Paid by Agencies
Agency A	798	7.3%	2.9%	11	2	\$4,260.00	\$5,880.00
Agency B	4355	4.8%	16.0%	57	6	\$19,980.00	-\$13,140.00

# Next Steps

- Feedback period extended to EOD November 25<sup>th</sup>
- Final proposal shared at December Policies, Procedures and Standards meeting
- Final proposal presented at December CoC Board meeting

<b>Street Outreach Team:</b>	<b>Interviewer's Name:</b>
<b>Survey Date:</b>	<b>Survey Time:</b>
<b>Survey Location</b> (Landmark, Cross Streets, City):	

Client Identification		
<b>First Name:</b>	<b>Last Name:</b>	
<b>Middle Name:</b>	<b>Suffix:</b>	<b>Alias:</b>

Diversion Questions	NOTES
<p><b>1. Where did you spend the night last night?</b></p> <input type="checkbox"/> In my own housing (rental or owned/mortgage) <b>Stop → Prevention Questions</b>	
<input type="checkbox"/> In a car, on the street, or other place not meant for human habitation <b>Skip → Q5</b>	
<input type="checkbox"/> In a shelter <b>Skip → Q5</b>	
<input type="checkbox"/> In a hospital <b>Skip → Q5</b>	
<input type="checkbox"/> Jail, prison, or juvenile detention facility <b>Skip → Q5</b>	
<input type="checkbox"/> In a foster care/group home	
<input type="checkbox"/> In a substance abuse treatment facility	
<input type="checkbox"/> In a hotel or motel	
<input type="checkbox"/> In another housing option such as, transitional housing or safe haven	
<input type="checkbox"/> With a friend or family member (doubled up situation)	
<p><b>2. Can you stay there tonight?</b></p> <input type="checkbox"/> Yes <b>Stop</b>	
<input type="checkbox"/> No <b>Skip → Q4</b>	
<p><b>3. How long can you stay there?</b></p> <input type="checkbox"/> 0 days	
<input type="checkbox"/> 1-7 days	
<input type="checkbox"/> 8-14 days	
<input type="checkbox"/> 15 or more days. <b>Stop</b>	
<p><b>4. Is there a reason or reasons why you cannot stay there any longer?</b></p> <input type="checkbox"/> Yes <b>Stop → Discuss reason(s) to determine how to get individual/family to stay longer.</b>	
<input type="checkbox"/> No <b>Stop → Discuss how to get individual/family there.</b>	
<p><b>5. Is there somewhere else where you (and your family) could stay temporarily? Or are there any other resources that you need to help you find a place to stay temporarily (income, bus fare, gas money, mediation assistance, etc.)?</b></p> <input type="checkbox"/> Yes <b>Stop → Discuss how to get individual/family there.</b>	
<input type="checkbox"/> No <b>Discuss how to get individual/family there.</b>	
<p><b>6. What about other family members? Friends? Co-workers? Religious institutions? Where did you stay before you stayed at _____ (reference Q1)?</b></p> <input type="checkbox"/> Yes <b>Stop → Discuss how to get individual/family there.</b>	
<input type="checkbox"/> No <b>Stop → VI-SPDAT</b>	

Interviewer's Notes
<p><b>Does the individual or family qualify for diversion assistance?</b></p> <input type="checkbox"/> Yes
<input type="checkbox"/> No <b>Stop</b>
<p><b>What kind of assistance do they need to initially be successfully diverted?</b></p> <input type="checkbox"/> Landlord mediation
<input type="checkbox"/> Conflict resolution
<input type="checkbox"/> Financial assistance (not prevention) <ul style="list-style-type: none"> <li>○ Amount: \$</li> <li>○ Reason for need:</li> </ul>
<input type="checkbox"/> Other assistance:

# Pre-Screening Tool

1/21/2016

Prevention Questions		NOTES	
<b>1. Are you currently living in Orange County, California?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Stop</b>			
<b>2. Are you behind on rent/mortgage?</b> <input type="checkbox"/> Yes <input type="radio"/> How much (amount)? _____ <input type="radio"/> How far behind are you (months)? _____ <input type="checkbox"/> No			
<b>Homeowners</b> <b>Is the property in foreclosure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Tenants</b> <b>Is your name on the rental agreement or lease?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Stop</b> <b>Do you receive any housing subsidy (VASH, Section 8, S+C)?</b> <input type="checkbox"/> Yes <input type="radio"/> Which one? _____ <input type="checkbox"/> No		
<b>3. Have you received an eviction notice?</b> <input type="checkbox"/> Yes <input type="radio"/> Date on the notice received? _____ <input type="checkbox"/> No			
<b>4. Did you serve in the US armed service?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Skip → Threshold Criteria</b>			
<b>5. What as the character of your discharge?</b> <input type="checkbox"/> Still active <b>Stop → Refer to Veteran Program</b> <input type="checkbox"/> NOT Dishonorable Discharge. Any other Discharge. <b>Stop → Refer to Veteran Program</b> <input type="checkbox"/> Dishonorable Discharge			
Threshold Criteria		POINT VALUE	POINTS
<input type="checkbox"/> Has moved because of economic factors 2 or more times in the last 60 days		3	
<input type="checkbox"/> Household with dependent children 0 to 17		3	
<input type="checkbox"/> Household with currently pregnant woman		3	
<input type="checkbox"/> History of homelessness as an adult		3	
<input type="checkbox"/> Housing will be lost within 14 days		3	
<input type="checkbox"/> Housing will be lost within 21 days		2	
<input type="checkbox"/> Domestic violence or abuse in household		3	
<input type="checkbox"/> Household is under 50% AMI	<input type="checkbox"/> <b>Income Sources and Amounts (\$)</b> Gross Earned income Unemployment insurance Supplemental Security Income (SSI) Social Security Disability income (SSDI) Veteran's Disability Insurance Private Disability Insurance Workers Compensation GI Bill Housing Stipend TANF General Relief Retirement income Pension (Veteran or former job) Alimony/Spousal Support Child support Other Household gross monthly income \$	3	

# Pre-Screening Tool

1/21/2016

				Household gross annual income \$						
	1 Per	2 Per	3 Per	4 Per	5 Per	6 Per	7 Per	8 Per		
50% AMI	\$31,650	\$36,150	\$40,650	\$45,150	\$48,800	\$52,400	\$56,000	\$59,600		
<input type="checkbox"/> Household with a senior, 65 years or older									2	
<input type="checkbox"/> Household with an individual convicted of a felony									2	
<input type="checkbox"/> Someone in the household has a mental or physical disability and/or circumstances that affect housing									2	
<input type="checkbox"/> History of previous evictions									2	
<input type="checkbox"/> Sudden and significant loss of income, employment, cash benefits and/or sudden increase in expenses due to medial or family emergencies									2	
<input type="checkbox"/> Applied for shelter and spent at least one night during the prior 60 days literally homeless									2	
<input type="checkbox"/> Rental and/or utility arrears									1	
								<b>If score is 11 points or less → Stop</b>	<b>TOTAL</b>	
								<b>If Score is 12 points or more → Provide Prevention Assistance</b>		
<b>Interviewer's Notes</b>										
<b>What agency was the individual or family referred to for Prevention Assistance?</b>										
<p><b>Fill out additional basic Information.</b></p> <p>Middle Name:</p> <p>Current address:</p> <p>Contact Phone #:</p> <p>Email:</p> <p>Total Household Size:</p>										



# Coordinated Entry System Flow

