

**ORANGE COUNTY
CONTINUUM OF CARE BOARD
Monthly Committee Report
Coordinated Entry**

MEETING DATE: _____
X Did not meet

NUMBER IN ATTENDANCE: _____

AGENDA ITEMS:

PRESENTATIONS:

ACTION ITEMS/NEXT STEPS:

NEEDED CoC BOARD ACTION:

DATE OF NEXT MEETING:

Additional Comments:

We held an ad hoc committee to discuss the Individual Road Test and Prioritization recommendations.

Please submit your report by no later than the Friday prior to the Coc Board meeting.

**ORANGE COUNTY
CONTINUUM OF CARE BOARD
Monthly Committee Report
Data and Performance**

MEETING DATE: March 14, 2019

☐ Did not meet

NUMBER IN ATTENDANCE: 20

AGENDA ITEMS:

1. Comments - none
2. CoC Board Report
 - a. Erin shared the [February 2019 CoC Board Report](#). Erin and the committee discussed highlights from the report.
 - b. Bed inventory has been updated for projects in Homeless Management Information System (HMIS)
3. CoC Dashboard
 - a. 25 responses were received from survey sent out to the committee members. Survey feedback expressed interest in CoC and project level data, as well as performance and demographic data.
 - b. A small working group met yesterday to discuss responses and potential development avenues. Prototype expected to be presented at April data meeting and sent to CoC board for approval.
4. Revision to HMIS Consent to share protected performance report
 - a. Section from Privacy Notice outlining how a client's data in HMIS may be used was added to the [HMIS Client Consent form](#) as a result of feedback from the CoC Board
 - a. Motion to approve the addition – Rose Bermudez, Linda Janzen seconded
 - b. Approved by unanimous consent
 - b. A privacy agreement for agencies not in HMIS who request client level data will also be created and presented in May.
5. [Homelessness Prevention Project Performance Report](#)
 - a. Erin shared the February 2019 project performance report. Erin and the Committee discussed highlights and trends from the report, as well as received feedback from the group on strategies to improve performance.
 - b. Final performance data for Homelessness Prevention will be shared at the August meeting

PRESENTATIONS:

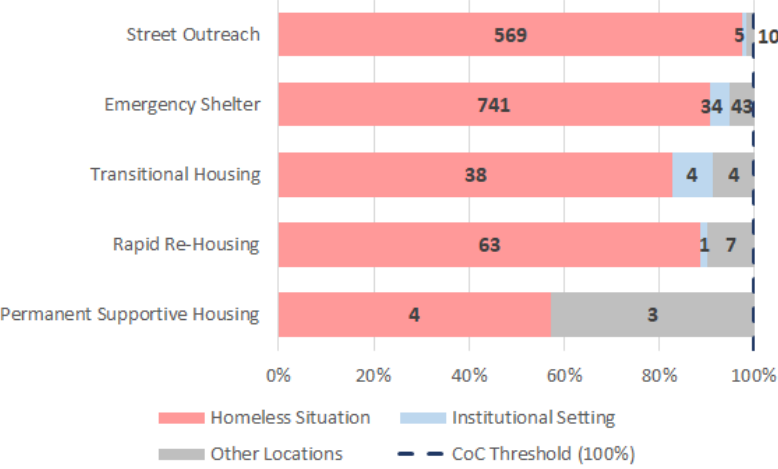
ACTION ITEMS/NEXT STEPS:

NEEDED CoC BOARD ACTION: Approve revisions to HMIS Consent to share protected performance report

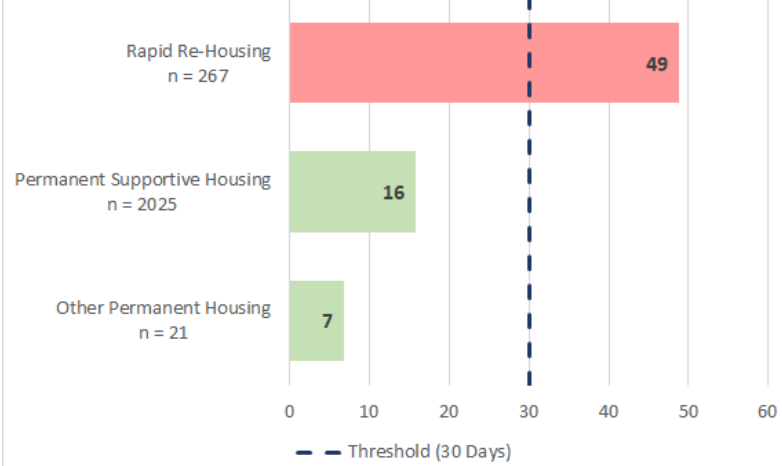
DATE OF NEXT MEETING: April 11, 2019

February 2019 CoC Board Report

Entries from Homelessness



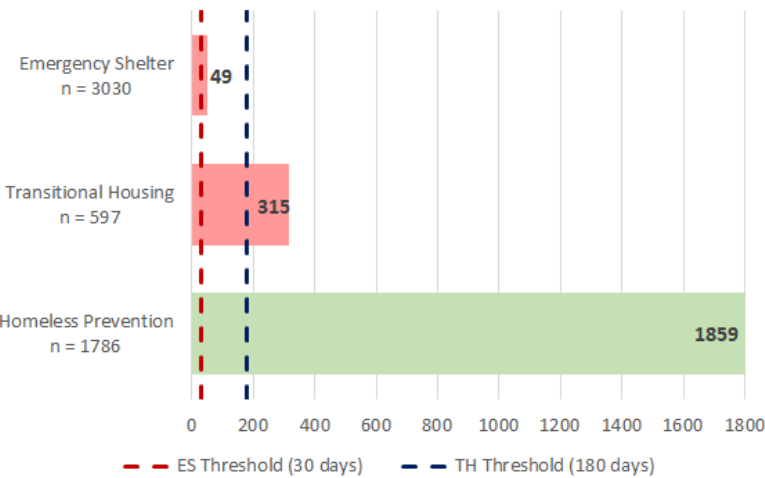
Average Days until PH Placement



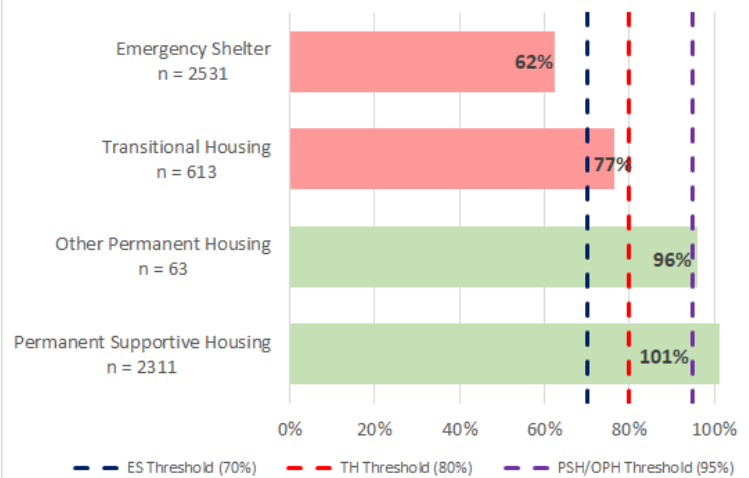
Where clients that enrolled into projects within the past month were living prior to entry.

Average number of days between the client's Project Start Date and Housing Move-In Date.

Average Length of Stay



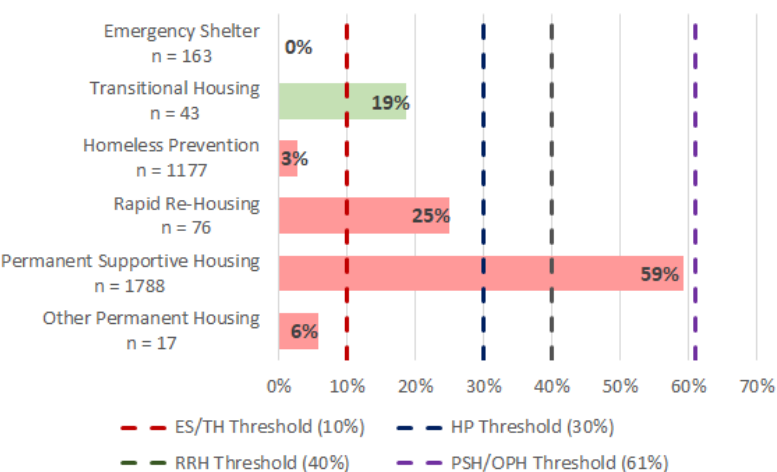
Unit Utilization



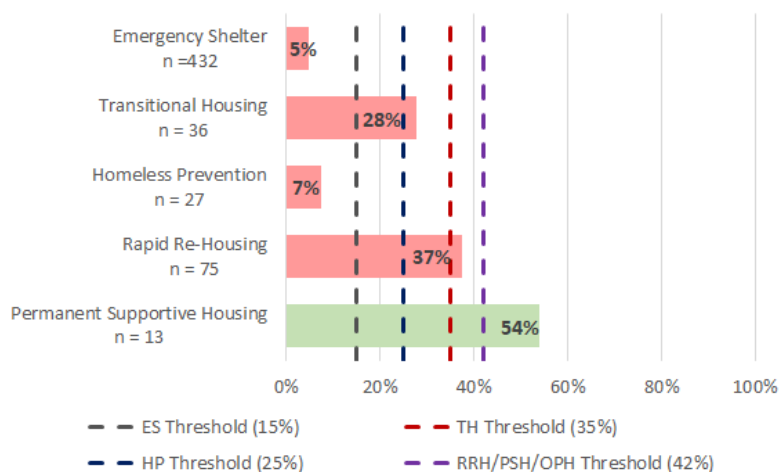
Average number of days between the client's Project Start Date and Report End Date (or Project End Date).

Percentage of beds and units occupied during the month.

Stayers with Increased Income



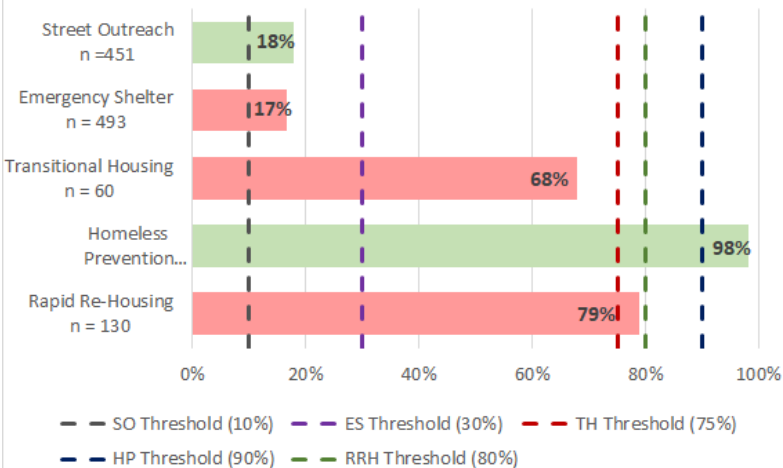
Leavers with Increased Income



Percentage of adults enrolled for at least one year that increased their income from any source between entry and latest update.

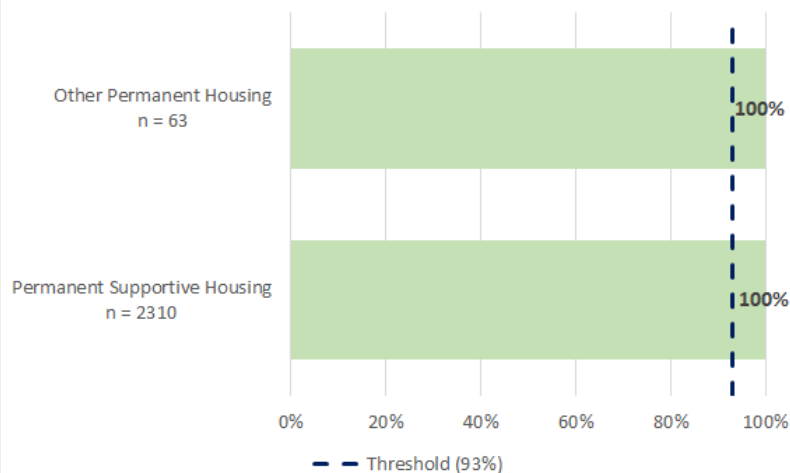
Percentage of adults exited during the month that increased their income from any source between entry and exit.

Successful Exits



Percentage of clients that exited during the month to a successful destination for that project type.

Maintained PSH/OPH or Exited to PH

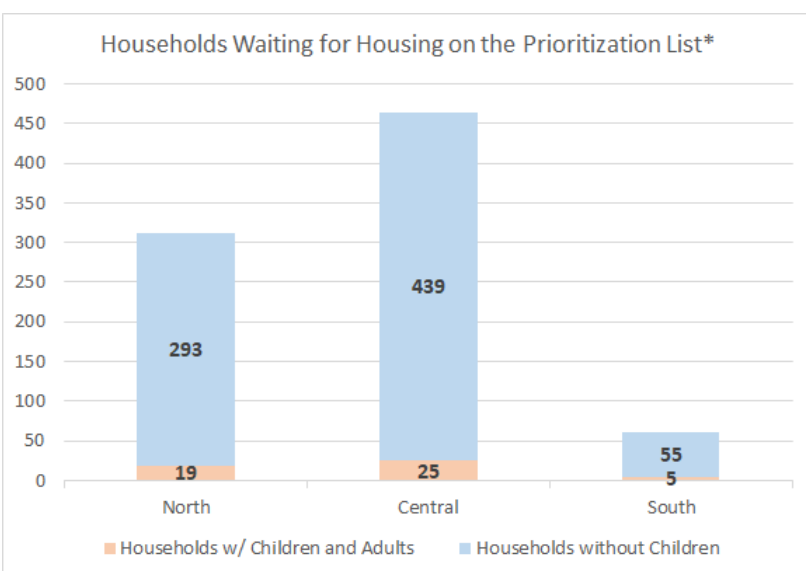


Percentage of clients that remained in PSH or OPH at the end of the month or exited to a permanent housing situation during the month.

Clients Placed in Permanent Housing

236 clients

Number of clients placed in permanent housing situations during the month.



Number of assessed and document ready households on the Coordinated Entry Prioritization List. There were 836 households on the Prioritization List waiting for housing this month.

Average Days on the Prioritization List*

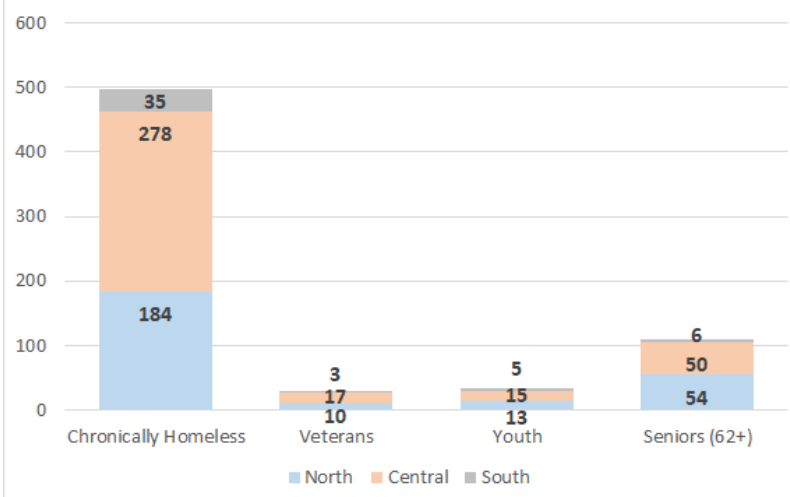
Households without Children Households with Children and Adults

239 days 88 days



Average number of days between the client's Survey Date and the last date of the month for assessed and document ready clients on the Coordinated Entry Prioritization List.

Subpopulation Demographics*



Number of assessed and document ready clients on the Coordinated Entry Prioritization List by subpopulation.

Coordinated Entry Inflow*

Households without Children Households with Children and Adults

70

10

Number of households on the Coordinated Entry Prioritization List with a survey date during the month.

**ORANGE COUNTY
CONTINUUM OF CARE BOARD
Housing Opportunities**

MEETING DATE: March 8, 2019

NUMBER IN ATTENDANCE: 14

AGENDA ITEMS:

1. Call to Order
2. Roll Call/Introductions
3. Additions/Deletions to Agenda
4. Approval of Minutes
5. Community Awareness & Engagement: Develop a county wide community engagement campaign to address the needs for community support in OC.
6. Data Needs/Research Identified the need to complete an analysis on the impacts of PSH on the neighboring communities looking at Crime statistics & property value
7. Housing Production & Development Subcommittee: Previous recommendation tabled and returned to the Housing Committee to further define request. Development Subcommittee looking at external consultant to advise the County, Developers and the City on how to accelerate the development of housing units.
8. Landlord Subcommittee: Becks Heyhoe reported out on January Landlord Subcommittee and the United Way Pilot Program now renamed "Welcome Home OC."

**ACTION ITEMS/NEXT STEPS:
NEEDED CoC BOARD ACTION:**

DATE OF NEXT MEETING: May 26, 2019

Additional Comments:

Please submit your report to the Continuum of Care Manager by no later than the Friday prior to the Coc Board meeting.

**ORANGE COUNTY
CONTINUUM OF CARE BOARD
Homeless Provider Forum**

GROUP/FORUM NAME: Orange County's Homeless Provider Forum

Location: Covenant Presbyterian Church, St. Andrew's Hall
1855 Orange Olive Road, Orange 92865

Chairs: Donald Dermit, The Rock Homeless Ministries
Ariel Hyatt, Habitat for Humanity of Orange County
Alfonso Ceja, Volunteers of America

MEETING DATE: March 7, 2019 9:00am – 11:00 a.m. ☐ **Did not meet**

NUMBER IN ATTENDANCE: _____

AGENDA ITEMS:

Announcements

- The Mental Health Association of Orange County shared information regarding their 25th Annual Meeting of the Minds Mental Health Conference. The conference takes place May 15, 2019 at the Anaheim Marriott Hotel.

CoC and Subcommittee Updates

- Continuum of Care Updates – Zulima Lundy, County of Orange. On February 19, 2018, a notice was released to inform interested parties that the County of Orange released a Request for Proposals for State of California Emergency Solutions and Housing (CESH) and Homeless Emergency Aid Program Transitional Age Youth (HEAP TAY) funding.
- Individual Coordinated Entry System – Zulima Lundy, County of Orange and Rebecca Ricketts, County of Orange.
- Family Coordinated Entry System – Mayra Vargas, Family Solutions Collaborative
- Data and Performance Management – Rose Rivera, Families Forward
- Emergency Shelters – Dawn Price, Friendship Shelter

PRESENTATIONS:

Veteran Services in Orange County

- Four agencies presented about the services available for veterans in Orange County.
 - Volunteers of American, Los Angeles – Ann Nacino, Program Coordinator, VOA SSVF Program
 - Strong Families, Strong Children – Kyle Patterson, Peer Navigator
 - Veteran Affairs - Dustin Halliwell, LCSW-Coordinated Entry System Coordinator
- OC4Vets – Kevin Alexander, Behavioral Health Navigation, Innovation and Training: Veteran Services

ACTION ITEMS/NEXT STEPS:

None

NEEDED CoC BOARD ACTION:

None

DATE OF NEXT MEETING: April 4th, 9:00-11:00 am

Additional Comments:



**ORANGE COUNTY
CONTINUUM OF CARE BOARD
2019 CONTINUUM OF CARE
NOTICE OF FUNDING AVAILABLE AD HOC PRIORITIES**

The 2019 CoC NOFA Ad Hoc proposes the following prioritization guidelines for the 2019 CoC Notice of Funding Availability Prioritization Process.

REALLOCATION:

Recommend the release of a Request for Proposals (RFP) for reallocation funding. Recommend that this RFP should use the data from the Point in Time to establish subpopulation priorities. If the 2017 PIT were used, it would prioritization would be as follows. It is hoped the 2019 data will be available and if so, these rankings could change based on that data.

1. Non-chronically homeless individuals
2. Chronic individuals
3. Non-chronically homeless families
4. Veterans
5. Victims of domestic violence
6. Transitional age youth

BONUS FUNDING:

Recommend bonus project funding, if allowable, be prioritized based on system priorities that includes:

1. Non-VASH eligible veteran households
2. Chronically homeless individuals
3. Chronically homeless families

RENEWAL FUNDING

Recommend the CoC NOFA Request for Renewal Proposals include the questions that address:

1. How the applicant might propose changing their program to address system gaps found in Coordinated Entry System.
2. How the applicant would propose using any reallocated funds, if an RFP is not used for that purpose.

County of Orange System of Care

County Executive Office

Integrated Services



Healthcare



Behavioral
Health



Community
Corrections

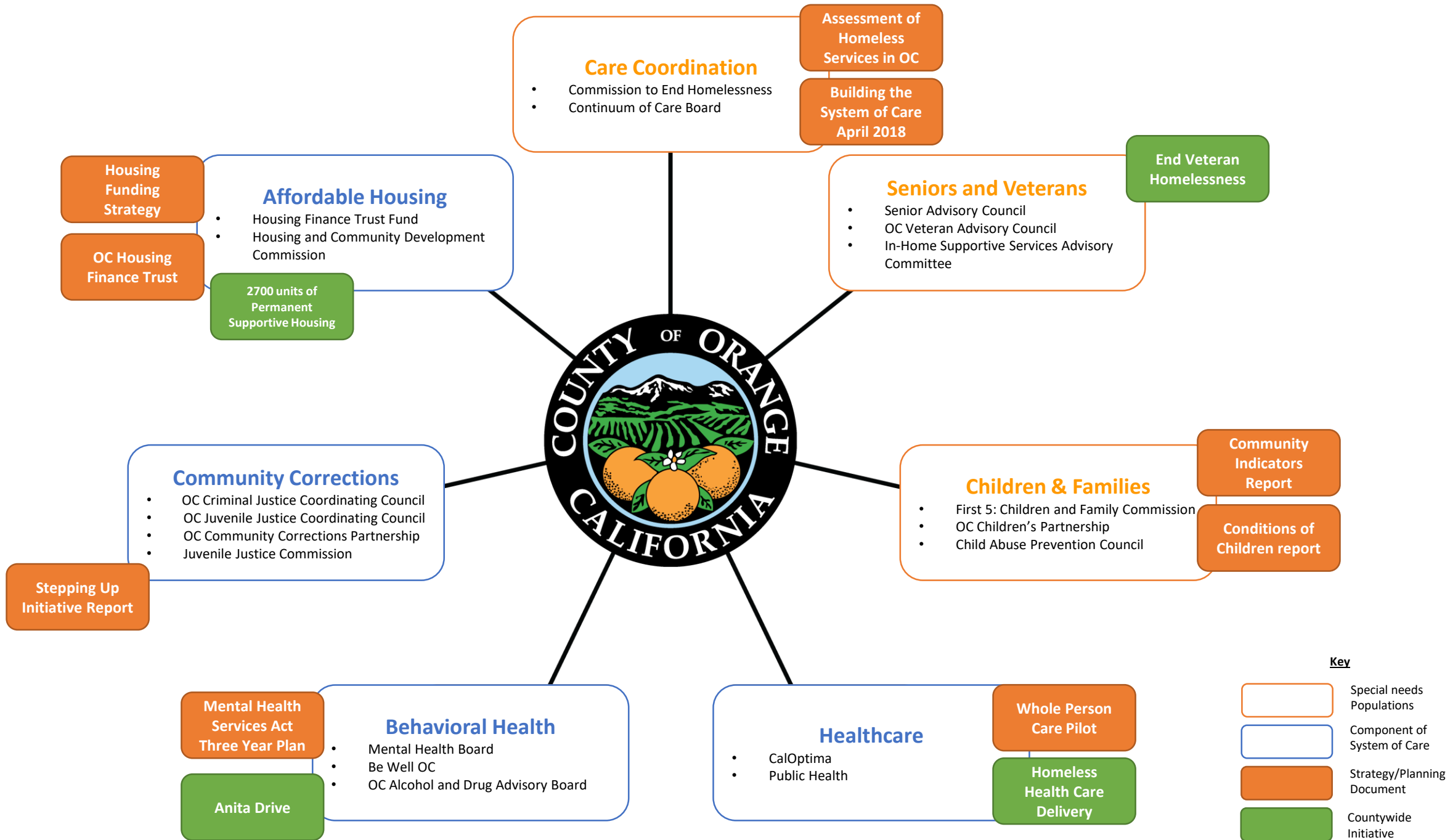


Housing



Public Social
Services

Office of Care Coordination





PRIORITIZATION ROAD TEST UPDATE

The Coordinated Entry System (CES) Steering Committee has been testing prioritization policies for the Individual component of the CES since August 2018. The purpose of the prioritization road test:

- Meet the needs of people who have been homeless the longest in the community
- Meet the needs of people who are experiencing homelessness with the highest service needs
- Decrease the length of time individuals spend on the prioritization list waiting for a housing intervention
- Ensure the most appropriate match is made to every housing opportunity

The prioritization road test led to the implementation of the following priorities with project specific requirements applied as required (ex. youth, chronic homelessness, etc.).

CURRENT PRIORITIZATION

1. Length of Homelessness
2. VI-SPDAT Score
3. Regional Service Planning Area Distribution
4. Shelter Priority

The Regional Service Planning Area Distribution prioritization was added to distribute some non-designated County resources by region to begin aligning our matching process with our continuum goals.

In addition, weekly **case conferencing** was used to determine the most appropriate housing match which allows for some flexibility in the prioritization of individuals.

OUTCOME

The prioritization road test confirmed the initial assumptions. The prioritization road test resulted in a **7% decrease in the average length of**

homelessness for individuals on the prioritization list and a **10% decrease in the average days individuals wait on the prioritization list for housing.**

Impact on Top 10% of Individuals on the Prioritization List

	August 2018	March 2019	% Change
# of Top 10% Individuals	60	49	-18%
Length of Homelessness			
Minimum Months of Homelessness	121	45	-63%
Maximum Months of Homelessness	390	487	25%
Average Months of Homelessness	195	181	-7%
Length of Time on Prioritization List			
Minimum Days on Prioritization List	18	18	0%
Maximum Days on Prioritization List	1139	1097	-4%
Average Days on Prioritization List	295	266	-10%

In addition, the revised prioritization led to a more robust and responsive CES. Housing providers and service providers are more engaged in the housing match meetings and collaborative in making the best match between individuals and available housing resources.

NEXT STEPS

While the CES will continue to respond to community needs with ongoing prioritization adjustments, the CES Steering Committee will draft revised CES policies and procedures to align with the lessons learned during the prioritization road test. The revised CES policies and procedures will be presented to the Continuum of Care Board for approval in April.

ONGOING CONSIDERATIONS

Data. Data completeness and data accuracy are ongoing concerns. In addition, data systems for managing the Individual Prioritization List are challenging and inefficient.

Operational Definitions. Work is needed to define common terms such as length of homelessness across the continuum.

Equitable Distribution of Resources. Continue to define and distribute resources equitably throughout the County.

Orange County Continuum of Care

HMIS Client Consent form

Welcome to the Orange County Continuum of Care, and a project participating in the Orange County HMIS (OC HMIS)! HMIS stands for **H**omeless **M**anagement **I**nformation **S**ystem, and it is a secure database used to collect and store information about clients served at this agency.

In Orange County, all agencies that participate in entering client data in HMIS share that data with each other. This means that if you complete a program participating in the OC HMIS and later need assistance at another program that also participates in the OC HMIS, staff at the second agency will search for your name and find your profile. Then you will be asked to confirm your existing information in HMIS (like your name, date of birth, and social security number). The second agency will be able to see what kind of services you've received in the past.

If you would like to see the list of the agencies that participate in the OC HMIS, please visit ochmis.org > [About HMIS > Contributing Agencies](#) or ask the agency you are receiving services from for a list of the [Agencies Currently Contributing data to HMIS](#). Please note that the list of agencies contributing data to HMIS can change frequently and without notice, and therefore the website should be consulted for the most recent list.

Because the OC HMIS contains such sensitive data Orange County takes your privacy very seriously. **The following protections for your data are in place:**

- Individual client data is only viewable by qualified staff at each participating agency.
- In order to participate in the OC HMIS, leaders at each agency must sign an Agency Agreement that includes a commitment to protecting client data and maintaining confidentiality.
- In order to use HMIS, agency staff must pass multiple trainings that each go over the importance of client privacy.
- The OC HMIS is hosted on a secure server and data is encrypted. This means that anyone attempting to "hack into" HMIS will only see gibberish, never any client data.

What information is shared in the HMIS database?

We share both Protected Personal Information (PPI) and general information obtained during your intake and assessment, which may include but is not limited to:

- Your name and your contact information
- Your social security number and date of birth
- Your basic demographic information such as gender and race/ethnicity
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Your *self-reported* medical history and disability status, including mental and physical health concerns, substance abuse history, and HIV/AIDS status
- Your case notes and services
- Your income sources and amounts; and non-cash benefits
- Your veteran status
- Information about other members of your household
- Your *self-reported* history of domestic violence
- Your photo (optional)

How PPI May Be Shared and Disclosed

Unless restricted by other laws, the information we collect can be shared and disclosed under the following circumstances:

If you feel any of your rights outlined in this document have been violated, please contact (714) 589-2360.

- To provide or coordinate services.
- For payment or reimbursement of services for the participating organization.
- For administrative purposes, including but not limited to HMIS system administrator(s) and developer(s), and for legal, audit personnel, and oversight and management functions.
- For creating de-identified PPI.
- When required by law or for law enforcement purposes.
- To prevent a serious threat to health or safety.
- As authorized by law, for victims of abuse, neglect, or domestic violence.
- For academic research purposes.
- Other uses and disclosures of your PPI can be made with your written consent.

By signing this form, you understand the following:

- You have the right to receive services, even if you do not sign this consent form. Providers may not refuse to provide you with services based on your refusal to sign this form.
- You have the right to receive a copy of this consent form for your records.
- Your consent permits any participating organization to add to or update your information in HMIS, without asking you to sign another consent form. This consent form is valid for seven (7) years after the signature date.
- You may revoke your consent at any time, but your revocation must be provided either in writing or by completing the Revocation of Consent form. The agency you are receiving services from must make this form available to you if you ask, and it should be out and available for you to take from the office or facility you receive services from. Upon receipt of your revocation, we will remove your PPI from the shared HMIS database and prevent further PPI from being added. The PPI that you previously authorized to be shared cannot be entirely removed from the HMIS database and will remain accessible to the limited number of organization(s) that provided you with direct services.
- Participating agencies are required to post a Privacy Notice at each location where intakes are completed. You should be able to see this notice, which contains more detailed information about how your information may be used and disclosed. You have the right to receive a copy of this notice for your records.
- You have the right to request, in writing, the following pieces of information within five (5) business days of your request:
 - A correction of inaccurate or incomplete PPI
 - A copy of your consent form
 - A copy of your HMIS record (agency staff must review this information with you if you request such a review so that you can fully understand the information presented to you and how it is used)
 - A current list of participating agencies that have access to HMIS data
- Aggregate or statistical data that is released from the HMIS database will not disclose any of your PPI.
- You have the right to file a grievance against any organization whether or not you sign this consent. The Client Grievance Form should be out and available for you to take from the office or facility you receive services from.
- You are not waiving any rights protected under Federal and/or California law.

SIGNATURE AND ACKNOWLEDGEMENT

Your signature indicates that you have read (or been read) this client consent form, have received answers to your questions, and you freely consent to have your information, and that of your minor children (if any), entered into the HMIS database. You also consent to share your information with other participating organizations as described in this consent form.

Client Name: _____ DOB: __/__/__

Signature: _____ Date Signed: __/__/__

Minor Children (if any):

Name: _____ DOB: __/__/__

Name: _____ DOB: __/__/__

Name: _____ DOB: __/__/__

Name: _____ DOB: __/__/__

Agency Staff Signature:

Agency Staff Name: _____ Agency Staff Signature: _____

Agency Name: _____ Date: __/__/__