

**ORANGE COUNTY  
CONTINUUM OF CARE BOARD  
SPECIAL MEETING  
Friday, August 2, 2019  
1:30 PM – 3:00 PM**

**County of Orange  
1300 S. Grand Avenue, Bldg. B  
2<sup>nd</sup> Floor, Conference Room A/B/C  
Santa Ana, CA 92705**

# 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 [Chair]  
Paul Cho, Illumination Foundation  
Donald Dermit, The Rock Church  
Curtis Gamble, Hope Lifted  
Dustin Halliwell, Veterans Affairs

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

### Call to Order – Judson Brown, Chair

Chair Judson Brown called the meeting to order at 1:32 P.M.

### Pledge of Allegiance – Donald Dermit, The Rock Church

Donald Dermit led the Pledge of Allegiance.

### Invocation/Inspiration – Donald Dermit, The Rock Church

Donald Dermit led the Invocation/Inspiration.

### Board Member Roll Call – Jocelyn Gaspar, OC Community Resources

Present: Matt Bates, Judson Brown, Donald Dermit, Dawn Price, George Searcy, Curtis Gamble, Becks Heyhoe, Tim Shaw, Albert Ramirez, Paul Cho

Absent Excused: Dustin Halliwell, Jason Austin, Jeanne Awrey, Patti Long, 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. Comments will be limited to three minutes. If there are more than five public speakers, this time will be reduced to two minutes.

None.

### Welcome and Introductions - Judson Brown, Chair

Chair Judson Brown welcomed the Continuum of Care Board members and attendees.

## **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.*

None

## **BUSINESS CALENDAR**

### **1. 2019 Continuum of Care (CoC) Notice Of Funding Availability (NOFA) Ad Hoc Recommendations Background – Shannon Legere, OC Community Resources**

Shannon Legere provided background on the 2019 CoC NOFA Ad Hoc process and an overview of the policy priorities established in the 2019 CoC NOFA by the U.S. Department of Housing and Urban Development (HUD).

### **2. Continuum of Care Notice Of Funding Availability (NOFA) Ad Hoc Recommendations– CoC Ad Hoc Committee**

#### **Recommendation 1 – Project Performance Thresholds**

The CoC NOFA Ad Hoc shared that they met to review the Project Performance Reports for Permanent Housing Rapid Rehousing (PH-RRH) and Permanent Housing Permanent Supportive Housing (PH-PSH) to establish measures, thresholds and point values to be used to evaluate project performance as part of the 2019 NOFA Rating and Ranking Process.

The CoC NOFA Ad Hoc motioned to approve the proposed measures, scoring thresholds and point values for each Project Performance measure by project type.

The motion passed by unanimous consent.

#### **Recommendation 2 – 2019 NOFA Rating and Ranking Criteria**

The CoC NOFA Ad Hoc shared that the 2019 NOFA Rating and Ranking Criteria uses comparable scoring criteria from the 2018 NOFA Rating and Ranking Criteria but is updated to reflect the on the 2019 CoC NOFA from HUD and local priorities. The criteria will be used to rate and rank all CoC renewal projects as part of the annual CoC grant application. If approved, the 2019 NOFA Rating and Ranking Criteria will be partially prepopulated with scores from the Agency Administrative Review, Project Performance Measures, and unspent funds analysis. The CoC NOFA Ad Hoc will score the remainder of the criteria, including Coordinated Entry System participation, housing first/low-barrier implementation and project effectiveness. In addition, the COC NOFA Ad Hoc noted that agency presentations will not be required for this year's NOFA cycle and as an alternative, recommends a presentation schedule be implemented outside the NOFA competition process to review CoC projects on a continual basis with the goal of ensuring programs coordinate with the larger system of care.

The CoC Ad Hoc Committee motioned to approve the 2019 NOFA Rating and Ranking Criteria and its process.

The motion passed by unanimous consent.

#### **Recommendation 3 – Reallocation**

The CoC NOFA Ad Hoc and Shannon Legere shared that the Orange County CoC has a voluntary reallocation from two Orange County Housing Authority (OCHA) Shelter Plus Care programs. These programs will implement a Move-On Strategy for households no longer in need of the intensive services component for housing stabilization. In addition, these households will retain a housing subsidy through a Housing Choice Voucher. Funding from the following projects will be reallocated toward the expansion of one existing project to improve the overall performance and better respond to the needs in Orange County:

- OCHA - Colette's Children's Home Shelter Plus Care - \$66,861
- OCHA - Mercy House Permanent Bonus Shelter Plus Care - \$257,139
- Total Available for Reallocation: \$324,000

The CoC NOFA Ad Hoc motioned to approve the reallocation amount of \$324,000 to be used for a technical expansion for Supportive Service Only for Coordinated Entry (SSO-CE). Once awarded, OC Community

Resources will release a competitive Request For Proposals (RFP) for applicants to apply for the entire reallocation amount of funding available.

The motion passed by unanimous consent.

Recommendation 4 – Domestic Violence (DV) Bonus Funding

The CoC NOFA Ad Hoc shared that this year’s estimated DV Bonus amount for the Orange County CoC is \$1,441,437. The types of projects allowable under the DV Bonus are PH-RRH, Joint TH and PH-RRH and SSO-CE.

The CoC Ad Hoc Committee motioned to approve the release of the DV Bonus RFP with a focus on PH-RRH, Joint TH and PH RRH and SSO-CE.

The motion passed by unanimous consent.

Recommendation 5 – CoC Bonus Funding

The COC NOFA Ad Hoc shared that this year’s estimated CoC Bonus amount for the Orange County CoC is \$1,169,446. HUD is allowing CoCs to apply for all component types (PH-PSH, PH-RRH, Joint TH and PH-RRH, HMIS and CES) under the CoC Bonus.

Referencing the 2019 CoC NOFA Ad Hoc priorities approved by the CoC Board in March 2019, the CoC Board approved to prioritize the 2019 RFP CoC Bonus based on system priorities.

The CoC Ad Hoc Committee motioned to approve the release of the CoC Bonus RFP with a focus on PH-RRH that serves individuals and families. The CoC Board recommended that the RFP target households on the Coordinated Entry System Prioritization List.

The motion passed by unanimous consent.

**3. Board Member Comments**

Board members shared comments at this time.

**Meeting Adjourned:** 2:55 P.M.

**Next Meeting:** August 28, 2019

**Orange County  
Continuum of Care Board Meeting  
Building B, 2<sup>nd</sup> Floor, Conference Room A/B  
1300 S. Grand Avenue  
Santa Ana, CA 92705**

For Further Information Regarding the Orange County Continuum of Care:  
<http://www.occommunityservices.org/hcd/homeless/coc>

For Further Information Regarding the Orange County Commission to End Homelessness:  
<http://www.ocgov.com/gov/ceo/care/commendhom>

# Orange County CoC - CA - 602

## Governance Charter

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**Introduction:** In accordance with the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (the “HEARTH Act”) which was enacted into law on May 20, 2009, the Orange County Continuum of Care in consultation with the Collaborative Applicant (County of Orange), Continuum of Care and Emergency Solution Grant funded agencies and Homeless Management Information System (“HMIS”) Lead Agency has developed a governance charter which includes procedures and policies needed to comply with the HEARTH Act requirements as prescribed by U.S. Department of Housing and Urban Development (HUD); and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board.

In addition to HEARTH Act compliance and in alignment with the Regional System of Care, the Continuum of Care (“CoC”) will operate to enhance, inform and implement services addressing the complex case management and housing needs of individuals and families experiencing homelessness in Orange County. Services supported by the Orange County CoC will also demonstrate best practices and evidence-based practices ensuring a client-centered approach, client choice and client rights and responsibilities are clear and service standards are consistently met.

The Orange County CoC designates the County of Orange as the collaborative applicant and fiscal entity for administering planning and funding for homelessness assistance program throughout the Orange County CoC.

**I. Name:**

The technical name of the organization is CoC CA-602 hereinafter referred to as the “Orange County CoC”.

**II. Geographic Boundaries:**

The Orange County CoC covers all the geography within the boundaries of Orange County, including its 34 cities and unincorporated areas as regionalized within North, Central and South Service Planning Areas.

**III. Purpose:**

The Orange County CoC serves as the locally-designated primary decision-making group whose purpose and scope is to implement the Continuum of Care program (the “CoC”) which is authorized by subtitle C of title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11381-11389). As noted in CFR 24 Part 578.1 Purpose and scope of the HEARTH Act, the program is designed to:

- A. Promote communitywide commitment to the goal of ending homelessness through regional coordination and collaboration;
- B. Advocate for funding and resources to end homelessness and provide funding for proven efforts by nonprofit providers and local governments to quickly rehouse people experiencing homelessness, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness;
- C. Promote access to and effective utilization of mainstream programs by homeless individuals and families; and

- D. Promote implementation of best practices and evidence-based approaches to homeless programming and services.

#### **IV. Responsibilities of the Orange County CoC**

The four major responsibilities of the Orange County CoC consists of:

1. Operating the Continuum of Care,
2. Designating and operating an HMIS for the Continuum of Care,
3. Planning for the Continuum of Care, and
4. Preparing an application for funds which is in accordance with § 578.7 Responsibilities of the Continuum of Care and in the HEARTH Act and § 578.79.

##### **A. Operating the Continuum of Care.**

The Orange County CoC will:

1. Hold meetings of the full membership, with published agendas, at least semi-annually;
2. Make a public invitation for new members to join available within the geographic area at least annually;
3. Adopt and follow a written process to select a board to act on behalf of the CoC. The process must be reviewed, updated, and approved by the CoC at least every five (5) years;
4. Establish committees, subcommittees and ad hoc groups to address specific functions of the Orange County CoC, as needed;
5. Work with the Collaborative Applicant to develop and update annually a governance charter, which will include all procedures and policies needed to comply with HUD mandates, HEARTH Act regulations and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board;
6. Consult with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor Continuum of Care and Emergency Solutions Grant funded agencies performance, evaluate outcomes, and take action to address poor performers;
7. Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and report performance measures to HUD as required;
8. In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate a Coordinated Entry System that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The CoC must maintain specific policy to guide the operation of the Coordinated Entry System on how its system addresses the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from nonvictim service providers in compliance with any requirements established by HUD Notice; and

9. In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:
  - a. Policies and procedures for evaluating individuals' and families' eligibility for assistance;
  - b. Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
  - c. Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;
  - d. Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;
  - e. Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and
  - f. Where the CoC is designated a high-performing community, as described in Subpart G, policies and procedures set forth in 24 CFR 576.400(e)(vi), (e)(vii), (e)(viii), and (e)(ix).

**B. Designating and operating a Homeless Management Information System.**

The Orange County CoC will:

1. Designate a single Homeless Management Information System (HMIS) for the geographic area;
2. Designate an eligible applicant to manage the CoC's HMIS, which will be known as the HMIS Lead;
3. Review, revise and approve a privacy plan, security plan, and data quality plan for the CoC HMIS;
4. Ensure consistent participation of recipients and subrecipients in the HMIS;
5. Ensure the HMIS is administered in compliance with requirements prescribed by HUD;
6. Ensure the HMIS operates efficiently and effectively to promote HUD funded and non-funded agency participation, system coordination, and utilization and performance is achieved; and
7. Ensure that HMIS captures the Coordinated Entry System Core Elements of Access, Assessment, Prioritization and Referral through program participation by recipients and subrecipients.

**C. Continuum of Care Policies, Procedures and Standards**

The Orange County CoC will:

1. Have a Policies, Procedures and Standards Committee that meets at least two times a year or as needed for the review of policies, procedures and standards of the Orange County Continuum of Care;

2. Have its various committees, subcommittees, and ad hocs proposed drafts, revisions and/or updates to policies, procedures and/ or standards be submitted to the Policies, Procedures and Standards Committee;
3. Have all proposed policies, procedures and standards reviewed and vetted by the Policies and Standards Committee to ensure adherence to the HEARTH Act, HUD Notices and regulations, best practices and evidenced-based approaches, prior to being presented to the CoC Board for adoption; and
4. Engage the public, including homeless and formerly homeless individuals, in policy and standards development and/or revisions that affect the operations of the CoC and ESG funded programs.

D. Continuum of Care Planning.

The Orange County CoC and the Collaborative Applicant (County of Orange) will develop a plan that includes:

1. Coordinating the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals, including unaccompanied youth, and families. At a minimum, this system encompasses the following:
  - a. Outreach, engagement, and assessment;
  - b. Shelter, housing, and supportive services;
  - c. Prevention and diversion strategies.
2. Planning for and conducting an annual shelter homeless count and a biennial unsheltered homeless count by Service Planning Area that meets the following requirements:
  - a. Homeless persons who are living in a place not designed or ordinarily used as a regular sleeping accommodation for humans must be counted as unsheltered homeless persons;
  - b. Persons living in emergency shelters and transitional housing projects must be counted as sheltered homeless persons; and
  - c. Other requirements established by HUD Notice or to meet local objectives.
3. The HMIS Lead Agency will assist the Collaborative Applicant in conducting an annual gaps analysis of the homeless needs and services available within the geographic area and/or Service Planning Areas;
4. Providing information required to complete the Consolidated Plan(s) within the CoC's geographic area;
5. Consulting with State and local government Emergency Solutions Grants program recipients within the CoC's geographic area on the plan for allocating Emergency Solutions Grants program funds and reporting on and evaluating the performance of



Emergency Solutions Grants program recipients and subrecipients. Emergency Solutions Grant entitlements include:

- County of Orange
- Santa Ana
- Anaheim
- Garden Grove

E. Annual Competitive Application for Continuum of Care Funding

The Orange County CoC will:

1. Design, operate, and follow a collaborative process for the development of applications and approve the submission of applications in response to a Notice of Funding Availability (NOFA) published by HUD;
2. Establish priorities for funding proposals to meet needs within in the geographic area;
3. Support the Collaborative Applicant in compiling the required application information from all projects within the geographic area that the CoC has selected for funding; and
4. Retains all of its responsibilities, even if it designates one or more eligible applicants other than itself to apply for funds on behalf of the CoC. This includes approving the CoC application.

V. Orange County CoC Structure:

The operations and management of the Orange County CoC and its responsibilities are structured in four segments.

A. CoC Collaborative Applicant and Fiscal Agent

The Orange County CoC designates the County of Orange as Collaborative Applicant and Planning Grant recipient for homelessness assistance programs throughout the Orange County CoC. The County of Orange will comply with the provisions of 24 CFR 578.7, including coordinating with the development of the CoC system, CoC planning, Coordinated Entry System, HMIS and the support of the various functions and activities as required by the HEARTH Act.

In addition, the Orange County CoC Board designates the County of Orange as administrative and fiscal entity for homeless funding to support the development of the System of Care. The County of Orange is the administrative and fiscal entity for state and local funding from homeless programming that designates the CoC as the eligible applicant and requires the local government entity to be the fiscal agent.

B. Orange County CoC Board

As noted in §578.5(b) of the HEARTH Act, “The Continuum of Care must establish a board to act on behalf of the Continuum using the process established as a requirement by § 578.7(a)(3) and must comply with the conflict-of-interest requirements at § 578.95(b).”

The Continuum of Care Board is therefore acting on behalf of the members of the Orange County CoC. To this end, the Orange County CoC will strategically comprise a governing board that represents the stakeholder groups enumerated in the HEARTH Act which require the CoC Board to be representative of relevant organizations and of projects serving homeless subpopulations within Orange County, including at least one (1) homeless or formerly homeless individual.

1. Continuum of Care Board Responsibilities

The Continuum of Care Board will:

- a. Conduct the hands-on work and facilitate the committees, subcommittees and ad hoc groups of the Orange County CoC. Every member of the CoC Board is encouraged to serve on committees;
- b. Build community awareness of the needs of all homeless and at-risk populations identified in the county;
- c. Ensure, to the greatest extent possible, access to services by the subpopulations enumerated in this charter;
- d. Ensure relevant organizations and projects serving various homeless and at risk subpopulations are represented in the planning and decision-making for the overall coordination of homeless services Continuum of Care;
- e. Ensure Regional Coordination and collaborative work across the CoC through the use of the Coordinated Entry System;
- f. Coordinate the CoC Programs and set goals and priorities for ending homelessness in Orange County;
- g. Approve Orange County CoC policies as recommended by service providers and/or Committees;
- h. Create committees, subcommittees and ad hoc groups necessary for the proper and efficient functioning of the Orange County CoC; and
- i. Dissolve committees, subcommittees and ad hoc groups, if they are determined to be unnecessary for the proper and efficient functioning of the Orange County CoC.

2. Continuum of Care Board Composition

The CoC Board is comprised of fifteen (15) members elected by the voting General Membership. A quorum consists of eight (8) voting members present. The CoC Board designations are:

- a. CoC Board Officers
  - i. Chair
  - ii. Vice-Chair
  - iii. Secretary
- b. Required CoC Board Members, one for each category
  - i. Homeless / formerly homeless person
  - ii. Education / McKinney Vento representative
  - iii. Veteran or veteran service agency representative
  - iv. Emergency Solutions Grant (ESG) Program funded agency or recipient agent
  - v. Public Housing Agency (PHA) representative
  - vi. Domestic Violence Agency representative
- c. At-Large CoC Board Members  
At-large members should be representative of the relevant organizations and subpopulations set-forth in the membership section of this Governance Charter.
- d. Continuum of Care Board Support
  - i. Collaborative Applicant – As the Collaborative Applicant the Continuum of Care Manager and/or other County of Orange staff will facilitate the Continuum of Care Board business and will utilize resources to continue the development of the CoC system.
  - ii. HMIS Lead Agency – The HMIS Lead Agency will assist the Collaborative Applicant in providing CoC utilization, performance and gaps data and regional Service Planning Area resource information to the CoC Board.
  - iii. Coordinated Entry System Lead Agency – The Coordinated Entry System Lead Agency will assist the Collaborative Applicant in providing performance and gaps data information to the CoC Board.

3. Continuum of Care Board Selection Process

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 sub-populations 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.

4. Continuum of Care Board Qualifications

1. The Orange County Continuum of Care Board Members and Officers are selected to represent various constituencies. As a whole the Board should:
  - a. Be diverse, including philosophical and socio-economic diversity;
  - b. Have complementary skill sets;
  - c. Represent a balance of community stakeholders in the region; and
  - d. Be able to network with other potential CoC Board Members.
  - e. Willingness and ability to consistently attend meetings.
2. Potential Board Members must be current voting General Members who demonstrate:
  - a. A high level of ethical behavior;
  - b. Working knowledge of and compassion about addressing homelessness;
  - c. Leadership and collaborative spirit in the best interest of the Orange County CoC.
3. All Board members must attend at least seventy-five percent (75%) of meetings each year and not be absent for three (3) consecutive meetings in order to remain in good standing. Board Members and Officers failing to meet the attendance standard will be subject to removal by majority vote fifty percent plus one (50% + 1) of the CoC Board.
5. Continuum of Care Board Meetings
  1. All meetings will be open to the public except as otherwise determined by the CoC Board. Any person who attends an Orange County CoC meeting may be asked by the CoC Board 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 CoC Board Chair to be of such nature that it involves only Orange County CoC closed session business.
  2. Robert's Rules of Order Abridged-Revised will guide the process during all meetings.
  3. An annual calendar of the CoC Board meetings will be recommended to the CoC Board for adoption at the CoC Board meeting in October and presented at the Homeless Provider Forum meeting in November. The CoC Board meetings calendar will be distributed to all members electronically and published on the County of Orange – Homeless Services website.
6. Continuum of Care Board Documentation
  1. The Orange County CoC Board will conduct and transact business in a fair and transparent manner. To this end, the CoC Board will maintain records of all Orange County Continuum of Care agendas and minutes and make these available upon request.

2. The Collaborative Applicant will keep record of all HEARTH Act policies, calendars, meeting minutes, and records.
7. Continuum of Care Board Conflict of Interest and Recusal Process  
Members must comply with the conflict of interest and recusal process found in §578.95 Conflicts of interest in the HEARTH Act and any additional requirements per the Continuum of Care Board Governance Charter.
1. Conflict of Interest – Members of the CoC Board and any of its committees or subcommittees shall abstain from voting on any issue in which they may be personally vested to avoid a conflict of interest in accordance with County, State and Federal laws, regulations and ordinances and shall refrain from engaging in any behavior that conflicts with the best interest of County.
    - a. Members of the CoC Board shall not vote nor attempt to influence any other Board member on a matter under consideration by the Board or any of its committees or subcommittees as follows:
      - i. Regarding the provision of services by such member (or by an entity that such member represents); or
      - ii. By providing direct financial benefit to such member or the immediate family of such member; or
      - iii. Engaging in any other activity determined by County, State or Federal law, regulations and ordinances to constitute a conflict of interest.
    - b. If a question arises as to whether a conflict exists that may prevent a member from voting, the Chairperson or designee may consult with designated County Staff to assist them in making that determination.
    - c. Neither the CoC Board nor any of its members shall promote, directly or indirectly, any political party, political candidate or political activity using the name, emblem or any other identifier of the CoC Board.
    - d. No assets or assistance provided by County to CoC Board shall be used for sectarian worship, instruction, or proselytization, except as otherwise permitted by law.
  2. Code of Conduct – The members of the CoC Board are entrusted with specific responsibilities related to use of public funds invested in addressing homelessness. Board Members are expected to observe the highest standards of ethical conduct in the execution of these responsibilities. In the performance of their duties, CoC Board Members are expected to carry out the mandate of the Orange County CoC to the best of their ability and to maintain the highest standards of integrity while interacting with other

members of the Board, Orange County CoC representatives, service recipients, service providers, and the public.

- a. The Orange County CoC prohibits the solicitation and acceptance of gifts or gratuities by the CoC Board, Ranking Committee, Voting Members, or employees and agents of the Collaborative Applicant from anyone who intends to receive personal benefit or preferential treatment. Violation of any portion of this code could subject a Voting Member to immediate termination from membership as determined by the CoC Board;
- b. The Orange County CoC promotes impartiality in performing official duties and prohibits any activity representing a conflict of interest. Individuals should not act on a matter if a reasonable person who knew the circumstances of the situation could legitimately question fairness;
- c. Officers, Voting Members and Committee Members shall:
  - i. Put forth honest effort in the performance of their duties;
  - ii. Not knowingly make unauthorized commitments or promises of any kind purporting to bind the Orange County CoC without previous CoC Board approval;
  - iii. Disclose waste, fraud, abuse and corruption to the appropriate authorities;
  - iv. Adhere to all laws and regulations that provide equal opportunity to all United States citizens regardless of race, color, religion, sex, gender, sexual orientation, national origin, age, or disability, or any other protected category;
  - v. Conduct themselves with courtesy and respect. Personal relationships should not result in special considerations that influence the performance of their official duties in a manner contrary to the interest of the broader Orange County CoC. CoC Board Members and Officers are expected to exercise adequate control and supervision over matters for which they are individually responsible.
  - vi. Assure that the resources entrusted to them are used for conducting official business only. Members and Officers of the CoC Board must abide by the Conflict of Interest Policies established for CoC Board operations.
  - vii. Protect any confidential information provided to, or generated by, the activities of the Orange County CoC; and
  - viii. Not use confidential information of the Orange County CoC for any purpose or disclose such confidential information to any third party,

except as necessary to perform their duties and responsibilities as members of the CoC Board.

3. Termination Policy - Any CoC Board Member, or the entire CoC Board, may be removed for cause by a two-thirds (2/3) vote of the Orange County CoC Voting Membership at a specially called meeting. Cause is constituted by a violation of the conflict of interest regulations or a violation of the Code of Conduct and ethics.

C. Orange County CoC General Membership

Membership is based upon organizations within the Geographic Area participating in the responsibilities of the Orange County CoC by having organizational representatives actively participate in CoC board, committees, and working groups.

As noted in § 578.5 Establishing the Continuum of Care. Relevant organizations will include:

“nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans and homeless and formerly homeless individuals.”

Additionally, the Orange County CoC will strive to ensure representation from diverse and public agencies including those dedicated to behavior health, substance use recovery services, health, employment training and development, youth, the LGBTQ community, and housing and community development.

a. Nominations for Orange County CoC General Membership

A public invitation within the Geographic Areas of the CoC will be extended annually for new members to join in accordance with the HEARTH Act as described in § 578.7 *Responsibilities of the Continuum of Care*.

b. General Membership Terms

There is no term limit. Membership, however, may be terminated by the Orange County CoC in accordance with subsection I. Removal below.

c. Continuum of Care Meetings

The Orange County CoC will hold meetings of the full membership with published agendas at least twice a year. The Orange County Homeless Provider Forum serves to facilitate CoC full membership meetings.

d. Quorum



A number equal to a majority of those belonging to the Orange County CoC will constitute a quorum for the transaction of business at any general membership meeting.

e. Voting

At all meetings, business items may be decided by arriving at a consensus. If a vote is necessary, all votes will be by voice or ballot at the will of the majority in attendance. The exception to this rule is a vote to elect CoC Board members, in this case a vote will be held by secret ballot. Each active organization will have one vote given by one representative even when more than one organizational representative is present. No active organization may vote on any item which presents a real or perceived conflict-of-interest.

f. Conflict of Interest

Members must comply with the conflict of interest and recusal process found in the § 578.95 Conflicts of interest of the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act).

“(a) Procurement. For the procurement of property (goods, supplies, or equipment) and services, the recipient and its subrecipients must comply with the codes of conduct and conflict-of-interest requirements under 24 CFR 85.36 (for governments) and 24 CFR 84.42 (for private nonprofit organizations).

(b) Continuum of Care board members. No Continuum of Care board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.

(c) Organizational conflict. An organizational conflict of interest arises when, because of activities or relationships with other persons or organizations, the recipient or subrecipient is unable or potentially unable to render impartial assistance in the provision of any type or amount of assistance under this part, or when a covered person’s, as in paragraph (d)(1) of this section, objectivity in performing work with respect to any activity assisted under this part is or might be otherwise impaired. Such an organizational conflict would arise when a board member of an applicant participates in decision of the applicant concerning the award of a grant, or provision of other financial benefits, to the organization that such member represents. It would also arise when an employee of a recipient or subrecipient participates in making rent reasonableness determinations under § 578.49(b)(2) and § 578.51(g) and housing quality inspections of property under § 578.75(b) that the recipient, subrecipient, or related entity owns.

(d) Other conflicts. For all other transactions and activities, the following restrictions apply:

(1) No covered person, meaning a person who is an employee, agent, consultant, officer, or elected or appointed official of the recipient or its subrecipients and who exercises or has exercised any functions or responsibilities with respect to activities assisted under this part, or who is in a position to participate in a decision-making process or gain inside information with regard to activities assisted under this part, may obtain a financial interest or benefit from an assisted activity, have a financial interest in any contract, subcontract, or agreement with respect to an assisted activity, or have a financial interest in the proceeds derived from an assisted activity, either for him or herself or for those with whom he or she has immediate family or business ties, during his or her tenure or during the one-year period following his or her tenure.

(2) Exceptions. Upon the written request of the recipient, HUD may grant an exception to the provisions of this section on a case-by-case basis, taking into account the cumulative effects of the criteria in paragraph (d)(2)(ii) of this section, provided that the recipient has satisfactorily met the threshold requirements of paragraph (d)(2)(ii) of this section.

(i) Threshold requirements. HUD will consider an exception only after the recipient has provided the following documentation:

(A) Disclosure of the nature of the conflict, accompanied by a written assurance, if the recipient is a government, that there has been public disclosure of the conflict and a description of how the public disclosure was made; and if the recipient is a private nonprofit organization, that the conflict has been disclosed in accordance with their written code of conduct or other conflict-of-interest policy; and

(B) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law, or if the subrecipient is a private nonprofit organization, the exception would not violate the organization's internal policies.

(ii) Factors to be considered for exceptions. In determining whether to grant a requested exception after the recipient has satisfactorily met the threshold requirements under paragraph (c)(3)(i) of this section, HUD must conclude that the exception will serve to further the purposes of the Continuum of Care program and the effective and efficient administration of the recipient's or subrecipient's project, taking into account the cumulative effect of the following factors, as applicable:

(A) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;

(B) Whether an opportunity was provided for open competitive bidding or negotiation;

(C) Whether the affected person has withdrawn from his or her functions, responsibilities, or the decision-making process with respect to the specific activity in question;

(D) Whether the interest or benefit was present before the affected person was in the position described in paragraph (c)(1) of this section;

(E) Whether undue hardship will result to the recipient, the subrecipient, or the person affected, when weighed against the public interest served by avoiding the prohibited conflict;

(F) Whether the person affected is a member of a group or class of persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class; and

(G) Any other relevant considerations. “

g. Removal

Any member of the Orange County CoC may be removed by a two-thirds majority of all organizations present during a scheduled meeting.

D. Collaboration with Commission to End Homelessness

The Commission to End Homelessness focuses on regional policy and implementation strategies, affordable housing development, data and gaps analysis, best practice research, social policy and systemic change to promote an effective response to homelessness within the County of Orange. The CoC Board will regularly provide information and recommendations around CoC funded homeless programs to the Commission to End Homelessness. This will ensure regional alignment of efforts to resolve homelessness.

1. The CoC Board will collaborate with the Commission to End Homelessness to:

- a. Address gaps within the System of Care;
- b. Strengthen operational performance;
- c. Ensure regional access and alignment;
- d. Receive expertise related to each System of Care component in support of the CoC System integration objectives; and
- e. Identify, secure and prioritize funding opportunities that provide system enhancements within the five components of the System of Care” Community Corrections, Behavioral Health, Healthcare, housing, Benefits and Support Services.

2. The CoC Board will at least annually report to the Commission to End Homelessness on the progress of the Orange County CoC. These reports may include:
  - a. HUD System Performance Measures (SPM) Report
  - b. Housing Inventory Chart (HIC)
  - c. Gaps Analysis Reports
  - d. Point-in Time (PIT) Count (unsheltered biennially and sheltered annually)
  - e. Funding priorities, grants and funding awards from federal and state government
  - f. Any other reports requested by the Commission to End Homelessness to help further system of care policy recommendations and regional system development.
3. The chairperson of the CoC Board and the Commission to End Homelessness may establish ad hoc committees to provide recommendations regarding time-limited tasks that support the goals of the Commission to End Homelessness and assist in the functions of the CoC Board.
4. Non-conflicted Commission to End Homelessness members may participate on review panels concerning the award of a grant or other program funding related to the CoC when there is a conflict of interest among CoC Board members.

#### **VI. Continuum of Care Legal Entity**

The County of Orange is the Collaborative Applicant who will submit grants to HUD on behalf of the project applicants comprised in the Orange County CoC. All contracts funded by the CoC competition have direct contracts with HUD. Submission will be in compliance with § 578.9. The County of Orange is the designated administrative entity and fiscal agent for homeless services system funding awards that intersect with the CoC and the System of Care programs.

#### **VII. Public Statement and Media Policy**

In the interest of presenting a unified voice in the community, the Collaborative Applicant, County of Orange, is the designated spokespersons and media points of contact for the Orange County CoC for inquiries or official statements related to the Orange County CoC. Members will refrain from making public comments or speaking to the media on behalf of the Orange County CoC, unless the Collaborative Applicant determines that the interests of the Orange County CoC are best served by another member speaking on behalf of the group. When making public statements or speaking to the media on issues related to homelessness, Members will make clear, to the best of their ability, whether they are speaking in their own organization's/individual's name or on behalf of the Orange County CoC.



## **COORDINATED ENTRY SYSTEM POLICIES AND PROCEDURES**

Date Approved by Continuum of Care Board: [DATE]

### **GOAL**

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

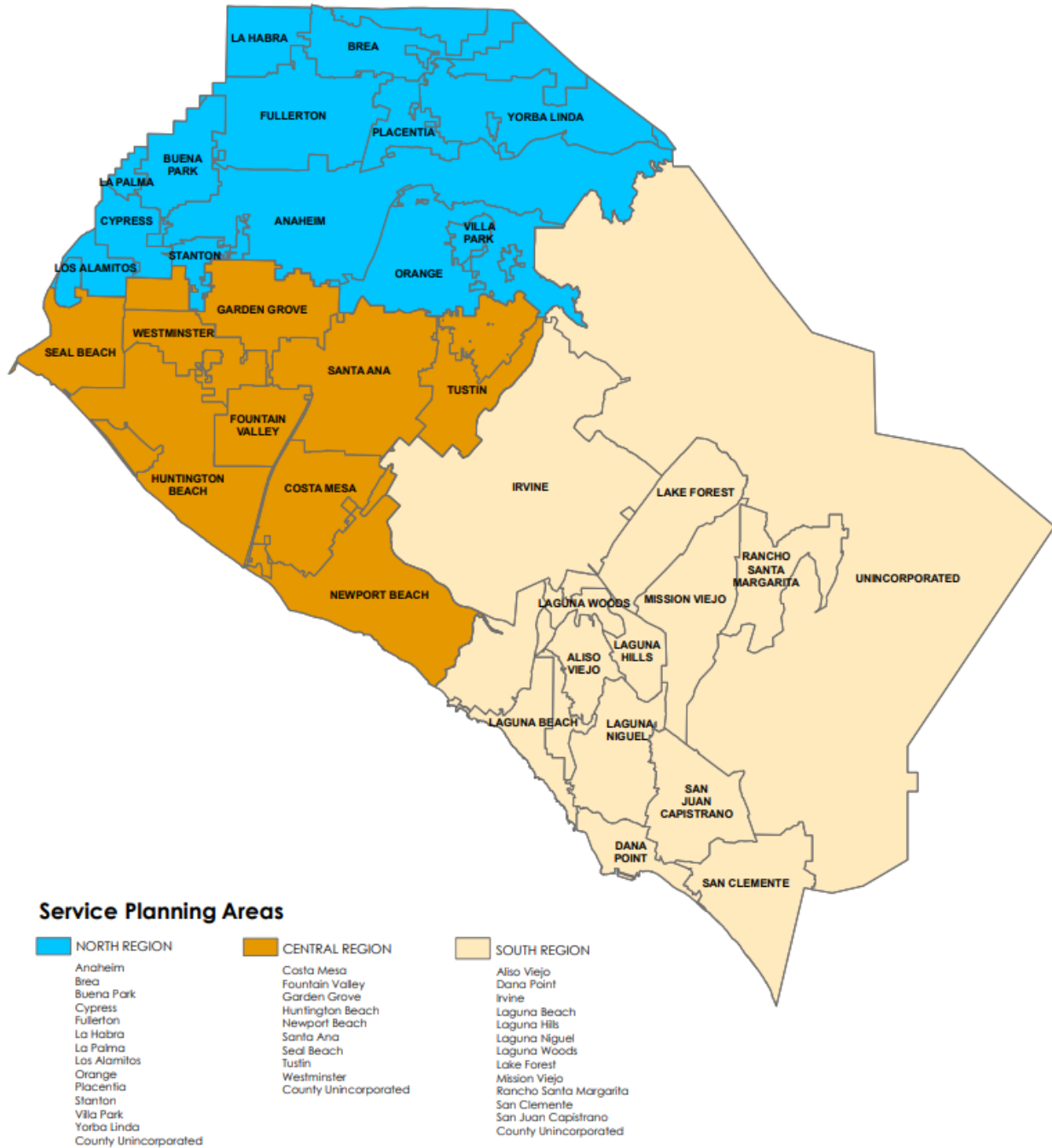
- dynamic prioritization
- collaborative coordination
- intentional resource utilization
- equitable resource distribution
- regional service planning area prioritization

### **CES LEAD**

The CES lead agency, OC Community Resources (OCCR), is empowered by the Continuum of Care (CoC) to manage the process of determining and updating the prioritization for all CoC funded permanent supportive housing (PSH) and CoC and ESG funded rapid rehousing (RRH) as well as any other housing resources that voluntarily participate in the CES. The lead agency will work collaboratively with the CES Steering Committee, a committee of the CoC Board, to develop and review CES policies and procedures every five years, at minimum.

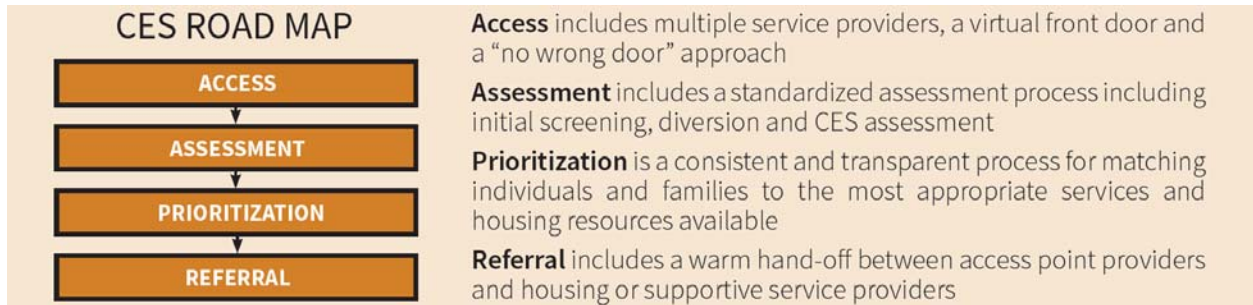
### **PLANNING**

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



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

CES serves all individuals and families experiencing homelessness in Orange County regardless of race, color, national origin, religion, sexual orientation, gender identity, disability, age, sex, familial status, marital status, income, criminal record, or experience with domestic violence, dating violence, sexual assault or stalking.



## ACCESS

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

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

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

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

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

Access Model

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

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

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

Orange County CES does not prohibit or create barriers to available emergency services. Access to available emergency services are independent of the operating hours or coordinated intake and assessment processes for CES. Completing the standardized housing assessment is not a requirement and no individual or family will be denied access to the crisis response system based on willingness to participate in the assessment process. Regardless of people’s willingness to complete the standardized CES assessment, people will be warmly welcomed into emergency shelters and/or other emergency services, as available.

Accessibility

Orange County CES ensures that access points are accessible to all individuals, including those with disabilities and limited English proficiency. In cases where particular access points are inaccessible for participants for any reason including, but not limited to, structural barriers, language barriers, or transportation limitations, individuals and families will be accommodated at alternative access points or by a street outreach team with the appropriate auxiliary aids and services necessary to ensure effective communication and completion of the standardized assessment.

Safety Planning

Individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking need specialized assistance that promotes and protects their confidentiality and safety. Therefore, while they will have unencumbered access to emergency services and CES, appropriate and prompt referrals to services, including hotlines, and emergency shelters specializing in domestic violence are critical. The following domestic violence resources are available in Orange County:

Human Options	877-854-3594
Interval House	714-891-8121



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

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

### Virtual Access

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

### **ASSESSMENT**

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

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

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

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

Safety planning is done for all individuals who may be in danger or could be a danger to themselves or others including identifying appropriate supports and resources. These needs are uncovered through the assessment and responded to immediately to quickly offer appropriate referral linkages. Accessors will be trained on how to understand when a person is at risk of harming themselves or others and serve as mandated reporters so that they are equipped to call 911 when necessary or connect individuals or families to a local hospital for crisis supports.

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

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

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

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

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

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

## **PRIORITIZATION**

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

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

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

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

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

**Scenario 1:** CES receives 5 HCVs for non-elderly, chronically homeless individuals. Based on the 2019 Point in Time results, homeless households were distributed throughout Orange County's Service Planning Areas as follows: 40% North, 49% Central, and 11% South. Therefore, the vouchers will be designated as follows: 2 North Service Planning Area, 2 Central Service Planning Area, and 1 South Service Planning Area. Starting with the Top 10% list, sheltered individuals with the longest lengths of homelessness are matched to these opportunities. If there is a tie in the length of homelessness, the HCV will go to the individual with the highest need as measured by the VI-SPDAT or assigned after case conferencing. If no sheltered matches are available, unsheltered individuals on the Top 10% list will be considered prior to considering matches on the master prioritization list.

**Scenario 2:** A project-based PSH unit becomes available in the North Service Planning Area for a family. Sheltered families with the longest length of homelessness from the North Service Planning Area are considered first for this opportunity. If there is a tie in the length of homelessness, the family with the highest need based on VI-SPDAT score or other factors discussed during case conferencing will be considered for the housing opportunity. If no sheltered families from the North Service Planning Area are available, unsheltered families from the North Service Planning Area will be considered followed by sheltered families from any Service Planning Area, and then unsheltered families from any Service Planning Area.

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

## REFERRAL

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

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

Upon referral to housing opportunities, housing providers will provide an overview of program expectations including the share of rent and utility costs to participants and maintain regular communication with access point staff and CES. For RRH opportunities, the maximum amount of rent that a participant may pay can be up to 100% of the rental amount. In general, the goal will be that participants pay no more than 50% of their income in rent at RRH program completion.

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

Housing providers may deny a referral from CES under any of the following circumstances:

- Inappropriate referral (ex. Accessibility needs cannot be met)
- Ineligible referral (ex. New intake information fails to meet eligibility requirements)
- Participant obtained other permanent housing
- Participant is unresponsive after multiple contact attempts to all available contact information

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

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

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

## **PRIVACY AND DATA MANAGEMENT**

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

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

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

## **GRIEVANCE PROCESS**

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

- For grievances with Coordinated Entry System policies and procedures, contact Orange County Community Resources at [CoordinatedEntry@occr.ocgov.com](mailto:CoordinatedEntry@occr.ocgov.com)
- For housing program related complaints, grievances should be directed to the appropriate housing provider for resolution.
- To file a nondiscrimination complaint, contact the Department of Housing and Urban Development through the online portal: [https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/online-complaint](https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint)

## **EVALUATION**

CES will be regularly evaluated to analyze effectiveness and to identify areas for improvement. System performance metrics will be examined semi-annually, at minimum, to monitor adherence to system benchmarks. Length of time on priority list, placement rates, and returns to homelessness are sample metrics that will be used to understand system capacity and determine where additional resources are needed.

In addition, feedback will be solicited from CES participants and participating agencies through feedback surveys and focus groups. Participating agencies will be surveyed at least annually and focus group feedback opportunities will also be provided annually to solicit consumer feedback. Annually, all participants who utilize CES will be offered the chance to complete a feedback survey and/or participate in focus group feedback sessions held at geographically dispersed locations. The focus groups and surveys will cover all domains of the coordinated entry process, including

intake, assessment and referral, and will be used to gauge participant and agency perception of system quality and effectiveness.

OCCR, as the lead CES agency, will collect participant and agency evaluations and analyze system performance. The information collected will be used to recommend updates to CES, in consultation with a committee of relevant stakeholders. This committee will meet at least annually to adopt and implement system changes.

For the purpose of the evaluation, data analyzed will be de-identified, and feedback will not require a name or other identifiable information. This will be used to ensure participant and participating agency privacy during the evaluation process.

## **CES DOCUMENTS AND REGULATIONS**

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

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

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

[Continuum of Care \(CoC\) Program Interim Rule 24 CFR 578](#)

[Emergency Solutions Grants Interim Rule 24 CFR 576](#)

[HUD Equal Access rule: 24 CFR 5](#)

## **ATTACHMENT A – Homeless Definition**

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

### **Category 1. Literally Homeless**

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

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

### **Category 2. Imminent Risk of Homelessness**

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

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

### **Category 3. Homeless under other Federal statutes**

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

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

### **Category 4. Fleeing/Attempting to Flee Domestic Violence**

Any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence;
- Has no other residence; and
- Lacks the resources or support networks to obtain other permanent housing



## CES POLICY FEEDBACK & QUESTIONS

[In regards to regional Service Planning Area distribution prioritization], explain what the non-designated County resources would be.

Non-designated County resources include Housing Choice Vouchers and Shelter Plus Care/Continuum of Care vouchers. These housing resources will be distributed by Service Planning Areas by CES since they are not already designated to specific Service Planning Areas and to ensure equity of resource accessibility.

Are [Service Planning Area determination questions] HMIS origin questions? What about last Permanent Address? This will not result in accuracy- the only County wide shelter is in Santa Ana. According to [current] Metrics, folks will list Santa Ana, Central as their SPA. In reality, they may come from South or North

The questions currently used from the CES assessment to determine the assigned Service Planning Area are survey location, the location where the individual or family sleeps most frequently and where the individual or family spends most of their time. The primary determination is the survey location. Individuals and families are not required to accept housing in their assigned Service Planning Area. In addition, the assigned Service Planning Area may be updated during case conferencing.

[In regards to PSH opportunities targeting chronically homeless individuals and families], can the CoC review what the current data is here. Isn't likely that very few may be "chronic" and not meet the first criteria listed [(length of homelessness)].

100% of referrals to PSH are experiencing chronic homelessness. All of the referrals were also prioritized based on their length of homeless and "met" the length of homelessness priority.

If the sheltered clients are going to be prioritized, then the South County clients will never get priority because there are no shelters in South County.

Currently, there are shelters in the South Service Planning Area operated by Friendship Shelter and Family Assistance Ministry. In addition, sheltered and unsheltered individuals and families in the South Service Planning Area will be prioritized for housing resources designated to the South Service Planning Area before sheltered individuals and families from other Service Planning Areas.

Rapid Rehousing is no longer "rapid" if we are using length of homelessness. The new system works for PSH not RRH opportunities. If a client is newly homeless in Orange County they will not be able to access Rapid Rehousing Housing funding.

The guidance from Housing and Urban Development is to prioritize individuals and families with more challenges. CES has implemented the prioritization criteria of length of homelessness and assessment of service need to comply with direction received from Housing and Urban Development. The primary intervention for individuals and families at-risk of homelessness and newly experiencing homelessness is homeless prevention and diversion.

Although length of homelessness is a positive change, continued use of score needs to be considered. Recently a PSH unit was matched to a low a score, non-high vulnerability client.

In 2019, the average VI-SPDAT score of permanent supportive housing referrals is 13. There have been three referrals with VI-SPDAT scores of 4-7 who were referred to permanent supportive housing based on their length of homelessness ranging from 8-31 years. People that have been homeless the longest have not been able to resolve their homelessness over a long period of time and, therefore, have an increased need for a housing intervention to help them end their homelessness.

It appears we are moving away from Housing First model. Our funded agencies are inquiring of housing readiness and using felonies over 7 years ago as reasons to deny PSH units. The committee needs to review Housing First model and role of the agencies including assisting our clients when housed, not use their coping skills or behaviors as a reason to kick out of PSH units.

The Orange County Continuum of Care, including CES, continues to embrace a Housing First approach. Housing providers will be expected to provide documentation for targeting criteria outside of existing practices and community standards. For specific concerns, related to CES, please contact Orange County Community Resources at [CoordinatedEntry@occr.ocgov.com](mailto:CoordinatedEntry@occr.ocgov.com). For housing program related complaints, grievances should be directed to the appropriate housing provider for resolution.

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# Orange County HMIS Policies and Procedures

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SEPTEMBER 2019

2-1-1 Orange County  
[WWW.OCHMIS.ORG](http://WWW.OCHMIS.ORG) | [WWW.211OC.ORG](http://WWW.211OC.ORG)

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## Key Terms and Acronyms

Term	Acronym (if applicable)	Definition
2-1-1 Orange County	211OC	Homeless Management information System (HMIS) Lead Agency for Orange County Continuum of Care
Agency Administrator	AA	The HMIS User designated by their agency to serve as Agency Administrator is responsible for training new HMIS Users and overseeing data quality management, among other duties described in the Policies and Procedures
Agency Agreement		The agreement form between OC HMIS participating agencies and 211OC that specifies the rights and responsibilities of the participating agency and 211OC regarding the use of HMIS.
Continuum of Care	CoC	The Continuum of Care is a collection of nonprofits and agencies that come together to promote communitywide commitment to the goal of ending homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.
Continuum of Care Board	CoC Board	The Orange County Continuum of Care Board is the governing body for the Orange County Continuum of Care. They are committed to the goal of ending homelessness and are organized to carry out the responsibilities required under the Continuum of Care Program regulations, 24 CFR Part 578.
Continuum of Care Collaborative Applicant	CoC Collaborative Applicant	The Orange County Continuum of Care designated the County of Orange as the Collaborative Applicant. The CoC Collaborative Applicant is tasked with coordinating the development of the Continuum of Care system, its planning and supporting the various functions and activities as required by the HEARTH Act.
Client Identifying Information	CII	Client Identifying Information is a category of sensitive information that is associated with an individual person. This information should be accessed only on a strict need-to-know basis, handled and stored with care. This category includes but is not limited to: First names, last names, dates of birth, and Social Security Numbers.
Coverage Rate		Coverage rate refers to the percentage of beds targeted to serve homeless clients in a geographic area that are captured in the Homeless Management Information System (HMIS) divided by the total number of beds targeted to serve homeless clients in the geographic area (excluding beds targeted to serve domestic violence clients). Coverage rate estimates are used to project a total homeless count if there are homeless service providers in the jurisdiction that do not participate in HMIS.
Department of Health and Human Services	HHS	The U.S. Department of Health and Human Services (HHS), also known as the Health Department, is a cabinet-level department of the U.S. Federal government. The Health Department's goal is to protect the health of all Americans and provide essential human services.
Department of Housing and Urban Development	HUD	The U.S. Department of Housing and Urban Development (HUD) is a Cabinet department in the Executive branch of the US. Federal government. HUD's goal is to create strong, sustainable, inclusive communities and quality affordable homes for all.
Health Insurance Portability and Accountability Act of 1996	HIPAA	The Health Insurance Portability and Accountability Act of 1996, particularly the Privacy Rule under Title II, regulates the use and disclosure of Protected Health Information (PHI) held by covered entities and business associates. HIPAA is the base operational privacy rule on which the Orange County HMIS privacy rule is structured.

## Orange County HMIS Policies and Procedures

Housing Inventory Chart	HIC	The Housing Inventory Chart is a comprehensive list of all residential projects (both HMIS participating and non-HMIS participating) that specify the number of beds and units available to homeless persons within a jurisdiction.
Homeless Management Information System	HMIS	A data system that meets U.S. Department of Housing and Urban Development's requirements and is used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. The HMIS is also the primary reporting tool for HUD homeless service grants as well as for other Federal, State and local government streams of funding related to homelessness. HMIS data is used to better inform homeless policy and analyze program and system impact in addressing homelessness.
HMIS Lead Agency		The HMIS Lead Agency is an agency, organization or government department designated by Continuum of Care Board to administer and manage the HMIS for the Continuum of Care jurisdiction.
Housing Opportunities for Persons with AIDS	HOPWA	HOPWA provides housing assistance and related supportive services for persons with HIV/AIDS, and family members who are homeless or at risk of homelessness. This project has different project reporting requirements than the other HUD funded projects described in the Policies and Procedures.
Length of Stay	LOS	The number of days between the beginning of services and the end of services. It is calculated using entry and exit dates or shelter stay dates, depending on the project's method of tracking bed nights.
Point in Time Count	PIT	A point-in-time count is an unduplicated count on a single night during the last ten days of January of the people in a community who are experiencing homelessness, that includes both sheltered and unsheltered populations. An annual sheltered PIT count is conducted using HMIS data and other sources. A biannual unsheltered PIT is conducted on odd years.
Participating Agencies		Agencies, organizations or local government departments that actively participate in HMIS through input of client-level data and project information.
Projects for Assistance in Transition from Homelessness	PATH	PATH is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). It provides services to mentally ill homeless people, primarily through street outreach, to link them to permanent community housing. This project has different reporting requirements than HUD funded projects and uses HMIS to collect this information.
Project Types		<p>The U.S. Department of Housing and Urban Development defines 12 Project Types in HMIS:</p> <ul style="list-style-type: none"> <li>• <b>Homelessness Prevention</b> - A project that offers services and/or financial assistance necessary to prevent a person from experiencing homelessness, including moving into an emergency shelter or place not meant for human habitation.</li> <li>• <b>Street Outreach</b> - A project that offers services necessary to reach out to unsheltered homeless people, connect them with emergency shelter, housing, or critical services, and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility. Only persons who are "street homeless" should be entered into a street outreach project. Projects that also serve persons other than "street homeless" must have two separate projects to be set up in an HMIS – one 'Street Outreach' and the other 'Services Only.'</li> <li>• <b>Emergency Shelter</b> - A project that offers temporary shelter (lodging) for people experiencing homelessness in general or for a specific population of people experiencing homelessness. Requirements and limitations may vary by program and may be specified by the funder.</li> </ul>

Orange County HMIS Policies and Procedures

		<ul style="list-style-type: none"> <li>• <b>Day Shelter</b> - A project that offers daytime facilities and services (no overnight lodging) for persons who are experiencing homelessness.</li> <li>• <b>Transitional Housing</b> - A project that provides temporary lodging and is designed to facilitate the movement of homeless individuals and families into permanent housing within a specified period of time, but no longer than 24 months. Requirements and limitations may vary by program and may be specified by the funder.</li> <li>• <b>Safe Haven</b> - A project that offers supportive housing that (1) serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services; (2) provides 24-hour residence for eligible persons for an unspecified period; (3) has an overnight capacity limited to 25 or fewer persons; and (4) provides low demand services and referrals for the residents.</li> <li>• <b>PH - Rapid Re-Housing</b> - A permanent housing project that provides housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.</li> <li>• <b>PH - Permanent Supportive Housing (disability required for entry)</b> - A project that offers permanent housing and supportive services to assist homeless persons with a disability (individuals with disabilities or families in which one adult or child has a disability) to live independently.</li> <li>• <b>PH – Housing with Services (no disability required for entry)</b> - A project that offers permanent housing and supportive services to assist homeless persons to live independently, but does not limit eligibility to individuals with disabilities or families in which one adult or child has a disability.</li> <li>• <b>PH - Housing Only</b> - A project that offers permanent housing for persons who are experiencing homelessness, but does not make supportive services available as part of the project.</li> <li>• <b>Coordinated Entry System</b> - A project that administers the continuum’s centralized or coordinated process to coordinate assessment and referral of individuals and families seeking housing or services, including use of a comprehensive and standardized assessment tool.</li> <li>• <b>Services Only</b> - A project that offers only stand-alone supportive services (other than outreach) to address the special needs of participants (such as child care, employment assistance, and transportation services) and has associated housing outcomes.</li> <li>• <b>Other</b> - A project that offers services, but does not provide lodging, and cannot otherwise be categorized as another project type, per above. Any project that provides only stand-alone supportive services (other than outreach) and has no associated housing outcomes should be categorized as ‘Other.’ For example, a project funded to provide child care for persons in permanent housing or a dental care project funded to serve homeless clients should be typed ‘Other.’ A project funded to provide ongoing case management with associated housing outcomes should be typed ‘Services Only.’</li> </ul>
U.S. Department of Veterans Affairs	VA	The U.S. Department of Veterans Affairs provides patient care and federal benefits to veterans and their dependents.
User Agreement		The agreement form between individual users and the HMIS Lead Agency that outlines a user’s responsibilities when using HMIS. This form is required to be on file with the HMIS Lead Agency before users are issued HMIS accounts.

## 211OC: HMIS Lead Agency

The Orange County Continuum of Care has designated 2-1-1 Orange County as the Homeless Management Information System (HMIS) Lead Agency. As the HMIS Lead Agency, 2-1-1 Orange County is tasked with assisting the Orange County Continuum of Care with:

- Developing and implementing a privacy plan, security plan and data quality plan for the Continuum of Care HMIS
- Ensuring consistent participation of State, Federal and local government funded recipients and sub recipients in HMIS
- HMIS is administered in compliance with requirements prescribed by the U.S. Department of Housing and Urban Development (HUD)
- Ensuring the HMIS operates efficiently and effectively to promote HUD funded and non-funded agency participation, system coordination and utilization and performance is achieved

### HMIS Lead Agency Contact Information:

OC HMIS Information Website	<a href="http://ochmis.org/">http://ochmis.org/</a>
OC HMIS Training Website	<a href="http://training.ochmis.org/">http://training.ochmis.org/</a>
OC HMIS Login	<a href="https://oc.clarityhs.com/login">https://oc.clarityhs.com/login</a>
HMIS Helpdesk	<a href="http://ochmis.211oc.happyfox.com/home">http://ochmis.211oc.happyfox.com/home</a>

All documents referenced in the HMIS Policies and Procedures can be located in the [HMIS Documents page](#).

## I. Background & Purpose

The Homeless Management Information System (HMIS) is the electronic data collection system utilized by the Orange County Continuum of Care to comply with the responsibilities outlined in 24 CFR 578.7(b) for designating and operating an HMIS. HMIS is the local information technology system that U.S. Department of Housing and Urban Development (HUD) funding recipients and sub-recipients use for homeless assistance programs as authorized by the McKinney-Vento Homeless Assistance Act. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act codifies in law certain data collection requirements integral to HMIS. The HEARTH Act requires that HUD ensure operation of and consistent participation by recipients and sub-recipients in HMIS.

In addition, the HEARTH Act required HUD to establish standards related to HMIS, including standards related to encryption of the data collected and the rights of persons receiving services under the McKinney-Vento Act. On December 9, 2011, HUD continued its process of implementing the HEARTH Act by publishing 24 CFR Parts 91, 576, 580, and 583- the Homeless Management Information Systems Requirements. This proposed rule add a new part to the Code of Federal Regulations to regulate the administration of HMIS and the collection of data using HMIS, as provided for by the HEARTH Act (24



## Orange County HMIS Policies and Procedures

CFR part 580). The proposed rule also makes corresponding changes to HUD's regulations for Consolidated Submissions for Community Planning and Development Programs, at 24 CFR part 91; the Emergency Solutions Grants program, at 24 CFR part 576; the Shelter Plus Care Program, at 24 CFR part 562; and the Supportive Housing Program, at 24 CFR part 583. The proposed rule implements the HMIS requirement in the HEARTH Act and makes mandatory the practices that HUD previously provided as guidance.

HUD and other planners and policymakers use aggregate HMIS data to better inform homeless policy and decision making at the federal, state and local government levels. HMIS enables HUD to collect aggregate data at the national-level on the extent and nature of homelessness over time. Specifically, an HMIS can be used to produce an unduplicated count of homeless persons, understand patterns of service use and measure the effectiveness of homeless programs. Data on homeless persons is collected and maintained at the local level. HMIS implementations can encompass geographic areas ranging from a single city to an entire state.

The HEARTH Act also requires that all communities have an HMIS with the capacity to collect unduplicated counts of individuals and families experiencing homelessness. Through HMIS, a community should be able to collect information from projects serving homeless families and individuals to use as part of their needs analyses and to establish funding priorities. The HEARTH Act also codifies into law certain data collection requirements integral to HMIS. With enactment of the HEARTH Act, HMIS participation became a statutory requirement for recipients and sub-recipients of Continuum of Care (CoC) Program and Emergency Solutions Grants (ESG) funds.

An HMIS can be used to:

- Produce an unduplicated count of persons experiencing homelessness for each CoC
- Describe the extent and nature of homelessness locally, regionally, and nationally
- Identify patterns of service use
- Measure program effectiveness

The ensuing set of HMIS Policies and Procedures documents the Orange County Continuum of Care's operation of its HMIS and acts as a guide to its continuing operation in compliance with the CoC and ESG Regulations and Interim Rules. The HMIS Policies and Procedures have been developed in mind to further the following HMIS Goals:

- Ensure accurate data about the nature of homeless services and clients in the Orange County Continuum of Care.
- Ensure accurate data about the nature and extent of prevention and diversion services provided to household at risk of homelessness in the Orange County Continuum of Care.
- Assist in facilitating the coordination of care for homeless and at risk of homelessness populations.
- Collect data that fulfills federal, state and local requirements for homeless reporting and inform system gaps and resource development

## II. Policies and Procedures Summary

This document serves as the minimum standards of participation in the Orange County HMIS and represents general best practices. Operational standards in this document are not intended to supersede grant specific requirements and operating procedures as required by funding entities. PATH, HOPWA, and VA providers have operating rules specific to the U.S. Departments of Health and Human Services (HHS) and Veterans Affairs (VA).

The HMIS Lead Agency, 2-1-1 Orange County (211OC), will update this document at any time when necessary due to HUD or local CoC changes. [The latest versions of the HUD HMIS Data Standards Manual and Data Dictionary](#) are the basis for all programming specifications and requirements of HMIS. Updates will be brought to the Data and Performance Management Committee and the CoC Board for approval. Upon approval, updates to this document will be announced to all Agency Administrators via email and posted on the OC HMIS website. The most recently updated version of this document is the only version that is considered valid and supersedes all previous versions.

## III. HMIS Lead Agency Responsibilities

- a. Provide HMIS User training as needed.
- b. Develop and maintain training materials for all HMIS trainings.
- c. Create HMIS User accounts and control access to HMIS.
- d. Communicate all system-wide changes to Agency Administrators via direct emails, announcements on ochmis.org and/or monthly webinars.
- e. Host HMIS User Meetings open to all HMIS Users to discuss the use and implementation of HMIS.
- f. Provide technical support to Agency Administrators via the HMIS Help Desk
  - i. HMIS Help Desk hours are Monday through Friday from 9AM to 5PM, excluding holidays.
  - ii. HMIS Staff strives to answer all technical support tickets within three (3) business days, but workload, holidays and number of available staff may delay response.
  - iii. Only HMIS Help Desk requests received will receive a response.
    1. HMIS Help Desk phone number 714-589-2360
    2. HMIS Help Desk website <http://ochmis.211oc.happyfox.com/home>
- g. Serve as intermediary between Participating Agencies and the HMIS vendor.
  - i. Alert the HMIS vendor to all HUD deadlines for data standards changes, required reporting specifications, etc.
  - ii. Complete HMIS software testing, as needed.
  - iii. Submit tickets on behalf of Participating Agencies when HMIS Lead Agency is not able to resolve a technical issue.
  - iv. Ensure OC HMIS will be available to HMIS Users at a minimum of 99.95 percent of the monthly billing cycle. The HMIS Lead Agency will inform all HMIS Users of any planned or unplanned service outages via direct email or announcement on ochmis.org.
  - v. Facilitate access to system level data.
- h. Establish HMIS participation fees based on appropriate criteria in collaboration with the Continuum of Care Collaborative Applicant and as approved by the Continuum of Care Board.

The HMIS participation fee will be clearly communicated to HMIS Participating Agencies annually.

#### IV. Participating Agency Requirements

- a. Submit an HMIS Participating Agency Agreement
  - i. Participating agencies must submit an HMIS Participating Agency Agreement, signed by the agency's Executive Director with an original signature in blue ink (wet not digital) before the agency and/or projects can be set up in HMIS.
  - ii. This document must be current as of each operating year, with new agreements being signed during the annual HMIS Agency Audit.
- b. Designate an Agency Administrator and Backup Agency Administrator
  - i. The Executive Director of the participating agency must submit the contact information for an Agency Administrator and Backup Agency Administrator to HMIS Lead Agency.
- c. Comply with all federal, state and local government laws and regulations, and with all HMIS policies and procedures including the latest versions of the HMIS Data and Technical Standards Final Notice and the HMIS Data Standards Manual relating to the collection, storage, retrieval, and dissemination of client information as well as their respective agency's privacy procedures.
- d. When applicable, participating agency may be obligated to comply with the Health Insurance Portability and Accountability Act ("HIPAA"), and/or with 42 CFR Part 2, regarding the confidentiality of substance use disorder patient records. Where possible, these agencies should comply with HIPAA, with 42 CFR Part 2, and with the HMIS Privacy Plan. If it is not possible to reconcile all of the applicable rules, then agencies should comply with the more stringent regulations. Agencies and programs are responsible for ensuring HIPAA and 42 CFR Part 2 compliance.
- e. Abide by the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA).
- f. Participate in an annual HMIS Agency Audit to ensure compliance with the HMIS Policies and Procedures.
- g. Pay HMIS participation fees, as needed.

#### V. Agreements and Certifications

- a. Agency Agreements and Certifications - All OC HMIS Participating Agencies must have updated versions of the documents below on file with the HMIS Lead Agency, 211OC, in order to gain and retain access to the OC HMIS.
  - i. **Interagency Data Sharing Consent Form** – Allows client-level data and enrollment data to be shared among OC HMIS Participating Agencies. HOPWA funded projects are exempt from the data sharing mandate due to privacy laws protecting clients' HIV status. The Interagency Data Sharing Consent Form must be signed by the participating agency's Executive Director with an original signature in blue ink (wet not digital).
  - ii. **HMIS Participating Agency Agreement** – Outlines the participating agency's responsibilities in protecting client privacy, properly obtaining client consent to share data, monitoring the use of HMIS and reporting any breeches of security by agency staff

and improper system use of HMIS. Must be signed by the Executive Director with an original signature in blue ink (wet not digital).

- iii. **Internal Client Grievance Policy** – Agencies must have a procedure in place for clients to make grievances when they believe their rights have been violated.
- iv. **User Agreement** – Outlines the HMIS User’s responsibilities in protecting client privacy, proper system use and abiding of the HMIS Policies and Procedures. Must be signed during the user’s first log-in to HMIS, and must be renewed annually.

## VI. HMIS User Requirements

- a. HMIS Users must complete the following trainings:
  - i. HMIS Part I Training – Covers the history and purpose of HMIS and the contents of the OC HMIS Policies and Procedures handbook.
  - ii. HMIS Part II Training – Covers HMIS functionality, HUD definitions, key terms, and data quality best practices.
- b. HMIS Users must provide the following information and agreements in order to receive an HMIS account:
  - i. The HMIS User’s first and last name.
  - ii. The HMIS User’s *work* email. Personal emails will not be allowed. Shared email accounts are also not allowed.
- c. HMIS Users must be able to clearly explain the purpose and benefit of HMIS and the related HMIS Consent Form to the homeless and at-risk of homelessness populations as detailed in Section IV.v. Client Privacy. This includes providing an overview of:
  - i. What is HMIS?
  - ii. What personal identifying data will be collected and how it will be used
  - iii. Privacy and confidentiality standards
  - iv. Revocation of consent and how to do it

## VII. Agency Administrator Requirements

- a. Agency Administrators must complete the following items before they can be certified as Agency Administrators:
  - i. The agency’s Executive Director must contact the HMIS Help Desk and provide the following information for the proposed Agency Administrator:
    - 1. Full name.
    - 2. Work email address. Personal emails will not be allowed. Shared email accounts are also not allowed.
    - 3. Work phone number.
  - ii. Agency Administrator Training – Covers the responsibilities of the Agency Administrator, as well as training on HMIS functionality specific to Agency Administrators.
- b. After certification, Agency Administrators are responsible for:
  - i. Training their agency’s staff as needed
    - 1. Identify staff members who need access to HMIS and ensure they complete any required HMIS User trainings in a timely fashion.

2. Responsible for submitting the required Policies and Procedures Acknowledgement Form to the HMIS Help Desk on behalf of any new HMIS users at the agency.
  3. Responsible for informing the HMIS Help Desk of HMIS Trainings completed by any users at the agency.
- ii. Serving as the primary technical support for their HMIS Users
1. All HMIS User technical questions should be directed first to the Agency Administrator. If the Agency Administrator cannot solve the problem, they can then contact the [HMIS Help Desk](#). HMIS Users who are not certified Agency Administrators are not allowed to contact the HMIS Help Desk. NOTE:
    - a. The HMIS Help Desk strives to respond to all requests within three (3) business days. However, holidays, workload, and other events may delay responses. Agency Administrators are responsible for raising technical issues in a timely manner, keeping in mind that their request may not be solved same day.
    - b. Agency Administrators should only submit tickets via the [HMIS Help Desk](#). Emails sent to individual HMIS Staff members will receive a response directing the Agency Administrator to the [HMIS Help Desk](#).
    - c. Client identifying information should never be sent to the [HMIS Help Desk](#). This includes but is not limited to: First Names, Last Names, Dates of Birth, or Social Security Numbers. Agency Administrators who repeatedly submit client identifying information to the [HMIS Help Desk](#) may be subject to corrective action.
- iii. Notifying all members of their organization of any system-wide changes and other relevant information
1. Agency Administrators periodically receive emails from the HMIS Lead Agency regarding HMIS. Agency Administrators are responsible for reading these emails and communicating the relevant information in them to their staff who are HMIS Users.
  2. Agency Administrators should attend User Meetings which take place via webinar or in person. These webinars have replaced the Data Matters newsletter and are announced via direct email to all Agency Administrators and announced on ochmis.org.
- iv. Notifying the HMIS Lead Agency of all personnel changes
1. When an HMIS User no longer needs access to HMIS, whether due to changing job responsibilities or departure from the agency, Agency Administrators must fill out a User Revocation of Access form and submit it to the [HMIS Help Desk](#). This form cannot be backdated, meaning that the “Date Access should be Revoked” cannot be before the date the form is submitted to the HMIS Lead Agency
  2. When an Agency Administrator no longer needs access to HMIS, whether due to changing job responsibilities or departure from the agency, Executive Directors are required to submit the contact information of the replacement Agency Administrator via the [HMIS Help Desk](#).

- v. Monitoring compliance with standards of confidentiality and data collection, entry, and retrieval outlined in the OC HMIS Policies and Procedures
  1. Inform your users that they are obligated to report suspected instances of noncompliance and/or security violations to the Agency Administrator as soon as possible.
  2. Escalate any security violations that your agency's HMIS Users report to you to the HMIS Agency Administrator via the [HMIS Help Desk](#).
  3. Ensure that all staff at your agency is aware that HMIS usernames and passwords are NOT to be shared with anyone other than the HMIS Agency Administrator staff under any circumstance. HMIS Users should not share their HMIS login information with other staff at their agency, their Agency Administrator, their Executive Director, their IT Staff, etc.
- vi. Ensuring that agency equipment meets the technical standards outlines on page 10 of this document.
- vii. Ensuring that agency data quality either meets data quality thresholds for each relevant project type, or is on track to meet said thresholds.
  1. Agency Administrators are required to be present at quarterly data quality meetings with a member of HMIS Staff. These meetings will discuss the latest report cards and identify areas for improvement. This time should also be used to ask for specialized help from the HMIS Staff.
  2. Agency Administrators should be able to describe their agency's regular data quality monitoring procedure. For example, "We run x, y, and z reports each month. I identify data quality errors and fix them myself or delegate them to Users x, y, and z." The HMIS Lead Agency is available to help develop an agency's data quality monitoring procedure.
  3. Agency Administrators must work the the HMIS Lead Agency to ensure the agency is collecting all relevant Universal and Program Specific Data Elements dependent on project type and funding source.
  4. All data entered into the OC HMIS must meet applicable Data Quality and Data Timeliness standards based on project type as agreed by the Continuum of Care in partnership with the Continuum of Care Board and the Continuum of Care Collaborative Applicant.
  5. Agency Administrators are responsible for ensuring the agency is in compliance with the Orange County HMIS Data Quality Plan.
- viii. Ensuring all projects in the HMIS database are set-up correctly, and notifying the HMIS Lead when a project is no longer serving clients.
  1. Agencies should notify the HMIS Helpdesk when they would like any of their projects to start participation in the OC HMIS. The HMIS Lead Agency and/or the Continuum of Care Collaborative Applicant reserves the right to deny access to agencies and/or projects that do not serve the homeless population.
  2. The HMIS Lead Agency and/or the Continuum of Care Collaborative Applicant will provide technical assistance and recommendations to the agency on how to best set up the project in HMIS to ensure adequate reporting and benefit to the Orange County Continuum of Care and its System Performance Report.

Projects whose performance or data quality negatively affects the Continuum of Care as a whole may be subject to corrective action.

3. The Continuum of Care Board must approve local law enforcement agencies, including police and sheriff's departments, wishing to participate in HMIS prior to being given access. Local law enforcement agencies receiving federal or state funding that requires participation in HMIS may do so.
  - a. Any police departments participating in HMIS will not be able to see a client's historical enrollments at any other agency.
4. Agency Administrators are required to submit a **Project Close Out Form** when projects are no longer active. The HMIS Lead Agency will deactivate the project in HMIS so no new enrollments can be added to the project. Data from deactivated projects will remain available in HMIS for reporting purposes.

ix.

## VIII. Technical Standards

HMIS Participating Agencies must adhere to the following technical standards with regards to all technical equipment used to access HMIS. The HMIS Lead Agency is not responsible for providing proper technical equipment or for providing IT services unrelated to HMIS.

- a. Minimum Hardware Requirements:
  - i. Intel or AMD dual core processor (or newer) that supports SSE2.
  - ii. 1GB of RAM.
  - iii. 500MB of hard drive space.
  - iv. An operating system (Windows or Mac) that is less than five years old.
  - v. An internet connection.
- b. Minimum Software Requirements:
  - i. A proper browser (Chrome, Firefox, Safari) that is updated to the most current version.
  - ii. Each HMIS User must have their own login access to the computer terminal they use to access HMIS.
  - iii. All screensavers must lock within 10 minutes of inactivity and point to the computer terminal login page upon subsequent activity.
  - iv. All computers that are used to access HMIS OR share a network with computers that access HMIS must have virus protection software that has been updated within the last week.
  - v. All computers that are used to access HMIS OR share a network with computers that access HMIS have a firewall.
- c. All computer terminals used to access HMIS (including organization network equipment) must be stored in a secure location.
  - i. Ideally, this is a locked office area that is not accessible to the public. All computers used to access HMIS that are accessible to the public (front desk area, etc.) must be staffed at all times. When workstations are not in use and staff are not present, steps should be taken to ensure that the computers and data are secure and not usable by unauthorized individuals.

- d. The Executive Director or other empowered officer will be responsible for the maintenance and disposal of onsite computer equipment. This includes:
  - i. Purchase of and upgrades to all existing and new computer equipment for utilization in the system.
  - ii. Provision of computer terminals to all HMIS Users for accessing HMIS that have a unique username/password to log onto the operating system.

## IX. Privacy

- a. HMIS Accounts
  - i. Passwords
    - 1. The HMIS vendor will enforce a password change for all HMIS accounts every 180 days.
    - 2. HMIS Users will never share passwords or HMIS accounts for any reason. The sharing of HMIS accounts and/or passwords directly endangers the privacy of clients who entrust their personal identifying information to the OC HMIS. HMIS users found to be sharing HMIS accounts and/or passwords will be subject to corrective action.
    - 3. After 30 minutes of inactivity in the OC HMIS, the system will automatically lock the user out and the user will need to enter their password again to gain access to HMIS.
    - 4. If a HMIS User attempts to log in four (4) times with an incorrect password, the HMIS will automatically lock their account. The HMIS user will be unable to access HMIS for two hours unless their Agency Administrator contacts the HMIS Helpdesk to unlock the account.
  - ii. Access to HMIS
    - 1. As discussed in the Agency Administrator Responsibilities section, agency staff who no longer need access to HMIS will have their HMIS account access revoked. In the event that HMIS account access is not revoked due to Agency Administrator oversight (by not submitting a Revocation of Access form) or for any other reason, the former HMIS User is required to act with integrity and not attempt to access HMIS if their job duties no longer include HMIS or if they leave their HMIS participating agency.
    - 2. The HMIS Lead Agency reserves the right to lock the account of an HMIS User who has not complete required trainings. This includes the original two (2) required trainings that all HMIS Users must take or future required trainings such as training on updates to the HUD Data Standards. The HMIS Lead Agency will unlock the account once the required trainings have been completed.
    - 3. If an HMIS User does not log into HMIS for 180 days, the HMIS account will be locked automatically. The user will receive a notification two (2) calendar days prior to the account being locked. If an account is locked due to inactivity, the user will be required to complete the required HMIS Part 1 and HMIS Part 2 trainings, as well as any other trainings required by the HMIS Lead Agency, to regain access to HMIS.



b. HMIS Data

i. Participating Agencies

1. All HMIS Users are required to ensure that client identifying information is never sent across an unencrypted network, saved in an unprotected folder on a computer, or, in the case of hard copies of client identifying information, stored anywhere other than a locked file cabinet or office.
2. Client Identifying Information CANNOT be sent over email either between a participating agency and 211OC or between staff at a participating agency. The only permissible way to discuss an individual client over email is using the client's ID number.
3. In the event that client identifying information must be sent over email, it must be contained in an Excel or Word document that has been protected with a password. Passwords to such files CANNOT be sent over email and can only be communicated in person or over the telephone.

ii. HMIS Vendor

1. The HMIS vendor stores client information and all other HMIS data in an encrypted centralized database. This data can only be decrypted after the HMIS Lead Agency collects written permission from each participating agency's Executive Director.
2. The vendor's designated hosting company will perform data backup procedures in the following manner:
  - a. Daily
    - i. Full SQL database dumps
    - ii. Full data (files) backups
    - iii. Incremental VM (bare metal) backups
    - iv. "Second copy" incremental VM (bare metal) backups are performed to a second device
  - b. Weekly
    - i. Full VM (bare metal) backups
    - ii. "Second copy" full VM (bare metal) backups are performed to a second device
    - iii. Full SQL database dumps are sent via a secured connection to Amazon Web Services offsite storage and encrypted at rest
    - iv. Full Data (files) backups are sent via a secured connection to
    - v. Amazon Web Services offsite storage and encrypted at rest

iii. Computers that Access HMIS

1. Must have virus protection software that performs scans daily and automatically updates to the most current version.
2. Must have a firewall in place between any computer and internet connection for the entire network, be protected with at minimum Wired Equivalent Privacy (WEP), use Network Address Translation (NAT), and maintain the most recent virus security updates.

iv. Agency Audits

1. 211OC will audit all HMIS Participating Agencies on a yearly basis, regardless of funding source.
2. 211OC will attach the audit checklist to the scheduling email sent to the Agency Administrator two (2) weeks prior to the audit.
3. Agencies are expected to be prepared to cover every item on the audit form on the day the audit is scheduled. An Agency Administrator must be present, and all computer terminal passwords must be available for the security check.
4. Agencies and 211OC can request to reschedule the Agency Audit up to one (1) business day before the audit is scheduled. Requests to reschedule or cancellations that occur after that window has passed may be subject to corrective action.
5. If any deficiencies are found in the audit, the agency and the 211OC staff person will agree upon a date that the issue should be resolved by. If the corrections are not made by the agreed upon date, the agency will be subject to corrective action.

v. Client Privacy

1. In order for client records to be shared in HMIS, clients must sign the **Client Consent to Share Protected Personal Information form**, either digitally in HMIS or physically on a printed form that is to be stored with any other physical client files, at project entry for each project enrollment.
  - a. Agency staff must explain the form to clients in person and how their information is used and viewed.
  - b. This form must be stored with each client's physical file or the client can e-sign the form in HMIS. If the client signs a paper form, a signed copy of the form must be uploaded to the client's HMIS record.
2. If clients refuse to sign the **Client Consent to Share Protected Personal Information form** they cannot be pressured into signing the form or denied services on the basis of their refusal to sign. Follow the procedure outlined in [HMIS Part II Training](#) for entering client information into HMIS when clients refuse to sign the Client Consent to Share Protected Personal Information form. Refusal to sign the consent form means that all of that client's data is only visible by the agency serving the client.
3. Upon signing the **Client Consent to Share Protected Personal Information form** clients must be made aware of their right to revoke their consent to share protected information at any time.
  - a. Participating agencies must have copies of the **Revocation of Consent form** available in areas accessible to clients at all times. Clients should NOT have to request this form from participating agency staff.
  - b. If a client submits a **Revocation of Consent form**, participating agency staff must follow the most current procedure for "unsharring" the client's protected personal information in HMIS. [Update when KB article is published]
4. Participating agencies must post the **Note Regarding Collection of Personal Information** in all areas where HMIS data entry occurs. Participating agencies

should direct outreach teams to give a copy of the Note to each outreach worker.

5. Participating agencies must post the **Privacy Notice** on their website.
6. Participating agencies must have an Interagency Data Sharing Consent Form on file as discussed in Agreements and Certifications section.
7. Clients may inspect and obtain a copy of their client information. The participating agency, as the custodian of the client's data, has the responsibility to provide the client with the requested information within five (5) business days except where exempted by state and federal law.
  - a. Agency Administrators are required to review clients' HMIS data with them upon request of HMIS data.
  - b. No client shall have access to another client's data for any reason, except for parents or guardians of a minor requesting their minor child's records.
8. Participating agencies must have copies of the **HMIS Client Grievance form** available in areas accessible to clients at all times in the event of an HMIS related grievance. Clients should NOT have to request this form from participating agency staff.
  - a. In the event that the participating agency's in house grievance policy was not able to resolve the grievance, clients will submit the grievance form directly to 211OC.
9. Participating agencies may not, under any circumstance, use unencrypted communication methods (including but not limited to email, fax, instant messaging services, and text messaging) to send any client identifying information including but not limited to First Names, Last Names, Social Security Numbers, and Dates of Birth.
  - a. Agencies must have a formal policy for intra-agency communication regarding clients that protects client privacy. Ideally, agency staff should only use the client ID provided by the OC HMIS when using unencrypted communication methods to discuss clients.

## X. Data Use and Disclosure

- a. Client data may be used or disclosed for system administration, technical support, program compliance, analytical use, and other purposes as required by law. Uses involve sharing parts of client information with persons within an organization. Disclosures involve sharing parts of client information with persons or organizations outside an organization.
- b. Participating Agencies may use data contained in the system to support the delivery of services to homeless clients in Orange County. Organizations may use or disclose client information internally for administrative functions, technical support, and management purposes. Participating Organizations may also use client information for internal analysis, such as analyzing client outcomes to evaluate programs.
- c. The vendor and any authorized subcontractor shall not use or disclose data stored in the OC HMIS without expressed written permission in order to enforce information security

protocols. If granted permission, the data will only be used in the context of interpreting data for research and system troubleshooting purposes. The Service and License Agreement signed individually by each Continuum and vendor contain language that prohibits access to the data stored in the software except under the conditions noted above.

## XI. Data Release

- a. Data release refers to the dissemination of aggregate or anonymous client-level data for the purposes of system administration, technical support, program compliance, and analytical use.
- b. No identifiable client data will be released by the HMIS Lead Agency or any Participating Organizations to any person, agency, or organization not participating in HMIS for any purpose without written permission from the client, with the exception of subpoenas, academic research purposes or other circumstances as required by law.
- c. Each Participating Agency owns their own data that is stored in the system. The agency may not release personal identifiable client data without written permission from the client. Agencies may release program and/or aggregate level data for all clients to whom the agency provided services.
- d. The Orange County Continuum of Care may release aggregate data about its own continuum at the program, sub-regional, and regional level. Aggregate data may be released without organization permission at the discretion of the Continuum of Care.
- e. Requests for regional or sub-regional data must be reviewed and approved by the CoC Board prior to the data being released if the request meets any of the criteria below. If the request is pre-approved below, the CoC Board will receive a copy of the data that is released.

Data Request Criteria	HMIS Participating Agency		Entity Does not Participate in HMIS		CoC Board Sub-Committee	
	Approved	Needs Approval	Approved	Needs Approval	Approved	Needs Approval
Aggregate system level data	X			X	X	
De-identified client level data		X		X	X	
Ongoing data requests	X			X		X
For use as research		X		X	X	
For media release		X		X		X
For other public use		X		X		X

- i. Data Requests are to be provided to the HMIS Lead Agency via the [HMIS Helpdesk](#) and must be submitted using the [Data Request Form](#), which includes the information below.
  - 1. Requestor’s Name
  - 2. Requestor’s Organization

3. Description of the data needed, including reporting period and specific data elements
  4. Description of what the data will be used for (research, media use, etc)
  5. Will this data be published? If yes, where?
  6. When is the data needed by?
  7. How often is this data needed?
- ii. Data Request for Academic Research Purposes may include personal protected information if the research is being conducted by:
1. An individual employed by or affiliated with an HMIS participating agency for use in a research project conducted under a written research agreement approved in writing by the Continuum of Care Collaborative Applicant; or
  2. By an institution for use in a research project conducted under a written research agreement approved in writing by the Continuum of Care Collaborative Applicant.
  3. A research agreement must:
    - a. Establish rules and limitations for the processing and security of personal protected information in the course of the research;
    - b. Provide for the return or proper disposal of all personal protected information at the conclusion of the research;
    - c. Restrict additional use or disclosure of personal protected information, except where required by law; and
    - d. Require that the recipient of data formerly agree to comply with all terms and conditions of the agreement.
- iii. Data Request that seek clarification or require a subset of data that has already been published in the form of a dashboard or as part of another data request as approved by the CoC Board may be provided by the HMIS Lead Agency in consultation with the Continuum of Care Collaborative Applicant.