Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC’s project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:
- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions while completing the application in e-snaps.
- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:
  - This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.
  - For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.
  - For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.
  - Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.
  - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.
1A. Continuum of Care (CoC) Identification

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: CA-602 - Santa Ana, Anaheim/Orange County CoC

1A-2. Collaborative Applicant Name: Orange County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: 211OC
**1B. Continuum of Care (CoC) Engagement**

**Instructions:**
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC’s geographic area.

<table>
<thead>
<tr>
<th>Organization/Person Categories</th>
<th>Participates in CoC Meetings</th>
<th>Votes, including electing CoC Board</th>
<th>Sits on CoC Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CDBG/HOME/ESG Entitlement Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>EMT/Crisis Response Team(s)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>School Administrators/Homeless Liaisons</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Street Outreach Team(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Youth advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Agencies that serve survivors of human trafficking</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other homeless subpopulation advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Businesses</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Faith Based Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Veteran Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The CoC collaborates with stakeholders to provide strategic leadership to prevent and end homelessness. An array of committees meet regularly to address specific goals and issues, implement best practices, and make recommendations to the CoC Board for approval/implementation. CoC and committee membership is open to those interested in the development/coordination of homeless assistance. Vet service providers participate on several committees providing knowledge and expertise on ending vet homelessness ensuring that housing needs and necessary supportive services are met for veterans and family members who are ineligible for VA services; identifying inefficiencies to simplify processes; and using Interagency Service Planning/Navigators to address individual veterans’ needs. A street outreach collaborative meets weekly to coordinate services and referrals and uses a “take down list” to prioritize housing placement for the CH ensuring that appropriate housing and services are available.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC’s geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

<table>
<thead>
<tr>
<th>Youth Service Provider (up to 10)</th>
<th>RHY Funded?</th>
<th>Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.</th>
<th>Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casa Youth Shelter</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Community Services Program-Huntington Beach</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Laurel House</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Stand Up for Kids</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Build Futures</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>OC Workforce Investment Board Youth Program</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Orangewood</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC’s geographic area.
Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

<table>
<thead>
<tr>
<th>Victim Service Provider for Survivors of Domestic Violence (up to 10)</th>
<th>Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016</th>
<th>Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Options</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Interval House</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Laura's House</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>The Eli Home, Inc.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Womens Transitional Living Centers</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Community Services Program - DV Assistance Program</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

CA staff participate in various public forums in which non CoC funded agencies attend to disseminate information and encourage participation in CoC activities including one on one meetings as requested. Announcements regarding the release of an LOI for renewal applications and an RFQ for new PH projects were made at the Commission /CoC Board, Homeless Provider Forum, Implementation Groups, and Subcommittee meetings. Renewal projects were informed of the LOI process via Outlook. CoC announcements and funding opportunities are shared at monthly HPF meetings and via the list serv. For new projects an email blast is sent to individuals, agencies and other stakeholders via a comprehensive list serv for anyone interested in homeless issues and applicants interested in applying. 211OC, the lead HMIS agency and CoC partner also post information on their website on a page dedicated to the CoC/Commission. Applicants who submitted an RFQ where then invited to participate in the RFP process.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly
1C. Continuum of Care (CoC) Coordination

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC’s geographic area.

<table>
<thead>
<tr>
<th>Funding or Program Source</th>
<th>Coordinates with Planning, Operation and Funding of Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Opportunities for Persons with AIDS (HOPWA)</td>
<td>Yes</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>Yes</td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY)</td>
<td>Yes</td>
</tr>
<tr>
<td>Head Start Program</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through Federal, State and local government resources.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1C-2. The McKinney-Vento Act, requires CoC’s to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC’s geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

<table>
<thead>
<tr>
<th>Question</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Con Plan jurisdictions with whom the CoC geography overlaps</td>
<td>21</td>
</tr>
<tr>
<td>How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?</td>
<td>21</td>
</tr>
<tr>
<td>How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?</td>
<td>6</td>
</tr>
<tr>
<td>How many of the Con Plan jurisdictions are also ESG recipients?</td>
<td>5</td>
</tr>
<tr>
<td>How many ESG recipients did the CoC participate with to make ESG funding decisions?</td>
<td>5</td>
</tr>
<tr>
<td>How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?</td>
<td>5</td>
</tr>
</tbody>
</table>
1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC’s geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The cities and CoC work collaboratively on regional efforts to identify needs/gaps in housing/services for the homeless. Cities provide critical information regarding funding needs and service gaps, participate in monthly CoC and Commission to End Homeless meetings, and hold seats on the Commission to End Homelessness. Cities use funding to support the regional CoC efforts to prevent and end homelessness and assist those at risk of homelessness. Grant applications are screened to award funding requests that align with the goals of the TYP and prioritize identified service needs/gaps for populations such as the chronically homeless and families w/children. The Association of California Cities-OC established a policy task force that brings together elected/appointed officials from all 34 cities, the County, non-profit and faith-based organizations and other interested parties to address homelessness.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

The CoC has developed a collaborative of ESG recipient jurisdictions in the geographic area. In order to inform funding decisions, ESG recipients participate in CoC meetings, committees, and have representation on the CoC Board. The collaborative of ESG are working to streamline processes. The CoC and ESG recipients review and analyze their grants collectively to determine if the CoC has the right mix of housing and services and to ensure full participation of funded programs in HMIS and Coordinated Entry receive the PIT data for their Con Plans for the CoC. This year the ESG collaborative released a collective RFP and review process and are finalizing written standards and monitoring tools. Together the ESG and CoC recipients have developed a strategic partnership with mainstream agencies and work together on following a Housing First model and the provision of funding for low barrier housing (ES, TH, and RRH).

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

DV services are provided upon client choice, using trauma informed care and voluntary services. Service providers are connected to survivors in need who
are immediately and confidentially provided with housing including TH/RRH/ES and supportive services funded by a variety of sources. A privately funded collaborative provides a warm handoff to shelters and education to medical professionals. Records are kept confidential and safely stored in an HMIS comparable database only accessible by authorized personnel. Files are shredded after retention requirements expire. Staff and clients agree in writing to maintain confidentiality of clients’ identities and shelter locations. Clients agree in writing not to disclose their location or have contact with their abusers except for court-mandated visitation of children at a predetermined police station. Shelter visits are restricted to Child Protective Services and Social Services Case Workers. Shelters are monitored by security and staffed 24 hrs/day.

**1C-4. List each of the Public Housing Agencies (PHAs) within the CoC’s geographic area. If there are more than 5 PHAs within the CoC’s geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.**

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry</th>
<th>PHA has General or Limited Homeless Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orange County Housing Authority</td>
<td>43.00%</td>
<td>Yes-HCV</td>
</tr>
<tr>
<td>City of Anaheim Housing Authority</td>
<td>1.00%</td>
<td>Yes-HCV</td>
</tr>
<tr>
<td>Housing Authority of the City of Santa Ana</td>
<td>10.00%</td>
<td>Yes-HCV</td>
</tr>
<tr>
<td>Housing Authority of Garden Grove</td>
<td>9.00%</td>
<td>Yes-HCV</td>
</tr>
</tbody>
</table>

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

**1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)**

A variety of non CoC funded affordable housing resources are available for people experiencing homelessness including funding for the CalWORKS Housing Support Program, Bringing Families Home, the Family Violence Prevention and Services Program, CDBG, and HOME. There are 540 PSH/PH beds used to house people experiencing homelessness that are not CoC funded. The Orange County Housing Authority administers 694 HUD-VASH vouchers for homeless veterans who are single or homeless veterans with families. There are currently 131 MHSA funded housing units for people who are homeless or at risk and are seriously and persistently mentally ill. There are
2 more projects with 25 units under construction and an additional 2 projects with 38 units expected to break ground by the end of 2016. A new program, ‘No Place Like Home’ will re-purpose MHSA bond money for the construction of permanent supportive housing for chronically homeless persons with mental illness and provide short term rent subsidies.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC’s geographic area. Select all that apply.

| Engaged/educated local policymakers: | X |
| Engaged/educated law enforcement: | X |
| Implemented communitywide plans: | |
| No strategies have been implemented | |
| Other:(limit 1000 characters) | |
| Engaged/educated businesses | X |

In 2016, the County of Orange hired a new position, the Director of Care Coordination, who is tasked with expanding collaborations across the jurisdiction, while working with the 34 cities within the CoC jurisdiction regarding best practice approaches to respond to homelessness. Some of the initiatives that are occurring: The Health Care agency, Behavioral Health Unit has allocated clinicians and outreach staff to work alongside local City law enforcement officers to proactively engage homeless persons in individual cities. Along with the County Sheriff Dept which has hired 6 Homeless Liaison Officers, many of the City Police Departments are following suit to more effectively respond to homeless persons with disabilities.
1D. Continuum of Care (CoC) Discharge Planning

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC’s geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

<table>
<thead>
<tr>
<th>System</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>X</td>
</tr>
<tr>
<td>Health Care</td>
<td>X</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>X</td>
</tr>
<tr>
<td>Correctional Facilities</td>
<td>X</td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

1D-2. Select the system(s) of care within the CoC’s geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

<table>
<thead>
<tr>
<th>System</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>X</td>
</tr>
<tr>
<td>Health Care</td>
<td>X</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>X</td>
</tr>
<tr>
<td>Correctional Facilities</td>
<td>X</td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons
discharged are not discharged into homelessness. (limit 1000 characters)
not applicable
1E. Centralized or Coordinated Assessment  
(Coordinated Entry)

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.  
(limit 1000 characters)

The CoC Coordinated Entry process is designed to identify and engage those in need of assistance through a blended model of de-centralized brick and mortar access points and traditional, in the field, street outreach teams. 211OC also provides telephone based screening for homeless assistance in order to connect a caller to appropriate resources including prevention and diversion programs. The 14 partner outreach/in-reach teams enable the CoC to provide both geographic coverage as well as engage special populations. The Coordinated Entry outreach/in-reach teams use a standardized, universal screening tool (VI-SPDAT for single adults and families). This universal assessment in conjunction with a data gathering to document the presence of a disabling condition, the length of the person’s homelessness and a survey to gauge housing preferences, ensures connection to proper housing and services.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list, enter the information in the blank text box, click "Save" at the bottom of
the screen, and then select the applicable checkboxes.

<table>
<thead>
<tr>
<th>Organization/Person Categories</th>
<th>Participates in Ongoing Planning and Evaluation</th>
<th>Makes Referrals to the Coordinated Entry Process</th>
<th>Receives Referrals from the Coordinated Entry Process</th>
<th>Operates Access Point for Coordinated Entry Process</th>
<th>Participates in Case Conferencing</th>
<th>Does not Participate</th>
<th>Does not Exist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>CDBG/HOME/Entitlement Jurisdiction</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td></td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>☒</td>
<td>☒</td>
<td></td>
<td></td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>EMT/Crisis Response Team(s)</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td></td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>☒</td>
<td>☒</td>
<td></td>
<td></td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td></td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>☒</td>
<td>☒</td>
<td></td>
<td></td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>School Administrators/Homeless Liaisons</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Organizations</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td></td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Street Outreach Team(s)</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td></td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>☒</td>
<td>☒</td>
<td></td>
<td></td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>veteran service providers</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>faith-based organizations</td>
<td>☒</td>
<td>☒</td>
<td></td>
<td></td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>2-1-1</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
</tbody>
</table>
# 1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

**Instructions**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

## 1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC’s review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition? 38

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet? 4

How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition? 34

Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition? 100.00%

## 1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC’s publicly announced Rating and Review procedure must be attached.

### Performance outcomes from APR reports/HMIS:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Flag</th>
</tr>
</thead>
<tbody>
<tr>
<td>% permanent housing exit destinations</td>
<td>X</td>
</tr>
<tr>
<td>% increases in income</td>
<td>X</td>
</tr>
</tbody>
</table>

### Monitoring criteria:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Flag</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilization rates</td>
<td>X</td>
</tr>
<tr>
<td>Drawdown rates</td>
<td>X</td>
</tr>
<tr>
<td>Frequency or Amount of Funds Recaptured by HUD</td>
<td>X</td>
</tr>
</tbody>
</table>

### Need for specialized population services:

---

**FY2016 CoC Application** Page 14 09/12/2016
1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The CoC considers the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications as outlined in its written standards. Projects serving those with the highest needs barriers to obtaining and maintaining housing were factored into the CoC’s review, ranking, and selection process. For example, projects serving and new projects proposing to serve the chronically homeless with the longest history of homelessness and the most severe service needs were given weighted performance consideration. In addition, the CoC prioritizes PSH projects that serve clients with the most severe needs and vulnerabilities including those with significant challenges requiring a higher level of support to maintain permanent housing. Projects serving, or proposing to serve, higher percentages of persons coming from the streets were also considered. Clients are identified, screened and referred to the most appropriate housing through CES.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached. (limit 750 characters)

Each agency requesting renewal funding completed a “Letter of Intent to Renew” that provided information based on HUD performance criteria identified in the 2014 and 2015 NOFAs for review by the Commission to End Homelessness Ad Hoc Committee. The information was used to develop and submit recommendations to the Commission to End Homelessness for approval of the draft ranking and scoring criteria used to reallocate and select and rank renewal and new projects in Tier 1 and 2. The ranking and scoring criteria was sent to all CoC members on August 25 and made available to the public at the Executive Committee meeting on August 26. The final ranking and scoring criteria was posted on the CoC’s web site on August 30.
1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC’s full membership must be attached).

09/12/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

No

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

08/25/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC’s FY 2016 CoC’s FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW?

Yes
1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)
During the NOFA process the CoC determines rankings based on each project’s performance in a number of categories including length of stay, exits to permanent housing, housing stability (for PSH projects), increased income, annual unit utilization, data quality, and entries from homelessness. Timely submissions of APRs are also reviewed. This criteria and process allows agencies an opportunity to examine project performance and operations and make changes as appropriate. We also include analysis on length of homelessness and time homeless before PH placement for RRH projects. These reports are posted publicly on the 211OC website every six months and allow all agencies participating in HMIS and other stakeholders to see how projects are performing in comparison to other projects in HMIS. This process also assists agencies to make informed decisions about the project and agency policies.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes
2A. Homeless Management Information System (HMIS) Implementation

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/ MOA? In all cases, the CoC’s Governance Charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU/ MOA, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC’s attached governance charter or attached MOU/ MOA. GC, 6; ALT(HMIS P&P, 7, 49

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHO)s? Yes

2A-4. What is the name of the HMIS software? Enginuity
used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?

Adsystech
2B. Homeless Management Information System (HMIS) Funding Sources

Instructions
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Select the HMIS implementation coverage area:

Multiple CoCs

* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-2.1 Funding Type: Federal - HUD

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC</td>
<td>$499,646</td>
</tr>
<tr>
<td>ESG</td>
<td>$27,000</td>
</tr>
<tr>
<td>CDBG</td>
<td>$0</td>
</tr>
<tr>
<td>HOME</td>
<td>$0</td>
</tr>
<tr>
<td>HOPWA</td>
<td>$0</td>
</tr>
<tr>
<td>Federal - HUD - Total Amount</td>
<td>$526,646</td>
</tr>
</tbody>
</table>

2B-2.2 Funding Type: Other Federal

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Education</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Health and Human Services</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Labor</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Agriculture</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Veterans Affairs</td>
<td>$0</td>
</tr>
<tr>
<td>Other Federal</td>
<td>$0</td>
</tr>
<tr>
<td>Other Federal - Total Amount</td>
<td>$0</td>
</tr>
</tbody>
</table>

2B-2.3 Funding Type: State and Local

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2016 CoC Application</td>
<td>Page 20</td>
</tr>
<tr>
<td></td>
<td>09/12/2016</td>
</tr>
<tr>
<td></td>
<td>Funding</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------</td>
</tr>
<tr>
<td>City</td>
<td>$15,200</td>
</tr>
<tr>
<td>County</td>
<td>$124,912</td>
</tr>
<tr>
<td>State</td>
<td>$0</td>
</tr>
<tr>
<td>State and Local - Total Amount</td>
<td>$140,112</td>
</tr>
</tbody>
</table>

### 2B-2.4 Funding Type: Private

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$65,000</td>
</tr>
<tr>
<td>Organization</td>
<td>$184,070</td>
</tr>
<tr>
<td>Private - Total Amount</td>
<td>$249,070</td>
</tr>
</tbody>
</table>

### 2B-2.5 Funding Type: Other

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation Fees</td>
<td>$17,500</td>
</tr>
<tr>
<td>Other - Total Amount</td>
<td>$17,500</td>
</tr>
</tbody>
</table>

### 2B-2.6 Total Budget for Operating Year

|                     | $933,328 |

---

Applicant: Santa Ana/Anaheim/Orange County

Project: CA-602 CoC Registration 2016

CA-602

COC_REG_2016_135442
2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy):
04/26/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2016 HIC</th>
<th>Total Beds in HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ESG) beds</td>
<td>630</td>
<td>205</td>
<td>290</td>
<td>68.24%</td>
</tr>
<tr>
<td>Safe Haven (SH) beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Transitional Housing (TH) beds</td>
<td>1,400</td>
<td>214</td>
<td>862</td>
<td>72.68%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) beds</td>
<td>734</td>
<td>22</td>
<td>653</td>
<td>91.71%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) beds</td>
<td>2,348</td>
<td>0</td>
<td>2,348</td>
<td>100.00%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) beds</td>
<td>44</td>
<td>0</td>
<td>44</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

We are currently working with the HOPWA funded projects in Orange County to participate in HMIS, and are hopefully that they will be participating in HMIS by the 2017 HIC. This will help to increase our bed coverage for Transitional Housing projects. In addition, Illumination Foundation will be adding their Recuperative Care project into HMIS, which will help to increase our Emergency Shelter bed coverage. Furthermore, the CoC is developing a plan to assist in HMIS data entry for the Rescue Mission and Salvation Army programs (currently participating in HIC and PIT for all programs, and the AHAR for one program), which would increase bed coverage for Emergency Shelter and Transitional Housing. Many agencies have expressed interest in participating in Coordinated Entry which will also translate into an increase of agencies participating in HMIS and increase bed coverage for emergency shelter and transitional housing.
2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA Grant per diem (VA GPD)</td>
<td></td>
</tr>
<tr>
<td>VASH</td>
<td></td>
</tr>
<tr>
<td>Faith-Based projects/Rescue mission</td>
<td>X</td>
</tr>
<tr>
<td>Youth focused projects</td>
<td></td>
</tr>
<tr>
<td>Voucher beds (non-permanent housing)</td>
<td></td>
</tr>
<tr>
<td>HOPWA projects</td>
<td>X</td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
</tr>
</tbody>
</table>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Semi-Annually
2D. Homeless Management Information System (HMIS) Data Quality

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

<table>
<thead>
<tr>
<th>Universal Data Element</th>
<th>Percentage Null or Missing</th>
<th>Percentage Client Doesn't Know or Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Name</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>3.2 Social Security Number</td>
<td>2%</td>
<td>8%</td>
</tr>
<tr>
<td>3.3 Date of birth</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>3.4 Race</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>3.5 Ethnicity</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>3.6 Gender</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.7 Veteran status</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.8 Disabling condition</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.9 Residence prior to project entry</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>3.10 Project Entry Date</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.11 Project Exit Date</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.12 Destination</td>
<td>13%</td>
<td>1%</td>
</tr>
<tr>
<td>3.15 Relationship to Head of Household</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.16 Client Location</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.17 Length of time on street, in an emergency shelter, or safe haven</td>
<td>24%</td>
<td>3%</td>
</tr>
</tbody>
</table>

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

- CoC Annual Performance Report (APR): [X]
- ESG Consolidated Annual Performance and Evaluation Report (CAPER): [X]
- Annual Homeless Assessment Report (AHAR) table shells: [X]
2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 
12

2D-4. How frequently does the CoC review data quality in the HMIS? Quarterly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both.
Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC’s HMIS.

<table>
<thead>
<tr>
<th>Program</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA Supportive Services for Veteran Families (SSVF):</td>
<td>X</td>
</tr>
<tr>
<td>VA Grant and Per Diem (GPD):</td>
<td></td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY):</td>
<td>X</td>
</tr>
<tr>
<td>Projects for Assistance in Transition from Homelessness (PATH):</td>
<td>X</td>
</tr>
<tr>
<td>None:</td>
<td></td>
</tr>
</tbody>
</table>

2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC’s HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date. (limit 750 characters)
Not applicable.
2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count: 01/29/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: 04/26/2016
2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

<table>
<thead>
<tr>
<th>Method</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Census Count:</td>
<td>X</td>
</tr>
<tr>
<td>Random sample and extrapolation:</td>
<td></td>
</tr>
<tr>
<td>Non-random sample and extrapolation:</td>
<td></td>
</tr>
</tbody>
</table>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

<table>
<thead>
<tr>
<th>Method</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS:</td>
<td>X</td>
</tr>
<tr>
<td>HMIS plus extrapolation:</td>
<td></td>
</tr>
<tr>
<td>Interview of sheltered persons:</td>
<td></td>
</tr>
<tr>
<td>Sample of PIT interviews plus extrapolation:</td>
<td></td>
</tr>
<tr>
<td>Surveys completed by projects not in HMIS</td>
<td></td>
</tr>
</tbody>
</table>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

For all projects participating in HMIS, the sheltered PIT count was conducted by pulling a PIT report from HMIS. Any projects that did not participate in HMIS completed PIT surveys. Many of these providers were able to pull the PIT data
from their databases; however some relied on observation or case manager records to collect this data. The CoC used this methodology to get a complete census count of all sheltered clients in Orange County. HMIS was used to generate an accurate and unduplicated count of the clients served. Projects that were not participating in HMIS completed provider surveys on the same night in order to get an unduplicated count of clients.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count).

(limit 1000 characters)

Not applicable. There were no changes in sheltered PIT count methodology from 2015 to 2016.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count?

Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count.

(limit 750 characters)

Emergency Shelter bed coverage has increased from 2015 to 2016 because 4 new Emergency Shelter projects were created in 2015, and all 4 projects are participating in HMIS. Also, a project that wasn’t previously participating in HMIS started participating in 2015.

Transitional Housing bed coverage has decreased from 2015 to 2016 because there were 8 projects participating in HMIS on the 2015 HIC that closed, and therefore were not included in the 2016 HIC. In addition, 3 projects that are not participating in HMIS and were not included on the 2015 HIC were added to the 2016 HIC.
2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

<table>
<thead>
<tr>
<th>Method</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training:</td>
<td></td>
</tr>
<tr>
<td>Follow-up:</td>
<td></td>
</tr>
<tr>
<td>HMIS:</td>
<td></td>
</tr>
<tr>
<td>Non-HMIS de-duplication techniques:</td>
<td></td>
</tr>
</tbody>
</table>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods).

Not applicable. There were no changes in sheltered PIT count implementation from 2015 to 2016.
2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/23/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/11/2015
I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

<table>
<thead>
<tr>
<th>Method</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Night of the count - complete census</td>
<td>[ ]</td>
</tr>
<tr>
<td>Night of the count - known locations</td>
<td>[x]</td>
</tr>
<tr>
<td>Night of the count - random sample</td>
<td>[x]</td>
</tr>
<tr>
<td>Service-based count</td>
<td>[ ]</td>
</tr>
<tr>
<td>HMIS</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

2I-2. Provide a brief description of your CoC’s unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)

The Orange County unsheltered count used a “known locations” combined with a “random sample of areas” count methodology (same methodology used in 2013). This methodology uses local experts to define areas where people experiencing homelessness are likely to sleep, enumerates visibly homeless people in those areas at the time of the count, and applies a statistical formula to account for the people who would be found in any geography unable to be visited during the count. The 2015 unsheltered PIT count included two separate but related pieces: the street count and the survey. These two steps were integrated, such that the detailed survey information could be applied to the count data as descriptive of the homeless persons actually counted.

2I-3. Describe any change in methodology from your unsheltered PIT
count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count).
(limit 1000 characters)

The Orange County unsheltered count used a “known locations” combined with a “random sample of areas” count methodology and is the same methodology used in 2013.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth.
(limit 1000 characters)
2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

<table>
<thead>
<tr>
<th>Training:</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Blitz” count:</td>
<td></td>
</tr>
<tr>
<td>Unique identifier:</td>
<td></td>
</tr>
<tr>
<td>Survey questions:</td>
<td>X</td>
</tr>
<tr>
<td>Enumerator observation:</td>
<td>X</td>
</tr>
<tr>
<td>Training</td>
<td>X</td>
</tr>
<tr>
<td>None:</td>
<td></td>
</tr>
</tbody>
</table>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method).

(limit 1000 characters)

The 2015 count included law enforcement was in both the mapping process and the day of count activities. The 2015 count also included youth in both the planning and mapping processes. In addition we had an Ad Hoc planning committee that included representatives of the County Health Care Agency, non-profit service providers, and private funders.
3A. Continuum of Care (CoC) System Performance

Instructions
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.


* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons
Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

<table>
<thead>
<tr>
<th></th>
<th>2015 PIT (for unsheltered count, most recent year conducted)</th>
<th>2016 PIT</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered persons</td>
<td>3,929</td>
<td>4,319</td>
<td>390</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>925</td>
<td>943</td>
<td>18</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>1,326</td>
<td>1,175</td>
<td>-151</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>2,251</td>
<td>2,118</td>
<td>-133</td>
</tr>
<tr>
<td>Total Unsheltered Count</td>
<td>1,678</td>
<td>2,201</td>
<td>523</td>
</tr>
</tbody>
</table>

3A-1b. Number of Sheltered Persons Homeless - HMIS.
Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

<table>
<thead>
<tr>
<th></th>
<th>Between October 1, 2014 and September 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>5,676</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>3,566</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>2,439</td>
</tr>
</tbody>
</table>

Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.
A county-wide homeless prevention strategy has been implemented by the Prevention Committee to identify specific risk factors based on fact-finding that includes loss of income, history of residential instability sudden death or illness, utility shutoffs, etc. Strategic steps focus on shelter diversion by stabilizing households in current housing or temporarily sharing housing with other family members or friends until the household is ready to obtain and maintain permanent housing. Steps also include links to temporary or ongoing supports and case management if needed. Temporary support may include one-time or short-term rental and/or utility assistance and participation in employment services. Ongoing supports may include mainstream resources and on-the-job training. Case management, if desired by the household, may be short-term. The overall goal is to stabilize the household and prepare a plan if another housing crisis occurs.


Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

Specific efforts currently used to track and record LOT homeless include the coordinated entry system which incorporates the VI-SPDAT which has questions regarding LOT homeless for unsheltered clients. CES is imbedded in HMIS and LOT for sheltered clients is tracked by performance reports every 6 months by looking at entrances and exits. A Working group meets regularly to identify households with longest history of homelessness and most severe service needs and are prioritized for PSH. Families are identified and prioritized for RRH, non-CH veterans for SSVF assistance, and CH veterans for HUD-VASH vouchers. CoC continues to increase PSH beds and RRH assistance through mainstream federal, state, and county funding sources, private sources, reallocation of CoC funds, and by prioritizing ESG funds. RRH assistance and housing navigation are funding priorities for all ESG recipients because data from CoC and ESG funded projects was analyzed and revealed the need to set these priorities.

* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:
Fill in the chart to indicate the extent to which projects exit program
participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

<table>
<thead>
<tr>
<th>Universe: Persons in SSO, TH and PH-RRH who exited</th>
<th>Between October 1, 2014 and September 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of the persons in the Universe above, how many of those exited to permanent destinations?</td>
<td>622</td>
</tr>
<tr>
<td>% Successful Exits</td>
<td>74.22%</td>
</tr>
</tbody>
</table>

3A-4b. Exit To or Retention Of Permanent Housing:
In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

<table>
<thead>
<tr>
<th>Universe: Persons in all PH projects except PH-RRH</th>
<th>Between October 1, 2014 and September 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?</td>
<td>1,459</td>
</tr>
<tr>
<td>% Successful Retentions/Exits</td>
<td>93.65%</td>
</tr>
</tbody>
</table>

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

Strategies include the adoption of low barrier and housing 1st strategies to minimize returns to homelessness, provision of wrap-around services w/case management after households obtain PH to help maintain housing, development of landlord/liaison relationships to help address tenant issues and mediate as needed, identifying individuals and families who return to homelessness through the HMIS unique identifier upon entry. HMIS reports are run for all project types and tracks the percentage of households that return to homelessness after exiting to PH. Reports are posted on website and reviewed by CoC to minimize returns to homelessness by looking for patterns that may indicate that households are returning to homelessness after obtaining housing with family and friends. At weekly CES meetings, placements are discussed and reviewed. Adjustments to placements are made as needed to reduce returns to homelessness.

Performance Measure: Job and Income Growth. Describe the CoC’s
specific strategies to assist CoC Program-funded projects to increase program participants’ cash income from employment and non-employment non-cash sources.

(limit 1000 characters)

Every homeless person entering into a residential component of the CoC is assessed for employment as part of a housing first approach. A case manager helps secure the kind of services and skills that are needed for employable residents as noted in 3A-6a. Case managers help provide transportation when necessary, complete necessary paperwork, and assist residents with follow-up to ensure benefits are received and maintained for non-employment cash income such as SSDI and non-cash benefits. Residents that are not employable are helped with non-cash benefits through the Orange County Social Services Agency which provides a wide-range of cash benefits including CalWorks, CalFresh, and Medi-Cal. There are numerous office locations throughout the county. If denied benefits, providers refer participants to law firms and organizations that specialize in appealing such decisions.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.

(limit 1000 characters)

Orange County, Anaheim, and Santa Ana Workforce Investment Boards provide a network of One-Stop Career Centers including comprehensive employment and training services including resume distribution; a career resource library, networking opportunities, job search workshops, on-site interviews with employers, job leads, and training programs. There are specialized programs for youth, older workers, people with disabilities, dislocated workers, and veterans. Workshops, technical assistance and training activities are also provided. County Social Services Agency has a Welfare to Work Program for CalWorks recipients that provides job seeking and interviewing skills, understanding employer expectations, creating a résumé, job search assistance, and referrals to potential employers that match participant’s skills. California EDD assists with increasing employment income. CoC program funds 39 projects and 100% have a relationship with mainstream employment organization.

3A-7. What was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC’s unsheltered PIT count?

(limit 1000 characters)

CoC applied a statistical formula to account for people who would be found in any geography unable to be visited during the count. Coordination between outreach teams and homeless assistance providers, however, consists of targeted street outreach to all unsheltered individuals including CH and hardest to reach. CES target outreach workers to engage unsheltered persons through information on known locations and entering them into CES using the VI-SPDAT and identifying the best type of support that fit their needs. A housing first approach is used to remove barriers to obtain housing. Thus, those persons who are least likely to apply for housing in absence of special outreach are engaged in housing placement activities with agencies regardless of disability,
sex, age, etc. They are informed of their rights and remedies under applicable laws and any impediments are reported to the jurisdiction that provided certification of consistency with the Consolidated Plan per 24 CFR 578.93(c).

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)?

No

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?

(limit 1000 characters)

No. The Orange County unsheltered count used a “known locations” combined with a “random sample of areas” count methodology and is the same methodology used in 2013. This methodology uses local experts to define areas where people experiencing homelessness are likely to sleep, enumerates visibly homeless people in those areas at the time of the count, and applies a statistical formula to account for the people who would be found in any geography unable to be visited during the count.

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy)

08/11/2016

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data. (limit 1500 characters)

not applicable
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;
2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
3. The highest needs for new and turnover units.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

<table>
<thead>
<tr>
<th></th>
<th>2015 (for unsheltered count, most recent year conducted)</th>
<th>2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of sheltered and unsheltered chronically homeless persons</td>
<td>806</td>
<td>716</td>
<td>-90</td>
</tr>
<tr>
<td>Sheltered Count of chronically homeless persons</td>
<td>133</td>
<td>269</td>
<td>136</td>
</tr>
<tr>
<td>Unsheltered Count of chronically homeless persons</td>
<td>673</td>
<td>447</td>
<td>-226</td>
</tr>
</tbody>
</table>

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.
(limit 1000 characters)
not-applicable because the total PIT count of sheltered and unsheltered CH persons decreased.

### 3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

<table>
<thead>
<tr>
<th>Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.</th>
<th>2015</th>
<th>2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>223</td>
<td>335</td>
<td>112</td>
<td></td>
</tr>
</tbody>
</table>

### 3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

There was an increase in the number of beds dedicated for chronically homeless from the 2015 to 2016 HIC because there were multiple CoC funded projects that began since the 2015 HIC that were required to dedicate their beds to the chronically homeless. In addition, there were a few projects that renewed their CoC funded projects since the 2015 HIC, and were required to dedicate their beds to the chronically homeless.

### 3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?

Yes

### 3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.

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### 3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?

No
3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homelessness by 2017? (limit 1000 characters)

The CoC will 1) focus more intensely on CH individuals and families through assertive street outreach and engagement into areas and encampments where CH persons are known to live; 2) engage CH households through the coordinated entry system to help link them to the appropriate PSH provider and level of supportive services; 3) increase resources to provide bridge housing for CH households who need a short-term stay while awaiting permanent housing availability that includes low barrier shelter and vouchered stays in motels; 4) connect CH households to mainstream resources including Medi-Cal and behavioral health services while awaiting PSH placement; 5) connect CH households to community resources such as food, transportation, money management, housing counseling services, etc. to ensure they maintain their housing; and 6) emphasize a consumer-driven mindset that is choice-based.
3B. Continuum of Care (CoC) Strategic Planning Objectives

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC’s based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

<table>
<thead>
<tr>
<th>Factor</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerability to victimization</td>
<td>X</td>
</tr>
<tr>
<td>Number of previous homeless episodes</td>
<td>X</td>
</tr>
<tr>
<td>Unsheltered homelessness</td>
<td>X</td>
</tr>
<tr>
<td>Criminal History</td>
<td>X</td>
</tr>
<tr>
<td>Bad credit or rental history (including not having been a leaseholder)</td>
<td>X</td>
</tr>
<tr>
<td>Head of household has mental/physical disabilities</td>
<td>X</td>
</tr>
<tr>
<td>N/A:</td>
<td></td>
</tr>
</tbody>
</table>

3B-2.2. Describe the CoC’s strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)
Coordinated Entry System plays a critical role in providing the right intervention for each homeless family to effectively house them within 30 days. The CES helps families avoid entering shelters by offering assistance to help them remain in their housing for a short period of time in order to gain time to move them into PH or live with friends and families. If ES is needed, supportive services are provided to help ensure a stay of no more than 30 days. Services are provided within a housing first and low barrier environment. RRH assistance is provided to ensure that a stay in ES is no more than 30 days and is flexible so families with lower barriers receive modest financial assistance and those with higher barriers receive moderate assistance. CoC has reallocated TH programs for families to RRH and has worked with ESG recipients to allocate more funding to RRH. CoC has also developed more effective coordination between prevention efforts and mainstream benefits and programs.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

<table>
<thead>
<tr>
<th>RRH units available to serve families in the HIC:</th>
<th>2015</th>
<th>2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>244</td>
<td>164</td>
<td>-80</td>
</tr>
</tbody>
</table>

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

- CoC policies and procedures prohibit involuntary family separation: X
- There is a method for clients to alert CoC when involuntarily separated: 
- CoC holds trainings on preventing involuntary family separation, at least once a year: X
- None: 

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

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### 3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Overall, the number of households with children on the 2015 PIT decreased due to a large reduction in the number of units available in Emergency Shelters and Transitional Housing for households with children from 2013 (the year of the last unsheltered count) to 2015. The decrease in units was mostly due to projects closing after a loss of funding. In addition, one project changed from voucher bed type to facility-based bed type, which resulted in a decrease in the number of households that could be served.

### 3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human trafficking and other forms of exploitation?</td>
<td>Yes</td>
</tr>
<tr>
<td>LGBTQ youth homelessness?</td>
<td>Yes</td>
</tr>
<tr>
<td>Exits from foster care into homelessness?</td>
<td>Yes</td>
</tr>
<tr>
<td>Family reunification and community engagement?</td>
<td>Yes</td>
</tr>
<tr>
<td>Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?</td>
<td>Yes</td>
</tr>
<tr>
<td>Unaccompanied minors/youth below the age of 18?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### 3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diversion from institutions and decriminalization of youth actions that stem from being trafficked:</td>
<td>☐</td>
</tr>
<tr>
<td>Increase housing and service options for youth fleeing or attempting to flee trafficking:</td>
<td>☐</td>
</tr>
<tr>
<td>Specific sampling methodology for enumerating and characterizing local youth trafficking:</td>
<td>☐</td>
</tr>
<tr>
<td>Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:</td>
<td>☐</td>
</tr>
</tbody>
</table>
Community awareness training concerning youth trafficking:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerability to victimization</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Length of time homeless</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Unsheltered homelessness</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Lack of access to family and community support networks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerability to victimization</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Length of time homeless</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Unsheltered homelessness</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Lack of access to family and community support networks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry</td>
<td>85</td>
<td>142</td>
<td>57</td>
</tr>
</tbody>
</table>

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)

not applicable
3B-2.9. Compare funding for youth homelessness in the CoC’s geographic area in CY 2016 and CY 2017.

<table>
<thead>
<tr>
<th>Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):</th>
<th>Calendar Year 2016</th>
<th>Calendar Year 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$295,135.50</td>
<td>$30,000.00</td>
<td>($265,135.50)</td>
<td></td>
</tr>
<tr>
<td>CoC Program funding for youth homelessness dedicated projects:</td>
<td>$95,668.00</td>
<td>$0.00</td>
<td>($95,668.00)</td>
</tr>
<tr>
<td>Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):</td>
<td>$199,467.50</td>
<td>$30,000.00</td>
<td>($169,467.50)</td>
</tr>
</tbody>
</table>

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

<table>
<thead>
<tr>
<th>Cross-Participation in Meetings</th>
<th># Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC meetings or planning events attended by LEA or SEA representatives:</td>
<td>6</td>
</tr>
<tr>
<td>LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:</td>
<td>3</td>
</tr>
<tr>
<td>CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):</td>
<td>27</td>
</tr>
</tbody>
</table>

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

The CoC and school districts mutually participate in CoC and Homeless Liaison meetings. The Department of Education (OCDE) sits on the Commission to End Homelessness and stakeholders participate on committees involved in strategic planning regarding homeless children. There is joint process to identify homeless and/or at risk families, connect them to appropriate housing and education related resources in the community, and assist with the lack of, or inaccurate, paperwork in order to remove barriers to enrollment and ensure safeguards are in place to protect students from discrimination based on homeless status. Established relationships with ES and TH programs assist in identifying students in ways to not create barriers or embarrassment by conducting minimal investigation to verify living situation and conditions. In addition, OCDE recently launched a pilot program that links students who have been identified as homeless to housing providers through coordinated entry.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are
required to follow.

(limit 2000 characters)

The CoC and local school district liaisons meet regularly and exchange information and resources. Data and relevant information are posted on the district websites and disseminated via listserv to the CoC. Together, they work with CoC and ESG funded programs to identify homeless children and youth. Once placed in a CoC or ESG funded program, designated program staff work with liaisons to ensure the identification of homeless youth and children. They also work together to inform homeless families of eligibility for McKinney-Vento education services including ensuring that families are aware of educational rights through regular school mailings and handouts. Such materials are provided in English, Spanish, and Vietnamese and reviewed orally between families, children, youth, case managers, and liaisons. More specifically, they assure families receive a letter verifying eligibility for services, ensure transportation (bused to their school of origin if possible); formally review educational rights with parents; post Educational Rights at program sites; provide mutual advocacy when educational rights are violated, have access to academic tutoring and counseling, and incorporate education in exit planning with clients. If possible, they help ensure every homeless child and youth remain enrolled in the school of their origin prior to becoming homeless. When necessary, families and youth are assisted in accessing shelters and transitional housing programs closest to the school where they are enrolled. Children escaping Domestic Violence are enrolled in a school of their choice within the district with procedures to protect their safety and rights. CoC and ESG funded programs inform liaisons when children have exited their programs to help ensure their education continues uninterrupted.

3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?

(limit 1000 characters)

We do not have written agreements with programs that serve infants, toddlers, and youth children however we have begun the process of meeting with these providers to establish a relationship and build on the connection.
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

<table>
<thead>
<tr>
<th></th>
<th>2015 (for unsheltered count, most recent year conducted)</th>
<th>2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT count of sheltered and unsheltered homeless veterans:</td>
<td>360</td>
<td>455</td>
<td>95</td>
</tr>
<tr>
<td>Sheltered count of homeless veterans:</td>
<td>91</td>
<td>99</td>
<td>8</td>
</tr>
<tr>
<td>Unsheltered count of homeless veterans:</td>
<td>269</td>
<td>356</td>
<td>87</td>
</tr>
</tbody>
</table>

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Overall, the total number of homeless veterans in Orange County increased by 1. Sheltered veterans decreased by 86 and unsheltered increased by nearly the same number which is 87. This can be attributed to concentrated street outreach and engagement efforts that moved veterans from the streets and into shelters and TH programs while awaiting the issuance of HUD VASH vouchers and the identification of permanent housing. While there was an absolute increase in the number of unsheltered veterans, it was proportional to the increase in the overall unsheltered population. The percent of veterans in each year was almost identical (16 vs. 16.2%). The count of sheltered homeless veterans decreased in part due to a decrease in the number of transitional housing veteran beds on the HIC by 31. Additionally, 292 new veteran PSH and RRH beds were added between 2014 and 2015, resulting in veterans entering
3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veteran's Affairs services and housing to appropriate resources such as HUD-VASH and SSVF. (limit 1000 characters)

Several ways include: 1) having street outreach teams create a community-wide list of veterans that includes CH and hardest-to-reach; 2) implementing a CES in which street outreach workers and other homeless services staff enter veterans into the system, via the list, that helps match them to appropriate housing and services; 3) sharing the community-wide list of veterans across agencies that prioritize veterans eligible for VA housing programs; 4) coordinating an interagency group that meets weekly to implement action plans for veterans on the list who are eligible for VA services; 5) assigning veterans to housing navigators that help identify housing, including bridge housing if needed, and obtain and maintain PH; 6) implementing a Housing First approach that moves veterans into PH as quickly as possible with right level of services; and 7) ensuring connections to employment and legal services if needed. Veterans ineligible for VA services are assigned to housing navigators.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

<table>
<thead>
<tr>
<th></th>
<th>2010 (or 2009 if an unsheltered count was not conducted in 2010)</th>
<th>2016</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total PIT Count of sheltered and unsheltered homeless veterans:</td>
<td>1,282</td>
<td>455</td>
<td>-64.51%</td>
</tr>
<tr>
<td>Unsheltered Count of homeless veterans:</td>
<td>1,104</td>
<td>356</td>
<td>-67.75%</td>
</tr>
</tbody>
</table>

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016.

Yes

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)

Strategies and resources include 1) continuing to streamline issuance of VASH
vouchers including preparation for PHA referral; 2) connecting veterans with mainstream resources outside of VA system for veterans ineligible for VA benefits and services and veterans who are but VA benefits can be supplemented; 3) communicating and integrating VA services with non-VA community-based organizations including CoC members in order to provide resources that VA services do not provide, or provide, but can supplement VA services, which include food, transportation, child care, housing counseling services, etc.; 4) increasing resources to provide bridge housing for veterans who need a short-term stay while awaiting PH availability that includes low barrier shelter, vouchered stays in motels, and low barrier TH programs; and 5) increasing resources to help veterans with furnishing PH that includes furniture and other household items.
4A. Accessing Mainstream Benefits

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients?

Yes

4A-2. Based on the CoC’s FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

| Total number of project applications in the FY 2016 competition (new and renewal): | 37 |
| Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, “Yes” is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, “Yes” is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A). | 37 |
| Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits: | 100% |

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

CalOptima is the managed care program that administers MediCal in Orange County. The CoC collaborates with CalOptima and providers to disseminate information to improve access to health care by the homeless. A conceptual agreement has been reached by California (DHCS) and the federal government(CMS) for a Medicaid Section 115 Waiver for which the Orange County Health Care Agency(HCA) and CalOptima will collaboratively submit a proposal. In addition, the CalOptima Board dedicated $1M in Intergovernmental Transfer (IGT) money to support recuperative care by allowing hospitals to

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Project: CA-602 CoC Registration 2016
discharge as well as sending homeless members from ER to the Illumination Foundation’s recuperative care program. Several providers such as SOS, Mercy House, Illumination Foundation, HCA/CHAT-H Public Health Nurses, the OC Rescue Mission/HURTT Clinic, and 211OC provide outreach, health care enrollment, and medical services in fixed and mobile clinics easily accessible to homeless individuals and families.

4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

| Educational materials:                          | X |
| In-Person Trainings:                           | X |
| Transportation to medical appointments:        | X |
| Co-location of services                        | X |
| Mobile clinics                                 | X |
| Outreach                                       | X |
| Not Applicable or None:                        |   |
4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

<table>
<thead>
<tr>
<th>FY 2016 Low Barrier Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):</td>
</tr>
<tr>
<td>Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected “low barrier” in the FY 2016 competition:</td>
</tr>
<tr>
<td>Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as “low barrier”:</td>
</tr>
</tbody>
</table>

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

<table>
<thead>
<tr>
<th>FY 2016 Projects Housing First Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):</td>
</tr>
<tr>
<td>Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:</td>
</tr>
<tr>
<td>Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:</td>
</tr>
</tbody>
</table>

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC’s geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing: X

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Use of phone or internet-based services like 211:  
Marketing in languages commonly spoken in the community:  
Making physical and virtual locations accessible to those with disabilities:  
Not applicable:

<table>
<thead>
<tr>
<th>4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH units available to serve all populations in the HIC:</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>RRH units available to serve all populations in the HIC:</td>
</tr>
</tbody>
</table>

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?  
No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD’s implementing rules at 24 CFR part 135?  
(limit 1000 characters)

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?  
No

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must
include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC’s ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. No

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested. This response does not affect the scoring of this application.

| CoC Governance:                           |   |
| CoC Systems Performance Measurement:     |   |
| Coordinated Entry:                       |   |
| Data reporting and data analysis:        |   |
| HMIS:                                    |   |
| Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth: |   |
| Maximizing the use of mainstream resources: |   |

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4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

<table>
<thead>
<tr>
<th>Type of Technical Assistance Received</th>
<th>Date Received</th>
<th>Rate the Value of the Technical Assistance</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
### 4C. Attachments

**Instructions:**

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants</td>
<td>Yes</td>
<td>CA-602 Attachment...</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>02. 2016 CoC Consolidated Application: Public Posting Evidence</td>
<td>Yes</td>
<td>CoC-602 Attachment...</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>03. CoC Rating and Review Procedure (e.g. RFP)</td>
<td>Yes</td>
<td>CoC-602 Attachment...</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>04. CoC's Rating and Review Procedure: Public Posting Evidence</td>
<td>Yes</td>
<td>CoC-602 Attachment...</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>05. CoCs Process for Reallocating</td>
<td>Yes</td>
<td>CoC-602 Attachment...</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>06. CoC's Governance Charter</td>
<td>Yes</td>
<td>CoC-602 Attachment...</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>07. HMIS Policy and Procedures Manual</td>
<td>Yes</td>
<td>CA-602 Attachment...</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09. PHA Administration Plan (Applicable Section(s) Only)</td>
<td>Yes</td>
<td>CoC-602 Attachment...</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)</td>
<td>No</td>
<td>CA-602 Attachment...</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>11. CoC Written Standards for Order of Priority</td>
<td>No</td>
<td>CA-602 Attachment...</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. HDX-system Performance Measures</td>
<td>Yes</td>
<td>CA-602 Attachment...</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>14. Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: CA-602 Attachment 1: Evidence of Communication

Attachment Details

Document Description: CoC-602 Attachment 2-Public Posting Evidence

Attachment Details

Document Description: CoC-602 Attachment 3-Rating and Review Procedure

Attachment Details

Document Description: CoC-602 Attachment 4- Rating and Review Public Posting

Attachment Details

Document Description: CoC-602 Attachment 5-Process for Reallocating
Document Description: CoC-602 Attachment 6- Governance Charter

Attachment Details

Document Description: CA-602 Attachment 7-HMIS Policies and Procedures

Attachment Details

Document Description: CoC-602 Attachment 9-PHA Admin Plan

Attachment Details

Document Description: CA-602 Attachment 10-HMIS MOU

Attachment Details

Document Description: CA-602 Attachment 11: Written Standards for Order of Priority
Attachment Details

Document Description:

Attachment Details

Document Description: CA-602 Attachment 13- HDX System Performance Measures

Attachment Details

Document Description:

Attachment Details

Document Description:
Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Identification</td>
<td>09/07/2016</td>
</tr>
<tr>
<td>1B. CoC Engagement</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>1C. Coordination</td>
<td>09/12/2016</td>
</tr>
</tbody>
</table>

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Project: CA-602 CoC Registration 2016

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09/12/2016
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1D.</td>
<td>CoC Discharge Planning</td>
<td>08/13/2016</td>
</tr>
<tr>
<td>1E.</td>
<td>Coordinated Assessment</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>1F.</td>
<td>Project Review</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>1G.</td>
<td>Addressing Project Capacity</td>
<td>09/01/2016</td>
</tr>
<tr>
<td>2A.</td>
<td>HMIS Implementation</td>
<td>09/07/2016</td>
</tr>
<tr>
<td>2B.</td>
<td>HMIS Funding Sources</td>
<td>09/07/2016</td>
</tr>
<tr>
<td>2C.</td>
<td>HMIS Beds</td>
<td>09/07/2016</td>
</tr>
<tr>
<td>2D.</td>
<td>HMIS Data Quality</td>
<td>09/07/2016</td>
</tr>
<tr>
<td>2E.</td>
<td>Sheltered PIT</td>
<td>08/30/2016</td>
</tr>
<tr>
<td>2F.</td>
<td>Sheltered Data - Methods</td>
<td>08/19/2016</td>
</tr>
<tr>
<td>2G.</td>
<td>Sheltered Data - Quality</td>
<td>08/19/2016</td>
</tr>
<tr>
<td>2H.</td>
<td>Unsheltered PIT</td>
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<tr>
<td>2I.</td>
<td>Unsheltered Data - Methods</td>
<td>09/09/2016</td>
</tr>
<tr>
<td>2J.</td>
<td>Unsheltered Data - Quality</td>
<td>09/09/2016</td>
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<td>3A.</td>
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<tr>
<td>3B.</td>
<td>Objective 1</td>
<td>08/29/2016</td>
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<tr>
<td>3B.</td>
<td>Objective 2</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>3B.</td>
<td>Objective 3</td>
<td>08/19/2016</td>
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<td>4A.</td>
<td>Benefits</td>
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<td>4B.</td>
<td>Additional Policies</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>4C.</td>
<td>Attachments</td>
<td>09/12/2016</td>
</tr>
</tbody>
</table>

**Submission Summary**: No Input Required
CoC-602

Attachment 1

2016 CoC Consolidated Application: Evidence of the CoC’s Communication to Rejected Participants

NOTE: Please see Attachment 3 for the Rating and Review Procedure and Attachment 4 for the Public Posting of Rating and Review Procedure
From: Zulima Pelayo [mailto:zpelayo@211oc.org]
Sent: Thursday, August 25, 2016 1:44 PM
Cc: Price, Susan <Susan.Price@ocgov.com>; Bidwell, Julia <Julia.Bidwell@occr.ocgov.com>; Preciado, Juanita <Juanita.Preciado@occr.ocgov.com>; Lupro, Kelly <Kelly.Lupro@occr.ocgov.com>; Karen Williams <kwilliams@211oc.org>; Kristin Jefferson <kjefferson@211oc.org>
Subject: 2016 Orange County Draft Project Priority List

Hello CoC Provider,

This email is to inform you that your project(s) is/are recommended to be included in the FY 2016 Continuum of Care Application for Homeless Assistance funding for Orange County.

Attached is the draft FY 2016 Project Priority List that will go before the Commission to End Homelessness Executive Committee for final approval.

Here are the details for the Executive Committee meeting:
Friday, August 26, 2016 at 9:00am
County Grand Offices – 1300 S Grand Ave., Building B, Conference Room A/B, Santa Ana, CA, 92705

The CoC Ad Hoc committee reviewed the ranking and scores to determine whether community needs, covered subpopulation needs, covered geography of CoC, and additional factors identified in the NOFA such as cost effectiveness were met.

The recommendation of the CoC Ad Hoc committee represents the best application given the following goals and assumptions.

Goals:
Minimize number of projects in Tier 2 (to maximize potential points)
Minimize beds, especially PSH beds in Tier 2
Maximum amount of Straddled project should be in Tier 1, due to project viability
Cover Geographic Needs
Cover Subpopulations

Assumptions:
Given that all projects are Housing First PH renewals, they will compete equally in Tier 2 per HUD Tier 2 formula
Tier 1 is performance based
Tier 2 is based on strategy.

Based on these Goals and Assumptions, the projects were sorted as follows to produce the attached Draft Project Priority List:
- All projects sorted by costs per bed (produced lower # beds in Tier 2)
- Higher costs Projects stay in Tier 2
- Tier 1 projects then sorted by performance for ranking placement
- Tier 2 projects consist of higher cost projects and least number of beds
- Tier 2 projects sorted by type/population served (Community need is for PSH)

As HMIS and Coordinated Entry (CE) are HUD mandated requirements in order to receive Continuum of Care funding, they are recommended as Tier 1 projects in order to secure the funding for this authorized activity. The new HMIS Expansion Grant is also recommended for Tier 1. They will be placed at the bottom of Tier 1 above the straddled project.

If your project application is eligible for appeal and you wish to appeal, please see the Appeal Process approved by the C2eH/CoC Board on July 22nd, 2016. Agencies will receive an email after the C2eH/CoC Board meeting with the approved Project Priority List.

Should you have any questions, please contact Juanita Preciado juanita.preciado@occr.cogov.com or 714-480-2727.

Please Reply to Zulima Pelayo at zpelayo@211oc.org to confirm receipt of this email.

Best,

Zulima Pelayo | Continuum of Care Agency Coordinator | Click here to learn: How can 2-1-1 Help?
2-1-1 Orange County | zpelayo@211oc.org | 714-589-2358 Direct Line | 714-288-4007 Main Office
Everyone knows someone who needs help...dial 2-1-1 for community resources or go to:
www.211oc.org

Orange County
2-1-1
Get Connected. Get Answers.
CoC-602
Attachment 2

2016 CoC Consolidated Application: Public Posting Evidence
2018 CoC Funding Cycle

2018 CoC/HUD Collaborative Application

- FY 2016 Orange County CoC Project Priority List - Final from HUD eSOPs

2018 CoC Funding Cycle Documents

- FY 2016 Orange County CoC Project Priority List - Final from CoC/HUD Executive Committee

On Friday, August 26, 2016, the Orange County CoC Executive Committee approved the FY 2016 Orange County CoC Project Priority List.

- Final Approval FY 2016 Orange County CoC Proposed Ranking Policy and Process

On Friday, August 26, 2016, the CoC Executive Committee approved the FY 2016 Orange County CoC Proposed Ranking Policy and Process.

- 2016 Letter of Intent - Renewal Projects

- 2016 Budget for Qualifications - New Permanent Housing Projects
CoC-602

Attachment 3: CoC Rating and Review Procedure
2016 Continuum of Care (CoC) Proposed Ranking Policy and Process

The Orange County Continuum of Care (CoC) will use the following process to rank all project/program applications in the 2016 Continuum of Care Program Competition.

Section I outlines HUD requirements that will apply to CoC application and ranking process.

Section II outlines the Orange County CoC’s Policies Relating to Re-Allocation, Project Ranking, and Project Tiers

Section III outlines the process and criteria for ranking Renewal Projects

Section IV outlines the process and criteria for ranking New Projects

Section V outlines the policy and process for developing the final Project Priority Listing

Section VI outlines the Appeals process

Attachment A: Ranking and Reallocation Policy (Approved May 27, 2016 CoC Board Meeting) Scoring System for Renewal Permanent Housing

Attachment B: Performance Measures by Project Type (Approved March 25, 2016) for Renewal Projects

Attachment C: Scoring for All Renewal Projects

Attachment D: Bonus Project/New Project Scoring

Section I: HUD Requirements

On June 28, 2016, the U.S. Department of Housing and Urban Development (HUD) released the Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2016 Continuum of Care Program Competition. The NOFA is available at https://www.hudexchange.info/resource/4688/fy-2016-coc-program-nofa/. Although the available amount of funding is expected to be sufficient to fund anticipated eligible renewal projects in the 2016 funding process, HUD continues to require Collaborative Applicants to rank all projects in two tiers.

A. Ranking Requirements
The NOFA requires that each CoC conduct a transparent and objective process to review and rank all applications for renewal of existing projects and creation of new projects. Ranking of renewal projects must incorporate data on project performance and effectiveness.

B. Re-Allocation
CoCs may use funds taken in whole or in part from existing grants to create new projects through re-allocation. Through the reallocation process CoCs may create the following type of new projects:

1. New permanent supportive housing projects where all beds will be dedicated for use by chronically homeless individuals and families, as defined in 24 CFR 578.3.
2. New rapid rehousing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homelessness.
3. New Supportive Services Only project specifically for a centralized or coordinated assessment system.
4. New dedicated Homeless Management Information System (HMIS) project for the costs at 24 CFR 578.37(a)(2) that can only be carried out by the HMIS Lead, which is the recipient or subrecipient of an HMIS grant, and that is listed on the HMIS Lead form in the CoC Applicant Profile in e-snaps.
C. New Permanent Housing Bonus
New projects through the permanent housing bonus up to 5 percent of the CoC’s FPRN for the following types of new projects:
   1. New permanent supportive housing projects that will serve 100 percent chronically homeless individuals and families, and
   2. New rapid rehousing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homelessness.

D. Tiers
HUD will continue the Tier 1 and Tier 2 funding process. In the FY 2016 NOFA, Tier 1 is equal to 93 percent the CoC’s ARD amount approved on the final HUD-approved GIW and projects in this tier will be conditionally selected from the highest scoring CoC to the lowest scoring CoC, provided the project applications pass both eligibility and threshold review. Any type of new or renewal project application can be placed in Tier 1.

Tier 2 is the difference between Tier 1 and the CoC’s ARD plus the housing bonus project applications. This does not include the amounts available for CoC planning. Projects placed in Tier 2 will be assessed for eligibility and threshold requirements, and funding will be determined using the CoC Application score as well as the factors listed in the NOFA.

The County of Orange (County), which serves as the local Continuum of Care and Collaborative Applicant, is eligible to apply for funding to support housing and services for homeless households. That funding breaks down as follows:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Percentage</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1:</td>
<td>93%</td>
<td>$20,184,474</td>
</tr>
<tr>
<td>Tier 2:</td>
<td>7%</td>
<td>$1,519,261</td>
</tr>
<tr>
<td>Permanent Housing Bonus Amount</td>
<td></td>
<td>$1,085,187</td>
</tr>
<tr>
<td>CoC Planning Grant:</td>
<td></td>
<td>$651,112</td>
</tr>
</tbody>
</table>

The County will assign a unique rank to each project that it intends to submit to HUD for FY 2016 funding. Each project will be comprehensively reviewed, both new and renewal projects, using the scoring criteria.

Section II: Orange County Policy on Project Re-Allocation, Ranking and Tiering

A. Policy Objectives
In developing our local policy governing project ranking, re-allocation, and tiering, Orange County’s objectives are to:
   • Comply with all HUD requirements;
   • Preserve funding for high performing projects;
   • Encourage shifting of resources from lower performing projects to new projects that help advance our community’s goal of reducing homelessness.

B. Re-Allocation Policy
On May 27, 2016 the Commission to End Homelessness (C2eH) approved the preliminary Reallocation recommendations (Attachment A). The preliminary recommendations adopted in May accounted for the following options:
   A. Reallocation from Agency Administrative Review – Projects that do not pass LOI/Part I Review
   B. Reallocation of Unspent funds
   C. Review and Ranking of Low Performing Permanent Housing (PSH and RRH)
   D. Other Reallocation Options in NOFA (pending Department of Housing and Urban Development [HUD] NOFA release)

Voluntary Reallocation
Through the LOI/Part II process one agency, The John Henry Foundation, voluntarily reallocated their permanent housing project ($150,929).

At the July 24, 2016 meeting, the C2eH/CoC Board reallocated the funds to an HMIS expansion grant.
C. Project Review and Tiering
Per the C2eH/CoC Board approved process, the Orange County CoC invited submissions for new and renewal projects and conducted a review and ranking following the procedures established in Section III and IV.

The CoC used the LOI process to determine reallocation and review performance in comparison to the CoC targets. From this performance review and scoring process, the CoC Ad Hoc recommended that two projects be reallocated. At the July 12, 2016 meeting the C2eH/CoC Board approved the reallocation of one only of the two projects. The remaining projects would be included in the final CoC Application.

Once the renewals were determined, the CoC Ad Hoc committee reviewed the ranking and scores to determine whether the initial scoring met community needs, covered subpopulation needs, covered geography of CoC, and also to review additional factors identified in the NOFA such as cost effectiveness.

The recommendation of the CoC Ad Hoc committee represents the best application given the following goals and assumptions.

Goals:
- Minimize number of projects in Tier 2 (maximize potential points)
- Minimize beds, especially PSH beds in Tier 2
- Maximum amount of Straddled project should be in Tier 1 due to project viability
- Cover Geographic Needs
- Cover Subpopulations

Assumptions:
- Given that all projects are housing first PH renewals, they will compete equally in Tier 2 per HUD Tier 2 formula
- Tier 1 is performance based
- Tier 2 is based on strategy

As HMIS and Coordinated Entry (CE) are HUD mandated requirements in order to receive Continuum of Care funding, they are recommended as Tier 1 projects in order to secure the funding for this authorized activity. The new HMIS Expansion Grant is also recommended for Tier1. They will be placed at the bottom of Tier 1 above the straddled project.

The CoC Ad Hoc recommended a Project Priority List based on all the factors listed above in relation to Tier cut offs and HUD’s selection process.

The CoC reserves the option of re-ordering the project list to place projects to best position Orange County to receive the maximum overall amount of funding (which includes a project that may straddle Tier I and Tier II).

Section III: Process for Rating and Ranking of Renewal Projects

A. Rating and Ranking Process
The Orange County CoC conducted the evaluation of renewal projects through multiple processes.

As early as February 2106, the CoC Ad Hoc Committee began reviewing performance data provided by the HMIS lead, 211OC. The information was from the System-Wide Analytics and Projection (SWAP) tool and various HUD performance measures. On March 3, 2016, the CoC Ad Hoc Committee held a CoC At Large meeting in combination with the Homeless Providers Forum. These measures were later approved by the C2eH at the March 25, 2106. (Attachment B).

The Letter in Intent (LOI) process was once again utilized to review agency capacity and project alignment with HUD requirements. The general purpose of the LOI/Part I process is to 1) assess agency’s capacity to administer CoC homeless projects while complying with HUD requirements; 2) determine which agencies are eligible to proceed to LOI/Part II; and 3) identify the amount of funds to be reallocated and how these funds will be reallocated. The results of the LOI/Part I process were presented to the CoC Ad Hoc Committee for recommendation and the Commission to End Homelessness Executive Committee and C2eH for final approval at the July 22, 2016 Meeting.
On April 25, 2016 the LOI/Part I was released and due on May 9, 2016. All renewal agencies were invited to participate. LOI/Part II was released on July 13, 2016 and applications were due on July 27, 2016. The esnaps component was due August 8, 2016.

Staff from 2-1-1-OC and Orange County Community Services (OCCS) used data provided through the LOI process and approved Performance Measures to develop the Project Priority Listing for review and approval by the C2eH, as recommended through the CoC Ad Hoc Committee (see Section V).

New or recently reallocated PH projects (PSH or RRH) may not have data to be used in the review because they have not been operational for a full year. This will be taken into consideration in the ranking process.

The point scoring system for all Renewal projects is Attachment C.

B. HMIS and CE Renewals
Consistent with previous CoC applications, HMIS and CE Renewals will be exempt from the full Letter of Intent (LOI) but will be assessed for performance and spending in alignment with HUD requirements. As noted in Section II, the HMIS and CE renewals will be placed in Tier 1.

Section IV: New Projects
At the May 27, 2016 C2eH/CoC meeting the Reallocation Policy was approved. Through the LOI/Part I process NO projects were recommended for reallocation. Through HUD’s bonus project there is a total of $1,085,187 for new PH projects.

One project was voluntarily reallocated and will not be submitted for renewal. The funds from the voluntarily reallocated project were approved for an HMIS Expansion grant at the July 24, 2016 C2eH/CoC meeting. No other reallocated funds are available for new projects.

A. New Housing Projects from Bonus Projects Funds
New bonus funds will be awarded through a Request for Proposal (RFP) process. The following new projects were solicited in the RFP.

<table>
<thead>
<tr>
<th>Project Type and Population</th>
<th>Amount Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonus: Permanent Supportive Housing (PSH) for chronically homeless individuals</td>
<td>$1,085,187</td>
</tr>
</tbody>
</table>

The RFP will be structured to award funds to projects that: (1) meet Orange County’s system right-sizing priorities; and (2) are most competitive and likely to receive HUD funding. In addition, projects must meet HUD’s threshold and quality requirements. The RFP will require applicants to submit project narrative, applicant capacity, and financial information sufficient to assess all of these factors.

Additionally, the 2016 CoC Program NOFA is focused on serving chronically homeless individuals. Specifically it is awarding up to 4 points in the CoC application if the CoC considers the severity of needs and vulnerabilities experienced by program participants which includes, but is not limited to: low or no income, current or past substance abuse, criminal record—with the exception of restrictions imposed by federal, state, or local law or ordinance—and chronic homelessness in the CoC Program-funded projects as these barriers relate to determining project review, selection, priority, and ranking. Given that this is also a need in the community, new projects that can demonstrate the capacity and ability to implement a project with this focus will be awarded bonus points.

To evaluate project quality and fit with Orange County system objectives and develop a ranked order, the CoC will convene an unbiased project review panel to review each new project. Projects will be scored based on a 100 point system. The panel will receive the applications and scoring instructions in advance of the meeting. The panel will then hold one meeting to review and average their scores and arrive at a proposed final ranking for new projects, including a recommendation about which project(s) should be submitted as the permanent housing bonus. The panel may also
recommend that projects either increase or decrease their funding request to maximize the use of available re-allocated or bonus funds.

The final ranking of new projects as determined by the Panel will be used to determine their order on the Project Priority Listing. As indicated in Section II new PH project(s) will be ranked in Tier 2.

B. New HMIS Expansion Project
As a HUD mandated activity and the need for additional resources to cover the costs of the growing responsibilities placed on the HMIS system/lead, the HMIS Expansion grant will be exempt from the Request for Proposal (RFP for new projects). The voluntarily reallocated project was approved for an HMIS Expansion grant at the July 24, 2016 C2eH/CoC meeting. As noted in Section II, the HMIS grants will be placed in Tier 1.

C. Planning Grant
HUD is inviting all CoCs to apply for a Planning grant which provide funds for activities that will carried out by the CoC and will ensure compliance with the provisions of 24 CFR 578.7 as well as the associated planning activities at 24 CFR 578.39.

An application will be submitted for a Planning Grant ($615, 112/equivalent to 3% of ARD). The CoC Planning Grant is not ranked per HUD’s guidance.

Section V: Final Project Priority List and Notification to Applicants
Once the rating and ranking processes for new and renewal projects are complete, staff from 2-1-1OC and OCCS will integrate results of the scoring/ranking processes and create the final proposed Project Priority List for review by the CoC Ad Hoc Committee. This proposed list can include recommendations to adjust the placement of projects in Tier 2 in order to maximize the total funding award for Orange County. The proposed final list will be approved by the C2eH/CoC Board and notice sent to applicants of the final results no later than August 30, 2016.

Section VI: Appeal Process (Approved at July 12, 2016 Executive Committee Meeting)
The C2eH/CoC Board approves all reallocation decisions and applications for ranking/funding recommendations to HUD. That ranking decision is communicated to all applicants by email. In all cases, the Appeals Committee has the final authority on appeals decisions.

A. Who May Appeal
An agency may appeal a decision made by the C2eH/CoC Board concerning a project application submitted by that agency. If the project was submitted by a collaboration of agencies, only one joint appeal may be made.

B. What May Be Appealed
An agency may appeal a flaw in methodology or in the process used in the decision. The overall performance measurements or data are not a basis for an appeal.
Agencies may appeal any of the following decisions of the C2eH/CoC Board.
- Elimination of renewal grant (i.e. entire grant re-allocated to a new project)
- Placement of project into Tier 2

Applicants placed in Tier 1 may not appeal their rank on the Project Priority List.

C. Timing
Agencies intending to appeal must notify Zulima Pelayo from 211OC by email (zpelayo@211oc.org) by the given deadline which will allow for a minimum of 24 hours after being notified of the decision. Agencies will receive an email after the C2eH/CoC Board meeting with the decisions and appeal process information. The email will also contain the specific deadline.

If an appeal is filed, other agencies whose rank may be affected will be notified as a courtesy. Such agencies will not be able to file an appeal after the appeals process is complete. They may file an appeal within the original appeals timeline.

D. Initiating the Formal Appeal

Approved 08/26/2016

Page 5 of 12

Exec. Committee/CoC Board Mtg.
The Formal Appeal must be submitted by 12:00 p.m. 2 business days after the C2eH/CoC Board decision. The appeal document must consist of a short, written statement (no longer than 2 pages) of the agency's appeal of the decision addressing the flaw in methodology or in the process used in the decision. The overall performance measurements or data are not a basis for an appeal.

The statement can be in the form of a letter or a memo from an individual authorized to represent the agency (i.e., Executive Director).

The appeal must be transmitted by email to Zulima Pelayo (zpelayo@21loc.org).

E. Members of the Appeal Panel
The Appeals Panel will be selected from the C2eH/CoC Board or its designees. These individuals have no conflict of interest in serving. Voting members of the Appeal Panel shall not serve simultaneously on the CoC Ad Hoc Committee; however, a CoC Ad Hoc Committee member and a CoC staff person will participate in the Appeals Panel to inform discussion.

F. The Appeals Panel
The Appeal Panel will conduct an in person or telephone meeting with a representative(s) of the agency/collaborative who filed the appeal to discuss it, if needed. The Appeal Panel will inform appealing agencies of its decision. In all cases, the appeals panel has the final authority on appeals decisions.
Attachment A

Preliminary CoC Funding Application Policy and Process Recommendations

2016 CoC Funding Cycle

Approved by Commission To End Homelessness (C2eH)/ CoC on May 27, 2106.

Executive Committee Meeting Recommendations:

Approve Proposed Preliminary CoC Funding Application Policies and Processes for 2016 CoC Funding Cycle

I. Letter of Intent (LOI) Renewal Process
   Recommend the LOI process as implemented in 2015: Two parts: 1) Agency Administrative Review and 2) Project Application Submission
   A. LOI Part I: Agency Administrative Review
      Part I will consist of a review of technical & presentation requirements (late submissions, incomplete), financial stability, HUD monitoring, CoC Participation, unspent funds, etc. Anticipated release is in April 2016.
         i. Outcome of failed Administrative Review will constitute forfeiture of funds for reallocation.
         ii. Those successful in Part I will go to Part II
   B. LOI Part II: Project Application Submission
      Part II will consist of a review of projects performance using Performance Measures. The results will be shared with the community. The LOI Part II process will be finalized and may be released prior to the release of the NOFA by HUD. Based on prior funding cycle, CoCs may elect to reallocate based on local priorities as aligned with HUD priorities. Local policies, if adopted prior to NOFA release and if in conflict with NOFA, are subject to revision.
         i. Project Performance – renewal or reallocation
         ii. Subject to local CoC policy
         iii. Subject to HUD guidelines

II. Performance Measures
    The Performance Measures by housing type we presented to the CoC At Large on Thursday, March 3, 2016. Agencies were given until March 11th for feedback. Two agencies submitted comments vetted by the CoC Ad Hoc Committee. They were approved at the March 25, 2016 Commission to End Homelessness Meeting. Attached (Attachment 1) is the final list of performance measures by type and with target goals. The results will be reviewed to determine renewal or reallocation.

III. Proposed Preliminary Reallocation Policy Recommendations
    A. Reallocation from Agency Administrative Review – Projects that do not pass Part I Review
    B. Reallocation of Unspent funds (review 3 years of funding/expenditures with 10% or more unexpended)
    C. Reallocation of Low Performing Projects (PSH, RRH and TH)
    D. Other Reallocation Options in NOFA (pending Department of Housing and Urban Development [HUD] NOFA release)

IV. Timely and Incomplete Submission
    Based on the discussion at the CoC At Large meeting the following policy was developed for applications that are submitted late, are incomplete or do not meet the Technical Requirements and/or Document Presentation Requirements.
    The following is a list of the possible reductions an Agency will receive.
    3 point reduction for late applications
3 point reduction for not meeting the Technical and Document Presentation Requirements for original and copy submittal
3 point reduction for not meeting the Technical and Document Presentation Requirements for electronic copy on USB flash drive
3 point reduction for each incomplete or missing exhibit and/or attachment

There will be a one hour grace period for agencies to submit the LOI in the instance that they encounter a delay due to acts of God, or circumstances beyond their control.

LOIs will be considered late and penalized with a three (3) point reduction after the 1 hour grace period.

LOIs I will not be accepted after the close of business.

Due dates and times will be clearly stated on the LOIs.

V. High Performing Communities Designation Option –
HUD once again is allowing for the High Performing Communities (HPC) designation, which is a component of the HEARTH Act but to date has not been implemented. The Registration Notice spells out what criteria are required to be designated as an HPC. Criteria include such as having a mean length of homelessness of fewer than 20 days, 5% rate of return to homelessness, full expenditure of past grants, and others factors. Communities designated as HPCs are allowed to use CoC funds for prevention activities for people at-risk of homelessness. After a thorough analysis by 211OC of the required data and review by the CoC Ad Hoc Committee it was confirmed that we do not qualify for the designation. There are no CoCs in the country that have qualified for the designation.

• The Orange County CoC does not meet HPC designation.

VI. Unified Funding Application Designation Option –
• The Orange County CoC will not be applying as a UFA in 2016.
## Attachment B - 2016 Performance Measures with Proposed Targets

Approved by Commission to End Homelessness/CoC on March 25, 2106.

<table>
<thead>
<tr>
<th>Measure</th>
<th>AVERAGE Data Quality</th>
<th>Utilization Rate</th>
<th>Entry from Homelessness</th>
<th>Return to Homelessness</th>
<th>PH Exits (TH &amp; RRH only)</th>
<th>Length of Stay (LOS)</th>
<th>Employmen t &amp; Income Growth</th>
<th>Exit and Remained Housed (PSH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUD Measure (per HUD to be available soon)</td>
<td>HUD collects (but not 1/7 HUD performance measures)</td>
<td>HUD collects (but not 1/7 HUD performance measures)</td>
<td>HUD #7a: Placements from SO</td>
<td>HUD #2a/b Measure</td>
<td>HUD #7b measure</td>
<td>NO</td>
<td>HUD #4 (4.6 MEASURE INCREASE TOTAL CASH FOR EXITs)</td>
<td>HUD #7</td>
</tr>
<tr>
<td>SWAP Tool Measure (available now)</td>
<td>NO – on 211OC website quarterly</td>
<td>YES</td>
<td>YES (from answer to where did you sleep last night)</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>TH (6 measures)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>n/a</td>
<td>Use SWAP Measure 5</td>
</tr>
<tr>
<td>TH Target</td>
<td>95%</td>
<td>80%</td>
<td>100%</td>
<td>15%*</td>
<td>80%</td>
<td>180 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RRH/New RRH (4 measures; if new 3 measures)</td>
<td>X/X</td>
<td>n/a</td>
<td>X/X</td>
<td>X/ n/a</td>
<td>X/X</td>
<td>n/a</td>
<td>n/a</td>
<td>Use SWAP Measure 5</td>
</tr>
<tr>
<td>RRH Target</td>
<td>95%</td>
<td>100%</td>
<td>15%</td>
<td>80%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSH/New PSH (5 measures; if new 3 measures)</td>
<td>X/X</td>
<td>X / n/a</td>
<td>X/X</td>
<td>n/a</td>
<td>Use HU D #8</td>
<td>n/a</td>
<td>X/ n/a</td>
<td>X/X</td>
</tr>
<tr>
<td>PSH Target</td>
<td>95%</td>
<td>95%</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommendation: Use for All Housing Types: Use last quarter/most recent quarter when LOI initiated Pros: Includes newer projects; providers often want most recent data to be used Reported in HMIS; started collecting 4/15</td>
<td>TH: Use SWAP</td>
<td>Use SWAP for All Housing Types: If project has no entries in 2015, then it will not be used in calculation/score. New RRH &amp; PSH: Not applicable to RRH and all PSH PSH: Not from SWAP; Use HUD Performance Measure</td>
<td>TH &amp; RRH: Use SWAP measure</td>
<td>TH &amp; RRH: Use SWAP measure</td>
<td>New RRH will use HMIS data</td>
<td>TH: Use SWAP measure</td>
<td>TH &amp; RRH: Not applicable</td>
<td>TH &amp; RRH: Not applicable</td>
</tr>
</tbody>
</table>

## Attachment C – Scoring for All Renewal Projects

### 2015 Orange County CoC Renewals

<table>
<thead>
<tr>
<th>Project:</th>
<th>Type:</th>
<th>PSH</th>
<th>RRH</th>
<th>circle one above</th>
</tr>
</thead>
</table>

### PPH and RRH Performance Measures

<table>
<thead>
<tr>
<th>Formula 80/36 = 2.76</th>
<th>Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total of Projects 2.22</td>
<td>Max. 80 Points</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of CoC Performance Rankings</th>
<th>-2.22 each subsequent ranked project</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Maximum 80 Points (based on Focus Strategies)</th>
<th>Max. 20 Points</th>
<th>Points</th>
<th>Comments</th>
</tr>
</thead>
</table>

### LOI Part I: Agency Review

#### CoC Membership Status

- 2 pts = Yes
- 0 pts = No

#### CoC Strategic Participation

- Attendance & participation
  - 24 + Meetings = 3 pts
  - 18-23 Meetings = 2 pts
  - 12 - 17 meetings = 1 pt
  - less than 12 meetings = 0 pts

#### Homeless or Formerly Homeless on Board

- 3 pts = Yes
- 0 pts = No

#### HUD Standing/Monitoring

- Monitored: findings/concerns corrected = 5 pts
- Monitored: findings/concerns NOT corrected = 0

#### Fiscal Audit

- Conditions Cleared = 3 pts
- Conditions Letter Sent = 0 pts

#### Housing First Model

- 2 pts = Yes
- 0 pts = No

### Point Reduction from LOI Part I

(from threshold review log)

- Total Performance Points (Max is 80 points) #REF!
- Threshold Renewal Points (Max is 20 points) 0
- Total Amount of Available Points 100
- % of Scored Points to Total Available #REF!

### Notes

<table>
<thead>
<tr>
<th>LOI Part 1 Comments</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>LOI Part 2 Comments</th>
</tr>
</thead>
</table>

### 2015 Tie Breakers

Tie Breaker: Applicants receiving the highest scores in the following categories (in order) will be ranked higher: Entries from Homelessness, Project Performance, CoC Strategic Participation and CoC Membership.

Approved 08/26/2016

Exec. Committee/CoC Board Mtg.
## Attachment D – Scoring for New Projects

<table>
<thead>
<tr>
<th>Scoring Factor</th>
<th>Relevant Section in Application</th>
<th>Max Score</th>
<th>Reviewer Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Capacity of Grantee and Partners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Applicant and any subrecipients have recent relevant experience providing housing to homeless people; administering leasing or rental assistance funds; delivering services; and entering HMIS data;</td>
<td>eSnaps Application (2nd Tab) Section 2A: Project Subrecipients Section 2B: Experience of Applicant (Q1 - Q4b) Exhibit 3: Financial Commitment</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>• If application has subrecipients, applicant organizations have experience working together;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Targeting and Outreach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Project targets an eligible population;</td>
<td>eSnaps Application (2nd Tab) Section 3B: Project Description (Q1, Q3, Q2, Q4) Section 5A: Project Participants Section 5B: Subpopulations Section 5C: Outreach for Participants Exhibit 5: Coordinated Entry System Participation</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>• There is a strong outreach plan specifically designed to identify and engage people in the target population and ensure they are able to access the program;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Applicant has committed to participation in CoC’s Coordinated Assessment-Centralized Intake Process;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Applicant has explained how they will prioritize those with longest homeless histories and most severe housing needs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Appropriateness of Housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Type, scale, and location of the housing fit the needs of the program participants.</td>
<td>eSnaps Application (2nd Tab) Section 3B: Project Description (Q1, Q7-Q10b) Section 4A: Support Services for Participants (Q2) Section 4B: Housing Type and Location</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>• Participants are assisted to secure housing as quickly as possible.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Programs and activities are offered in a setting that enables homeless people with disabilities to interact with others without disabilities to the fullest extent possible.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Service Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Type, scale, location of the supportive services fit the needs of the program participants and are readily accessible.</td>
<td>eSnaps Application (2nd Tab) Section 3B: Project Description (Q1) Section 4A: Support Services for Participants (Q1a-Q6a) Section 6F: Supportive Services Budget</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>• There is a specific plan to ensure participants are assisted to obtain the benefits of the mainstream health, social, and employment programs for which they are eligible (including, for bonus PSH, Medi-Cal funded non-emergency services).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• There is a specific plan to ensure participants are assisted to remain in permanent housing in a manner that fits their needs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• There is a specific plan to ensure participants are assisted to increase their incomes and live independently.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scoring Factor</th>
<th>Relevant Section in Application Each item listed is flagged in the binder</th>
<th>Max Score</th>
<th>Reviewer Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant will offer housing assistance without preconditions (such as sobriety or a minimum income threshold) or service participation requirements. Rapid placement and stabilization in permanent housing are primary program objectives.</td>
<td>(Q1, QSa-d) Exhibit 4: Housing First Review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Timing</td>
<td>Project has a clear plan to begin operations within one year of award (six months for bonus PSH).</td>
<td>eSnaps Application (2nd Tab) Section 3B: Project Description (Q2)</td>
<td>8</td>
</tr>
</tbody>
</table>
| 7. Budget and Match | - Budget is reasonable for type of project and clearly articulated.  
- Required match of at least 25% is included and documented.  
Project is cost effective compared to other similar new permanent housing applications. | eSnaps Application (2nd Tab) Section 6F: Supportive Services Budget Section 6G: Operating Budget Section 7I: Match and Leverage Section 7J: Summary Budget Exhibit 3: Financial Commitment Attachment 3: In Kind MOU Attachment 4: Match Documentation Letters for 2016 | 8 |                |
| 8. Participation in CoC meetings, PIT, HIC, HMIS | Applicant has participated in local planning processes to end homelessness. | 2-1-1 Orange County Records | 5 | 4 |
| 9. Completeness and Clarity of Application | Application is complete and all questions relevant to the project are answered. | | 3 |                |
| 10. Bonus Points for Target Population | Applicant demonstrates the capacity to address the severity of needs and vulnerabilities experienced by program participants which includes, but is not limited to: low or no income, current or past substance abuse, criminal records – with the exception of restrictions imposed by federal, state, or local law or ordinance – and chronic homelessness in the CoC. | eSnaps Application (2nd Tab) Section 3B: Project Description (Q1) Exhibit 6: Bonus Points for Target Population | 5 |                |
| TOTAL | | | | 105 |

CoC-602
Attachment 4
CoC Rating and Review Procedure: Public Posting Evidence
2016 CoC Funding Cycle

FY2016 Orange County CoC Project Priority List - Final (posted 8/30/2016)

On Friday, August 26, 2016, the Orange County Commission to End Homelessness (C2Eh) and Continuum of Care (CoC) Board approved the FY 2016 Orange County CoC Project Priority List. Click here to view the final FY 2016 Orange County CoC Project Priority List.

Final Approved FY 2016 Orange County CoC Proposed Ranking Policy and Process (posted 8/30/2016)

On Friday, August 26, 2016, the C2Eh/CoC Board approved the FY 2016 Orange County CoC Proposed Ranking Policy and Process. Click here to read the FY 2016 Orange County CoC Proposed Ranking Policy and Process.

Recommended FY 2016 Project Priority List (posted 8/30/2016)

Agencies applying for renewal and new project applications through the FY2016 Continuum of Care Project Competition received a copy of the Recommended FY 2016 Project Priority List on Wednesday, August 24, 2016 for review and comments. Agencies were invited to attend the C2Eh/CoC Board meeting on Friday, August 26, 2016.

2016 Letter of Intent - Renewal Projects

2016 Request for Qualifications - New Permanent Housing Projects

FY 2016 CoC Program Registration Notice

On April 22, 2016 HUD published the FY 2016 Program Registration Notice that announces the availability of CoC Registration in e-snaps. This Notice is intended to provide Collaborative Applicants with an outline of the functions and requirements of the registration process in e-snaps. It also provides Collaborative Applicants and project applicants with information necessary to continue implementation of the amendments to the McKinney-Vento Act (the Act) made by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. Click here to read the Notice.
From: Preciado, Juanita
Sent: Monday, September 12, 2016 4:19 PM
To: Lupro, Kelly
Subject: posting of Preliminary CoC Funding Application Policy and Process Recommendation - various postings

Visit 211oc.org for updated content

Commission to End Homelessness 2016
- January 22nd, 2016: Agenda and Minutes (Board)
  - 2016 Action Plan
- February 26th, 2016: Agenda and Minutes (Executive Committee)
  - Ending Veteran Homelessness Initiative Recommendations
  - Coordinated Entry Status Notes
- March 25th, 2016: Agenda and Minutes (Board)
  - Coordinated Entry Status Notes
  - National Alliance to End Homelessness 2016 Spring Conference
  - Federal Criteria and Benchmarks for Ending Veteran Homelessness
- April 22nd, 2016: Agenda (Executive Committee)
  - Minutes
  - Coordinated Entry Status Notes
  - Preliminary CoC Funding Application Policy and Process Recommendation
  - 2016 Performance Measures with Proposed Target
- May 27th, 2016: Agenda (Board)
  - FY 2015 Continuum of Care Program Competition Briefing
  - FY 2015 CoC Homeless Assistance HUD Funding Award Project Summary
  - Preliminary CoC Funding Application Policy and Process Recommendation
  - Coordinated Entry Status Notes
  - ACC/OC Homelessness Task Force: Framework for Work Plan
- July 12th, 2016: Agenda (Executive Committee)
  - Coordinated Entry Status Notes
  - 2016 CoC Ad Hoc Reallocation and Permanent Housing Bonus Recommendation
  - 2016 Coordinated Entry System Policies Recommendation for Rapid Re-Housing
  - 2016 Preliminary CoC Funding Application Policy and Process Recommendations
- July 22nd, 2016: Agenda (Board)
- August 26th, 2016: Agenda (Executive Committee)

Commission to End Homelessness 2015
- January 30th, 2015: Agenda and Minutes (Board)
CoC-602

Attachment 5

CoCs Process for Reallocation

(INCLUDED IN ATTACHMENT 3- Ranking Policy and Process (Section II, pages 1-2 and 7))
CoC-602
Attachment 6
CoCs Governance Charter
In accordance with the Interim Rule of 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 Santa Ana/Anaheim/Orange County CoC (the “Orange County CoC”) in consultation with the collaborative applicant (as described below in Section 578.9) and the Homeless Management Information System (“HMIS”) Lead Agency (as described below in Section 578.7b) as required by the Interim Rule, has developed, followed, and will “update annually a governance charter, which will include all procedures and policies needed to comply with subpart B of this part and with HMIS requirements as prescribed by HUD; and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board” as described in § 578.7(5) Responsibilities of the Continuum of Care. Subpart B of the Interim Rule is contained in Appendix A

I. Name:
The name of the organization is Santa Ana/Anaheim/Orange County CoC (hereinafter referred to as the “Orange County CoC”).

II. Geographic Boundaries
The Orange County CoC is responsible for the area that the U.S. Department of Housing and Urban Development (HUD) has designated for CA-602 Santa Ana/Anaheim/Orange County CoC which is the boundaries of the County of Orange (hereinafter referred to as the “Geographic Area”).

III. Purpose:
The Orange County CoC serves as the HUD-designated primary decision-making group whose primary 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 § 578.1 Purpose and scope of the Interim Rule of the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), the program is designed to:

a. Promote communitywide commitment to the goal of ending homelessness;
b. Provide funding for efforts by nonprofit providers, States, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, 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. Optimize self-sufficiency among individuals and families experiencing homelessness.
IV. Continuum of Care Meetings

The Orange County CoC will hold meetings of the full membership with published agendas at least twice a year.

V. Continuum of Care Membership:

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

Organizational Members

- May designate up to (3) persons annually who are authorized to represent the organization
- Each organization holds only one vote
- An organizational representative may represent only one organization

Individual Members

- May not designate additional persons to represent them
- Individuals who have a recognized role in a member organization (such as employees, board members, consultants or current service recipients) may become individual members but may not vote
- Individuals with formal organizational affiliations such as those noted above may be selected to represent the organization with which they are affiliated
- These provisions create an opportunity for individual stakeholders to participate without duplicating organizational representation.

Representatives from active organizations within the Geographic Area will be members of the Orange County CoC. Such organizations will be required to fill out a membership form prior to recognition as an active organization. Within the Geographic Area is defined as being located and/or providing relevant services within the Geographic Area. As noted in § 578.5 Establishing the Continuum of Care of the Interim Rule. 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.”
• The list of organizational groups noted above is expanded to include entities that provide: Substance abuse recovery;
• Youth services;
• Employment services;
• Mainstream resources.

a. Nominations for Orange County CoC Membership

A public invitation within the Geographic Area for new members to join will be extended at least annually in accordance with the Interim Rule of the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) as described in § 578.7 Responsibilities of the Continuum of Care.

Membership is achieved through a request to be added to the Orange County CoC and a commitment to actively participate in the responsibilities of the Orange County CoC.

b. Membership Terms

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

c. 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 meeting.

d. 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. 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.

e. Conflict of Interest

Members must comply with the conflict of interest and recusal process found in the Appendix B: Conflict of Interest which is §578.95 Conflicts of interest in the Interim Rule of the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act).
f. **Proxies**

The use of proxies is not allowed for members.

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.

VI. **Orange County CoC Officers**

The Orange County CoC will have three officers: Chair, Vice Chair and Secretary. Their nomination, election and term will be as outlined in the Bylaws of the Commission to End Homelessness.

VII. **Responsibilities of the Orange County CoC**

As noted in §578.5(b) of the HEARTH Act Interim Rule, “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).”

VIII. **Continuum of Care Board (Commission to End Homelessness)**

The Continuum of Care Board (the “Commission”) will carry out the four major responsibilities of the Orange County CoC which consists of operating the Continuum of Care, designating and operating an HMIS for the Continuum of Care, planning for the Continuum of Care, and preparing an application for funds which is in accordance with § 578.7 Responsibilities of the Continuum of Care and in the Interim Rule and § 578.79 Preparing an Application for Funds and are as follows:

a. **Operating the Continuum of Care.** On behalf of the Orange County CoC, the CoC Board will:

1. Hold meetings of the full membership, with published agendas, at least semi-annually as noted above in Section IV Meetings;
2. Make an invitation for new members to join publicly available within the geographic at least annually as noted above in Section V Membership;
3. Adopt and follow a written process to select a board to act on behalf of the Continuum of Care. The process must be reviewed, updated, and approved by the Continuum at least once every 5 years as noted in introduction;
4. Appoint additional committees, subcommittees, or workgroups;
5. In consultation with the collaborative applicant and the HMIS Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with subpart B of this part and with HMIS requirements as prescribed by HUD; 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 recipient and subrecipient performance, evaluate outcomes, and take action against poor performers;

7. Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and report to HUD;

8. In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address 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. This system must comply with any requirements established by HUD by Notice;

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 under this part;

   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 Continuum 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 an HMIS. On behalf of the Orange County CoC, the CoC Board will:

1. Designate a single Homeless Management Information System (HMIS) for the geographic area;
2. Designate an eligible applicant to manage the Continuum’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 HMIS;

4. Ensure consistent participation of recipients and subrecipients in the HMIS; and

5. Ensure the HMIS is administered in compliance with requirements prescribed by HUD.

Orange County CoC is part of the Los Angeles/Orange County Collaborative which is made up of the Orange County CoC, Los Angeles County CoC, Pasadena CoC and Glendale CoC. The Collaborative shares an HMIS Governance Charter and HMIS Policies and Procedures.

c. **Continuum of Care planning.** On behalf of the Orange County CoC, the CoC Board 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, such system encompasses the following:
   
   a. Outreach, engagement, and assessment;
   
   b. Shelter, housing, and supportive services;
   
   c. Prevention strategies.

2. Planning for and conducting, at least biennially, a point-in-time count of homeless persons within the geographic 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;

   c. Other requirements established by HUD by Notice.

3. Conducting an annual gaps analysis of the homeless needs and services available within the geographic area;

4. Providing information required to complete the Consolidated Plan(s) within the Continuum’s geographic area;

5. Consulting with State and local government Emergency Solutions Grants program recipients within the Continuum’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 Grants recipients include:

   - County of Orange
   - Santa Ana
   - Anaheim
   - Garden Grove
d.  **Preparing an application for funds.** On behalf of the Orange County CoC, the CoC Board will

1. Design, operate, and follow a collaborative process for the development of applications and approve the submission of applications in response to a NOFA published by HUD under § 578.19 of this subpart;

2. Establish priorities for funding projects in the geographic area;

3. Determine if one application for funding will be submitted for all projects within the geographic area or if more than one application will be submitted for the projects within the geographic area;
   a. If more than one application will be submitted, designate an eligible applicant to be the collaborative applicant that will collect and combine the required application information from all applicants and for all projects within the geographic area that the Continuum has selected funding. The collaborative applicant will also apply for Continuum of Care planning activities. If the Continuum is an eligible applicant, it may designate itself;
   b. If only one application will be submitted, that applicant will be the collaborative applicant and will collect and combine the required application information from all projects within the geographic area that the Continuum has selected for funding and apply for Continuum of Care planning activities;

The Continuum 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 Continuum. This includes approving the Continuum of Care application.

e.  **CoC Board Members**

The Orange County CoC will establish a board to act on its behalf 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 Commission to End Homelessness will act as the CoC Board as appointed by the Orange County Board of Supervisors and governed by the Commission Bylaws which may be amended from time to time. The structure, responsibilities, etc. are all per the Commission Bylaws.

Additionally, the CoC Board will be in compliance with the HEARTH Act and other HUD mandates and guidance, at all times.

Per the HEARTH Act, the Board must:

---

1 Adopt and follow a written process to select a board to act on behalf of the Continuum of Care. The process must be reviewed, updated, and approved by the Continuum at least once every 5 years.

2 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.
• Be representative of the relevant organizations and of projects serving homeless subpopulations; and
• Include at least one homeless or formerly homeless individual.

Subpopulations will include all the subpopulations that HUD requires a CoC to address in terms of ending homelessness which are:

• Chronic Substance Abusers;
• Chronically Homeless Individuals;
• Chronically Homeless Families;
• Families;
• Persons with HIV/AIDS;
• Seriously Mentally Ill;
• Veterans;
• Veterans – Females;
• Victims of Domestic Violence;
• Unaccompanied Youth Under Age 18;
• Youth Age 18 – 24.

14. Conflict of Interest

Members must comply with the conflict of interest and recusal process found in the Appendix B: Conflict of Interest which is §578.95 Conflicts of interest in the Interim Rule of the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) and County of Orange Conflict of Interest Policy and additional requirements per the Commission Bylaws

1. Conflict of Interest – Members of the Commission and any of its committees or subcommittees shall abstain from voting on any issue in which they may be personally interested 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 Commission 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:

(1) Regarding the provision of services by such member (or by an entity that such member represents); or

(2) By providing direct financial benefit to such member or the immediate family of such member; or
(3) 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) In order to avoid a conflict of interest or the appearance of such conflict, all nominees to become members of the Commission shall disclose on forms provided by the County information regarding their private economic interests and shall fully comply with County, State or Federal laws, regulations and ordinances, as applicable.

(d) Neither Commission 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 Commission.

(e) No assets or assistance provided by County to Commission shall be used for sectarian worship, instruction, or proselytization, except as otherwise permitted by law.

IX. Continuum of Care Legal Entity

The Orange County CoC is a Collaborative Applicant as designated by HUD. The County of Orange is the legal applicant who will submit grants to HUD on behalf of the Orange County CoC. Submission will be in compliance with § 578.9 Preparing an application for funds which states that a CoC must:

- Design, operate, and follow a collaborative process for the development of applications and approve the submission of applications in response to a NOFA published by HUD under § 578.19 of this subpart;
- Establish priorities for funding projects in the geographic area;
- Determine if one application for funding will be submitted for all projects within the Geographic Area or if more than one application will be submitted for the projects within the geographic area;
- If more than one application will be submitted, designate an eligible applicant to be the collaborative applicant that will collect and combine the required application information from all applicants and for all projects within the geographic area that the Continuum has selected funding. The collaborative applicant will also apply for Continuum of Care planning activities. If the Continuum is an eligible applicant, it may designate itself;
• If only one application will be submitted, that applicant will be the collaborative applicant and will collect and combine the required application information from all projects within the Geographic Area that the Continuum has selected for funding and apply for Continuum of Care planning activities.

X. Commission to End Homelessness Committees

Per the Commission Bylaws, the Commission Committees will be formed around developing a system of care to end homeless with consideration of the Ten-Year Plan goals, HUD direction, evidence-based best practices and best practices. Membership, meetings, responsibilities, and voting shall all be as outlined in the Bylaws of the Commission to End Homelessness.

XI. Provisions to Amend Governance Charter

Adoption – Affirmative vote of at least fifty percent + 1 of those voting, a quorum being present, shall be required to propose changes to these Bylaws.

A. Amendments

1. Any member of the CoC Board may propose amendments to these Bylaws.

2. Proposed amendments shall be submitted in writing and made available to each member of the Commission no less than five (5) days prior to consideration before a vote can be taken.
Appendix A: Subpart B of the Interim Rule

Subpart B – Establishing and Operating a Continuum of Care

§ 578.5 Establishing the Continuum of Care.
(a) The Continuum of Care. Representatives from relevant organizations within a geographic area shall establish a Continuum of Care for the geographic area to carry out the duties of this part. Relevant organizations 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.
(b) The board. 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 board must:
(1) Be representative of the relevant organizations and of projects serving homeless subpopulations; and
(2) Include at least one homeless or formerly homeless individual.
(c) Transition. Continuums of Care shall have 2 years [insert effective date of interim rule] to comply with the requirements of paragraph (b) of this section.

§ 578.7 Responsibilities of the Continuum of Care.
(a) Operate the Continuum of Care. The Continuum of Care must:
(1) Hold meetings of the full membership, with published agendas, at least semi-annually;
(2) Make an invitation for new members to join publicly available within the geographic at least annually;
(3) Adopt and follow a written process to select a board to act on behalf of the Continuum of Care. The process must be reviewed, updated, and approved by the Continuum at least once every 5 years;
(4) Appoint additional committees, subcommittees, or workgroups;
(5) In consultation with the collaborative applicant and the HMIS Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with subpart B of this part and with HMIS requirements as prescribed by HUD; 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 recipient and subrecipient performance, evaluate outcomes, and take action against poor performers;
(7) Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and report to HUD;
(8) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system
that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address 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. This system must comply with any requirements established by HUD by Notice.

(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:

(i) Policies and procedures for evaluating individuals’ and families’ eligibility for assistance under this part;

(ii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;

(iii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;

(iv) Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;

(v) Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and

(vi) Where the Continuum 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 an HMIS. The Continuum of Care must:

(1) Designate a single Homeless Management Information System (HMIS) for the geographic area;

(2) Designate an eligible applicant to manage the Continuum’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 HMIS.

(4) Ensure consistent participation of recipients and subrecipients in the HMIS; and

(5) Ensure the HMIS is administered in compliance with requirements prescribed by HUD.

(c) Continuum of Care planning. The Continuum must 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, such system encompasses the following:

(i) Outreach, engagement, and assessment;

(ii) Shelter, housing, and supportive services;

(iii) Prevention strategies.
(2) Planning for and conducting, at least biennially, a point-in-time count of homeless persons within the geographic area that meets the following requirements:

(i) 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.

(ii) Persons living in emergency shelters and transitional housing projects must be counted as sheltered homeless persons.

(iii) Other requirements established by HUD by Notice.

(3) Conducting an annual gaps analysis of the homeless needs and services available within the geographic area;

(4) Providing information required to complete the Consolidated Plan(s) within the Continuum’s geographic area;

(5) Consulting with State and local government Emergency Solutions Grants program recipients within the Continuum’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.

§ 578.9 Preparing an application for funds.

(a) The Continuum must:

(1) Design, operate, and follow a collaborative process for the development of applications and approve the submission of applications in response to a NOFA published by HUD under § 578.19 of this subpart;

(2) Establish priorities for funding projects in the geographic area;

(3) Determine if one application for funding will be submitted for all projects within the geographic area or if more than one application will be submitted for the projects within the geographic area;

(i) If more than one application will be submitted, designate an eligible applicant to be the collaborative applicant that will collect and combine the required application information from all applicants and for all projects within the geographic area that the Continuum has selected funding. The collaborative applicant will also apply for Continuum of Care planning activities. If the Continuum is an eligible applicant, it may designate itself;

(ii) If only one application will be submitted, that applicant will be the collaborative applicant and will collect and combine the required application information from all projects within the geographic area that the Continuum has selected for funding and apply for Continuum of Care planning activities;

(b) The Continuum 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 Continuum. This includes approving the Continuum of Care application.
§ 578.11 Unified Funding Agency.
(a) Becoming a Unified Funding Agency. To become designated as the Unified Funding Agency (UFA) for a Continuum, a collaborative applicant must be selected by the Continuum to apply to HUD to be designated as the UFA for the Continuum.

(b) Criteria for designating a UFA. HUD will consider these criteria when deciding whether to designate a collaborative applicant a UFA:
(1) The Continuum of Care it represents meets the requirements in § 578.7;
(2) The collaborative applicant has financial management systems that meet the standards set forth in 24 CFR part 84.21 (for nonprofit organizations) and 24 CFR part 85.20 (for States);
(3) The collaborative applicant demonstrates the ability to monitor subrecipients; and
(4) Such other criteria as HUD may establish by NOFA.

(c) Requirements. HUD-designated UFAs shall:
(1) Apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area.
(2) Enter into legally binding agreements with subrecipients, and receive and distribute funds to subrecipients for all projects within the geographic area.
(3) Require subrecipients to establish fiscal control and accounting procedures as necessary to assure the proper disbursement of and accounting for federal funds in accordance with the requirements of 24 CFR parts 84 and 85 and corresponding OMB circulars.
(4) Obtain approval of any proposed grant agreement amendments by the Continuum of Care before submitting a request for an amendment to HUD.

§ 578.13 Remedial action.
(a) If HUD finds that the Continuum of Care for a geographic area does not meet the requirements the Act or its implementing regulations, or that there is no Continuum for a geographic area, HUD may take remedial action to ensure fair distribution of grant funds within the geographic area. Such measures may include:
(1) Designating a replacement Continuum of Care for the geographic area;
(2) Designating a replacement collaborative applicant for the Continuum’s geographic area; and
(3) Accepting applications from other eligible applicants within the Continuum’s geographic area.

(b) HUD must provide a 30-day prior written notice to the Continuum and its collaborative applicant and give them an opportunity to respond.
Appendix B: Conflict of Interest

§ 578.95 Conflicts of interest (of the Interim Rule 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)(i) 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.
CoC-602
Attachment 7
HMIS Policy and Procedures Manual
Homeless Management Information System (HMIS) Policies and Procedures

Los Angeles/Orange County HMIS Collaborative

Continuum Of Care Lead Entities:
City Of Glendale
City Of Pasadena
Los Angeles Homeless Services Authority
Orange County

Last updated on: 10/29/2015
HMIS LEAD AGENCIES CONTACT INFORMATION

City of Glendale

City of Glendale has its own Continuum of Care

141 North Glendale Avenue, Glendale, CA 91206

Tel:   (818) 548-3720  
Fax:   (818) 548-3724

| HMIS Contact Information |
|---------------------------|-----------------------------|------------------------|
| **Team**                  | **Contact Email**           | **Reason**             |
| HMIS Program Assistant    | isamvelyan@ci.glendale.ca.us| Requests for support related to data quality and management. |
| HMIS Administrator        | isamvelyan@ci.glendale.ca.us| § General technical support for HMIS issues related to user access, troubleshooting, information requests, system functionality errors, etc.  
§ Training  
§ Requests for issues related to data quality, management and/or mandated reports, report failure, etc.  
§ Requests for issues related mandated reports, report failure, etc. |
City of Pasadena

City of Pasadena has its own Continuum of Care

649 North Fair Oaks Avenue, Pasadena, CA 91103

Tel: (626) 744 - 6701
Fax: (626) 744 - 8340

<table>
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<tr>
<th>HMIS Contact Information</th>
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<tbody>
<tr>
<td>Team</td>
<td>Contact Email</td>
</tr>
<tr>
<td>HMIS Program Assistant</td>
<td><a href="mailto:alansing@CityofPasadena.net">alansing@CityofPasadena.net</a></td>
</tr>
</tbody>
</table>
| HMIS Administrator | onazarian@CityofPasadena.net | - General technical support for HMIS issues related to user access, troubleshooting, information requests, system functionality errors, etc.  
- Training  
- Requests for issues related to data quality, management and/or mandated reports, report failure, etc.  
- Requests for issues related mandated reports, report failure, etc. |

Last updated on: 10/29/2015
Los Angeles Homeless Services Authority (LAHSA)

LAHSA is the lead entity responsible for the Los Angeles Continuum of Care comprised of the County of Los Angeles except for the cities of Pasadena, Glendale, and Long Beach which have their own Continuum.

811 Wilshire Boulevard, Los Angeles, CA 90017

Tel:  (213) 683-3333
Fax:  (213) 892-0093
TTY:  (213) 553-8434

<table>
<thead>
<tr>
<th>Team</th>
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<th>Reason</th>
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<tbody>
<tr>
<td>HMIS Support</td>
<td><a href="mailto:HMISSupport@lahsa.org">HMISSupport@lahsa.org</a></td>
<td>General technical support for HMIS matters related to user access, troubleshooting, information requests, system functionality errors, etc.</td>
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<tr>
<td>HMIS Training</td>
<td><a href="mailto:HMISTraining@lahsa.org">HMISTraining@lahsa.org</a></td>
<td>Training</td>
</tr>
<tr>
<td>IT Hardware Support</td>
<td><a href="mailto:ITSupport@lahsa.org">ITSupport@lahsa.org</a></td>
<td>General technical support for hardware failures, connectivity issues, etc.</td>
</tr>
<tr>
<td>Data Analysts</td>
<td><a href="mailto:DataAnalysts@lahsa.org">DataAnalysts@lahsa.org</a></td>
<td>Requests for support related to data quality, management and/or mandated reports, report failure, etc.</td>
</tr>
</tbody>
</table>

LAHSA HMIS Website
http://hmis.lahsa.org/

LAHSA HMIS Training Website
http://training.lahsa.org/

LAHSA HMIS Version 5.5
http://lahsahmis.esserver.com/

Last updated on: 10/29/2015
Orange County

Orange County has its own Continuum of Care.

1505 East 17th Street, Suite 108, Santa Ana, CA 92705

Tel: (714) 589-2360
Fax: (714) 258-7852

<table>
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<tr>
<th>HMIS Contact Information</th>
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<tr>
<td><strong>Team</strong></td>
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</tbody>
</table>
| HMIS Assistance and Training | HMIS-helpdesk@211oc.org | - General technical support for HMIS issues related to user access, troubleshooting, information requests, system functionality errors, etc.  
- Training  
- Requests for issues related to data quality, management and/or mandated reports, report failure, etc. |

OC HMIS Website
http://ochmis.org/

OC HMIS Training Website
http://ochmis.org/hmis-help/

OC HMIS Version 5.5
http://ochmis.esserver.com/

Last updated on: 10/29/2015
PROJECT SUMMARY

Background
To end homelessness, a community must know the scope of the problem, the characteristics of those who find themselves homeless, and understand what is working in their community and what is not. Solid data enables a community to work confidently towards their goals as they measure outputs, outcomes, and impacts.

A Homeless Management Information System (HMIS) is the information system designated by a local Continuum of Care (CoC) to comply with the requirements of CoC Program rule 24 CFR 578. It is a locally-administered data system used to record and analyze client, service and housing data for individuals and families who are homeless or at risk of homelessness. HMIS is a valuable resource because of its capacity to integrate and unduplicated data across projects in a community. Aggregate HMIS data can be used to understand the size, characteristics, and needs of the homeless population at multiple levels: project, system, local, state, and national.

The Annual Homeless Assessment Report (AHAR) is HUD’s annual report that provides Congress with detailed data on individuals and households experiencing homelessness across the country each year. This report could not be written if communities were not able to provide HUD with reliable, aggregate data on the clients they serve.

In 2010 the U.S. Interagency Council on Homelessness (USICH) affirmed HMIS as the official method of measuring outcomes in its Opening Doors: Federal Strategic Plan to Prevent and End Homelessness. Since then many of the federal agencies that provide McKinney-Vento Act and other sources of funding for services to specific homeless populations have joined together and are working with HUD to coordinate the effort.

HMIS is now used by the federal partners and their respective programs in the effort to end Homelessness, which includes:

- U.S. Department of Health and Human Services (HHS)
- U.S. Department of Housing and Urban Development (HUD)
- U.S. Department of Veterans Affairs (VA)

Programs that receive other sources of funding are not required to participate in the HMIS, but are strongly encouraged to do so to contribute to a better understanding of homelessness.

Last updated on: 10/29/2015
The HMIS Data Standards (published in the 2014 HMIS Data Dictionary and HMIS Data Manual) provide communities with baseline data collection requirements developed by each of these federal partners.

LA/OC HMIS is a response to the HUD mandated implementation of a Homeless Management Information System (HMIS) database. The LA/OC HMIS is an online database used by homeless and at-risk service providers that records demographic and service usage data and produces an unduplicated count of the people using those services.

The LA/OC HMIS implementation is led by the LA/OC HMIS Collaborative.

**LA/OC HMIS Collaborative**

Under the guidance of the LA/OC HMIS Collaborative, service providers are expected to participate in the LA/OC HMIS to support local data collection, service, and planning functions within its jurisdiction. The LA/OC Collaborative is comprised of four Continua of Care (CoC):

- In Los Angeles County, there are three CoCs: (1) City of Glendale, (2) City of Pasadena, and the (3) Los Angeles Homeless Services Authority (LAHSA) responsible for the City of Los Angeles and the balance of Los Angeles County.
- People for Irvine Community Health dba 211 Orange County and its partner Orange County Community Services coordinate the Orange County CoC.

The LA/OC Collaborative brings the following advantages:

- Comprehensive, consistent and coordinated provision of services to homeless persons between CoCs to meet the specific needs of the homeless persons.
- Enhanced understanding of homeless needs, service usage, effectiveness and gap through the use of regional data and reports to make informed decisions.

**Mission Statement**

The LA/OC HMIS Collaborative will use the LA/OC HMIS to advance the provision of quality services for homeless and at risk homeless persons, improve data collection and promote more responsive policies to prevent and end homelessness in the Los Angeles County and Orange Counties.

**Vision**

The LA/OC HMIS Collaborative is dedicated to providing the best possible, highest quality regional HMIS to enhance the delivery of services for persons who are homeless or at risk of homelessness. Specifically, the LA/OC HMIS will:

- Facilitate the coordination of service delivery for homeless and at risk homeless persons.
- Enable agencies to track referrals and services provided, report outcomes, and manage client data using an accessible, user-friendly and secured technology.
- Enhance the ability of policy makers and advocates to gauge the extent of homelessness and plan services appropriately throughout Los Angeles and Orange Counties.

**LA/OC HMIS Software**

LA/OC HMIS is a comprehensive case management system that allows the LA/OC Collaborative and Users to use the collected information to make informed program decisions. It also includes a focus on outcomes management intended to provide value by allowing the user to set and measure client and program milestones and target achievements.

LA/OC HMIS includes the following components:

- Advanced security features
- Bed maintenance, tracking, and assignment module
- Biometrics
- Client demographic data collection
- Comprehensive client case management
- Coordinated entry
- Customized assessment capability
- Customized reporting capability
- Employment, education, and housing history tracking
- Group case notes/services management
- Information and referral capabilities
- Outcome management
- Outreach
- Real-time data collection and reporting
- Savings tracking
- Swipe card

Last updated on: 10/29/2015
1. ROLES AND RESPONSIBILITIES

1.1 LA/OC HMIS Collaborative Responsibilities

Policy:
The Collaborative will be responsible for the organization and management of the LA/OC HMIS.

Responsibilities:
The Collaborative is responsible for all system-wide policies, procedures, communication, and coordination. It is also the primary contact with Adsystech, and with its help, will implement all necessary system-wide changes and updates.

Procedure:
- HMIS Administrators are the primary positions at the LA/OC Collaborative for HMIS management.

1.2 HMIS Administrator Responsibilities

Policy:
HMIS Administrators will provide training and technical support to Participating Organization.

Responsibilities:
The HMIS Administrator is responsible for:
- Providing training support to Participating Organization by determining training needs of Users, developing training materials, and training Users in equipment and software;
- Providing technical support by troubleshooting data with Participating Organization;
- Managing user accounts and access control;
- Identifying and developing system enhancements and communicating to Participating Organization of these changes;
- Communicating system-related information to Participating Organization.
- Developing and modifying reports for Users based on requests.

Procedure:
- Each CoC will have a designated HMIS Administrator(s).

Last updated on: 10/29/2015
1.3 Organization Administrator Responsibilities

Policy:
Each Participating Organization must designate an Organization Administrator and a backup Organization Administrator responsible for the oversight of all personnel that generate or have access to client data in the LA/OC HMIS to ensure adherence to the Policies & Procedures described in this document.

Responsibilities:
The Organization Administrator is responsible for:

- Serving as the primary contact between Users and HMIS Administrator;
- Providing technical support by troubleshooting data and escalating unresolved issues to the HMIS Administrator;
- Notifying all members of their organization of any system-wide changes and other relevant information;
- Conduct training to User if applicable to the local organization’s region;
- Notifying the HMIS Administrator of personnel changes;
- Monitoring compliance with standards of confidentiality and data collection, entry, and retrieval;
- Ensuring that all authorized Users complete training before being granted access to the system and adherence and understanding of the HMIS User Agreement;
- Ensuring organizational adherence to the Policies and Procedures;
- Detecting and responding to violations of the Policies and Procedures.

Procedure:
- Participating Organization must provide their local HMIS Lead Agency the name and contact information of the Organization Administrator and backup Organization Administrator.
- Any changes to that information must be reported to the HMIS Administrator.

1.4 HMIS Lead Agency Communication with Participating Organization

Policy:
The HMIS Administrator is responsible to communicate any system-related information to participating organizations in a timely manner.

Procedure:
- HMIS Administrators will send email communication to the Organization Administrator.
- Organization Administrators are responsible for distributing information and ensuring that all members of their organization are informed of appropriate HMIS related communication.
- Specific communications will be addressed to the person or parties involved.

Last updated on: 10/29/2015
- Each HMIS Lead Agency will also distribute HMIS information on their designated website.

1.5 Participating Organization Communication with HMIS Lead Agency

Policy:
The Participating Organization is responsible for communicating needs and questions regarding the LA/OC HMIS to the HMIS Administrator a timely manner.

Procedure:
- Participating Organization will send email communication to the HMIS Administrator.
- Specific communications will be addressed to the person or parties involved.
2. IMPLEMENTATION POLICIES AND PROCEDURES

2.1 HMIS Organization Agreement Requirement

Policy:
The Executive Director of any Participating Organization shall follow, comply, and enforce the HMIS Organization Agreement (Appendix A). The Executive Director must sign the HMIS Participating Organization Agreement before granted access to the LA/OC HMIS.

Procedure:
- An original signed HMIS Participating Organization Agreement must be presented to the HMIS Administrator before any program is implemented in the LA/OC HMIS.
- After HMIS Participating Organization Agreement is signed, the HMIS Administrator will train Users to use the LA/OC HMIS.
- A username and password will be granted to Users after required training is completed.
- Signing of the HMIS Participating Organization Agreement is a precursor to training and user access.

2.2 HMIS User Agreement Requirement

Policy:
Users of any Participating Organization shall follow, comply, and enforce the HMIS User Agreement (Appendix B). The User must sign an HMIS User Agreement before being granted access to the LA/OC HMIS.

Procedure:
- The HMIS Administrator will provide the User a HMIS User Agreement for signature after required training is completed.
- The HMIS Administrator will collect and maintain HMIS User Agreements of all Users.

Last updated on: 10/29/2015
2.3 Data Collection Requirements

Policy:
Participating Organization will collect and verify the minimum set of data elements for all clients served by their programs.

Procedure:
- Participating Organization must enter data into the system within 3 days of collecting the information.
- Users must collect all the universal data elements set forth in the HMIS Data Standards Manual released May 2014.

The universal data elements include:

- Name
- Social Security Number
- Date of Birth
- Race
- Ethnicity
- Gender
- Veteran Status
- Disabling Condition
- Residence Prior to Project Entry

- Project Entry Date
- Project Exit Date
- Destination
- Personal ID
- Household ID
- Relationship to Head of Household
- Client Location
- Length of Time on Street, in and ES or Safe Haven

- Users must also collect all the program-specific data elements at project entry and exit set forth in the HMIS Data Standards released May 2014. The program-specific data elements include:

- Housing Status
- Income and Sources
- Non-Cash Benefits
- Health Insurance
- Physical Disability
- Chronic Health Condition
- HIV/AIDS
- Mental Health Problem
- Substance Abuse

- Domestic Violence
- Contact
- Date of Engagement
- Services Provided
- Financial Assistance Provided
- Residential Move-in Date
- Housing Assessment Disposition
- Housing Assessment At Exit

- These standards are already required fields in the LA/OC HMIS. For other funder specific program data elements refer to the 2014 Data Standards Manual.
2.4 Technical and Security Standards

Policy:
Participating Organization must meet the technical standards outlined below to participate in the LA/OC HMIS.

### Minimal Hardware Requirements

<table>
<thead>
<tr>
<th>Components</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Windows</td>
<td>X86 or X64 1.6-gigahertz (GHz) or higher processor 1 GB of RAM</td>
</tr>
<tr>
<td></td>
<td>1 GB of Memory &amp; 10 GB Free Disk Space</td>
</tr>
<tr>
<td></td>
<td>10/100 Network Interface Card</td>
</tr>
<tr>
<td>Macintosh (Intel-based)</td>
<td>Intel Core Duo 1.83-gigahertz (GHz) or higher processor with 1 GB of RAM</td>
</tr>
<tr>
<td></td>
<td>1 GB of Memory &amp; 10 GB Free Disk Space</td>
</tr>
<tr>
<td></td>
<td>1280 by 800 pixels Screen Resolution</td>
</tr>
</tbody>
</table>

### Minimal Bandwidth Requirements

<table>
<thead>
<tr>
<th>Required</th>
<th>Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>128 kbps Upload Speed</td>
<td>1.5 Mbps Upload Speed</td>
</tr>
<tr>
<td>768 kbps Download Speed</td>
<td>3 Mbps Download Speed</td>
</tr>
<tr>
<td>75% Quality of Service</td>
<td>90% Quality of Service</td>
</tr>
</tbody>
</table>

### Compatible Operating Systems and Browsers

<table>
<thead>
<tr>
<th>Operating Systems</th>
<th>IE 9</th>
<th>IE 8</th>
<th>IE 7</th>
<th>Firefox 4+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Windows 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Windows 7</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Windows Vista</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Macintosh OS 10.4.11+ (Intel based)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Minimal Microsoft Requirements**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Windows</td>
<td>Mac</td>
</tr>
<tr>
<td>MS Silverlight 4.0</td>
<td>Silverlight must be installed on the computer before using HMIS, please visit Silverlight Installation website: <a href="http://www.microsoft.com/getsilverlight">http://www.microsoft.com/getsilverlight</a></td>
</tr>
</tbody>
</table>

- Connection to the internet is the sole responsibility of the Participating Organization and is a requirement to participate in the LA/OC HMIS.
- All Operating systems should have the latest Service Pack applied. Network design should allow for uninterrupted communication between Application, Database, Report, and Batch servers. Communication should be capable using the following standard protocols TCP/IP, WIN, DNS, Named Pipes, and NetBIOS. All communication between servers should be designed to be performed on Local Area Network.

For security purposes, all computers must have the following:

- An updated and adequate firewall protection.
- Virus protection software in which virus definition must be updated regularly.

### 2.5 Maintenance of Onsite Computer Equipment

**Policy:**
 Participating Organization will commit to a reasonable program of equipment maintenance to sustain an efficient level of system operation.

**Procedure:**

- The Executive Director (or other empowered officer) will be responsible for the maintenance and disposal of onsite computer equipment. This includes:
  - Purchase of and upgrades to all existing and new computer equipment for utilization in the system.
  - Workstations accessing the system must have a username/password to log onto Microsoft Windows Operating System.
  - Workstation accessing system must have locking, password-protected screen saver.
  - All workstations and computer hardware (including organization network equipment must be stored in a secure location (locked office area).

Last updated on: 10/29/2015
2.6 HMIS Technical Support Protocol

Policy:
Each HMIS Lead Agency will provide technical support to all Participating Organization as needed.

Procedure:
1. Users should first seek technical support from the Organization Administrator.
2. If more expertise is required to further troubleshoot the issue, Organization Administrator will contact the HMIS Administrator (See Technical Assistance Flow Chart).
3. Technical support Hours are Monday through Friday (excluding holidays) from 9:00 am to 5:00 pm.
4. The Organization Administrator will provide issue details if possible (or help recreate the problem by providing all information, screenshots, reports, etc.) in order for the HMIS Administrator to recreate the problem.
5. The HMIS Administrator will try to respond to all email inquiries and issues within 3 business days, but support load, holidays, and other events may affect response time.
6. The HMIS Administrator will submit a ticket to vendor if progress is stalled.

- For LAHSA HMIS/IT Technical Support, see the Supplemental Policies for LAHSA Only.

Technical Assistance Flow Chart

Policy:

Last updated on: 10/29/2015
The LA/OC HMIS will be available to Users at a minimum of 97.5% of the year. The vendor and the HMIS Lead Agency will inform Users in advance of any unplanned interruption in service.

Procedure:
- The vendor will communicate to the Collaborative Lead Member and backup of any necessary downtime for system upgrades and patches. These will be performed in the late hours when possible.
- In the event that it is determined that the LA/OC HMIS accessibility is disabled system-wide, the HMIS Administrators will analyze and determine the problem.
- The HMIS Administrator will work with the software vendor to repair the problem.
- The HMIS Administrators will send email communication to the Organization Administrator within 2 hours of problem awareness and informed them of estimated system availability.

2.7 Participation Fees

Policy:
Each Continuum of Care reserves the right to charge a participation fee to use the system.

Procedure:
- Consult local HMIS Lead Agency regarding fees.
3. SECURITY POLICIES AND PROCEDURES

3.1 User Authentication

Policy:
LA/OC HMIS can only be accessed with a valid username and password combination. The HMIS Administrator will provide unique username and initial password for eligible individuals after completion of required training and signing of the HMIS User Agreement and receipt of these Policies and Procedures.

Procedure:
- The Participating Organization will determine which of their employees will have access to the LA/OC HMIS. User access will be granted only to those individuals whose job functions require legitimate access to the system.
- Proposed User must complete the required training and demonstrate proficiency in use of system.
- Proposed User must sign the HMIS User Agreement stating that he or she has received training, will abide by the Policies and Procedures, will appropriately maintain the confidentiality of client data, and will only collect, enter and retrieve data in the system relevant to the delivery of services to people.
- HMIS Administrators will be responsible for the distribution, collection, and storage of the signed HMIS User Agreements and receipts of these Policies and Procedures.
- The HMIS Administrator will assign new user with a username and an initial password.
- Sharing of usernames and passwords will be considered a breach of the HMIS User Agreement since it compromises the security to clients.
- Organization Administrator is required to notify the HMIS Administrator when User leaves employment with the organization or no longer needs access.
- HMIS Administrator will terminate access upon notification of the Organization Administrator within 1 week of receiving the Revocation Form.

3.2 Passwords

Policy:
User will have access to the LA/OC HMIS via a username and password. Passwords will be reset every 180 days. User will maintain passwords confidential.

Procedure:
- The HMIS Administrator will provide new User a unique username and temporary password after required training is completed.
- User will be required to create a permanent password that is between eight and sixteen characters in length. It must also contain characters from the following four categories: (1) uppercase characters (A through Z), (2) lower case characters (a through z), (3) numbers (0 through 9), and (4) non-alphabetic characters (for example, $, #, %).

Last updated on: 10/29/2015
For security purposes, the Forced Password Change (FPC) will occur every 180 consecutive days and the User will be prompted to enter a new password. Users may not use the same password consecutively, but may use the same password more than once.

After 10 minutes of inactivity, User will get a session timeout warning popup that will allow users to continue their session or will automatically log the user off after 10 minutes of inactivity.

User ability to reset own password from log-in screen.

Access permission will be revoked after the User unsuccessfully attempts to log on three times. The User will be unable to gain access until password is reset by the HMIS Administrator. The Organization Administrators will need to contact the HMIS Administrator to regain access.

3.3 Extracted Data

Policy:
Users will maintain the security of any client data extracted from the LA/OC HMIS and stored locally, including all data contained in custom reports. Users may not electronically transmit unencrypted client data across a public network.

Procedure:
- Data extracted from the LA/OC HMIS and stored locally will be stored in a secure location and will not be transmitted outside of the private local area network unless it is properly protected.
- Personal identifiable client data will not be distributed through email.
- Any security questions can be addressed to the HMIS Administrator.

3.4 Encryption Management

Policy:
Client data stored on the central server will always be encrypted except during specific procedures.

Procedure:
- Client data will only be decrypted when the LA/OC HMIS server becomes obsolete and necessitates an upgrade in technology. Should the necessity arise, the HMIS Administrator, on behalf of the vendor, will obtain the written permission of the Executive Management of each Participating Organization to perform the decryption and subsequent database conversion to a new technology.

Last updated on: 10/29/2015
3.5 Hardware Security Measures

Policy:
All computers and networks used to access LA/OC HMIS must have virus protection software and firewall installed. Virus definitions and firewall must be regularly updated.

Procedure:
- HMIS Lead Agency must confirm that Participating Organization has virus protection software and firewall installed prior to granting LA/OC HMIS access.
- Virus definition must be updated regularly.
- Firewall must be placed 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.
- The Organization Administrator will ensure that computers maintain security specifications.

3.6 Backup and Recovery Procedures

Policy:
The vendor will perform regular schedule backups of the system to prevent the loss of data. Multiple levels of backup and storage will be used for key data and files within the LA/OC HMIS.

Procedure:
- The vendor’s designated hosting company will perform data backup procedures in the following manner:
  1. Daily – resulting in a seven (7) day backup;
  2. Weekly – resulting in a four (4) or five (5) week backup; and
  3. Monthly – during the term of contract with the vendor.
- The vendor shall maintain an off-site storage of tapes in fire proof containers.
- The vendor recovery procedures will be undertaken on a best efforts basis to achieve the following response times:
  1. Data Loss – confirmation response and recovery implementation within 4 hours of reported data loss by the local HMIS Administrator
  2. LA/OC HMIS source code corruption and/or user functionality loss – confirmation response within 4 hours and full initiation of recovery procedures within 24 hours of reported disruption by the local HMIS Administrator.
  3. Disaster – notification within 4 hours and recovery implementation to fully re-establish operations within 5 business days.

Last updated on: 10/29/2015
3.7 **Security Review**

**Policy:**
Each HMIS Lead Agency will complete an annual security review to ensure the implementation of the security requirements for itself and Participating Organization.

**Procedure:**
The HMIS Lead Agency will conduct a security review that includes the completion of a security checklist ensuring that each security standard is implemented.

3.8 **Security Violations and Sanctions**

**Policy:**
Any User found to be in violation of security protocols of the organization procedures or Policies and Procedures will be sanctioned accordingly. All Users must report potential violations of any security protocols described in the Policies and Procedures.

**Procedure:**
- Users are obligated to report suspected instances of noncompliance and/or security violations to the Organization Administrator or HMIS Administrator as soon as possible.
- The Organization Administrator or HMIS Administrator will investigate potential violations.
- Any User found to be in violation of security protocols will be sanctioned accordingly. Sanction may include but are not limited to suspension of system privileges and revocation of system privileges.
4. OPERATIONAL POLICIES AND PROCEDURES

4.1 User Access Levels

Policy:
User will be designated a user access level that controls the level and type of access the user has within the LA/OC HMIS.

Procedure:
- HMIS Administrator, in consultation with the Participating Organization, will assign the level and type of access the user will have in the system.
- Organization Administrator is required to communicate to HMIS Administrator when User’s need for access changes.
- HMIS Administrator will terminate access upon notification and receipt of Termination of Employee Form from the Organization Administrator.
- HMIS Administrator will revoke user access to anyone suspected or found to be in violation of the policies outlined in this document or the HMIS User Agreement.
- The table below lists the levels of access tied to existing user roles across the LA/OC Collaborative. This might include a role not available within local continuum. Consult local HMIS Lead Agency to learn which user access levels are available, as well as other customizable roles, such as Coordinated Entry, that may be offered in consultation and with approval from the HMIS Administrator (See HMIS Lead Agencies Contact Information).

<table>
<thead>
<tr>
<th>User Role</th>
<th>Level of Access</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS Administrator</td>
<td>Access to all libraries and pages within the LA/OC HMIS.</td>
<td>This role will grant access to system-wide data in order to support all participating organizations, meet reporting requests, and other system administration responsibilities.</td>
</tr>
<tr>
<td>Organization Administrator</td>
<td>Access to Central Intake, Agency Services, and other system libraries.</td>
<td>This role will grant access to data collected by their own organization.</td>
</tr>
<tr>
<td>Case Manager</td>
<td>Access to Central Intake and Agency Services libraries.</td>
<td>This role will grant access to data collected by their own organization.</td>
</tr>
<tr>
<td>Outreach</td>
<td>Access to Central Intake, Agency Services, and Outreach libraries.</td>
<td>This role will grant access to data collected by their own organization.</td>
</tr>
<tr>
<td>Report</td>
<td>Access only to Management and/or Ad-hoc Reports.</td>
<td>This role will only allow generating reports. Cannot enter and/or modify client data.</td>
</tr>
</tbody>
</table>

Last updated on: 10/29/2015
4.2 Training

Policy:
Each User must complete the required training and any additional training relevant to their position prior to gaining access to the LA/OC HMIS. HMIS Administrators will provide training to all Users.

Procedure:
- HMIS Administrator will provide Basic User Training to proposed Users. Organization Administrator may be trained to provide Basic User Training to support organization personnel, if applicable for the local organization's region. Consult local HMIS Lead Agency (See HMIS Lead Agencies Contact Information).
- User must successfully complete the Basic User Training to demonstrate proficiency in the system and understanding of the Policies and Procedures.
- HMIS Administrator will provide new User with a copy of the Policies and Procedures and HMIS Users Guide.
- HMIS Basic Training completed in one region will satisfy the training requirements in any other region in the Collaborative.
- The table below lists the training courses offered across the LA/OC Collaborative. This might include a course not available within local continuum. Please consult local HMIS Lead Agency to learn about available training courses.
- For LAHSA Participating Organization, see the Supplemental Policies for LAHSA Only: LAHSA Training Requirements.

<table>
<thead>
<tr>
<th>Course Description</th>
<th>Course Detail</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS Basic User Training</td>
<td>This course focuses on Policies and Procedures, review of HUD Data and Technical Standards, Privacy and Mandatory Collection Notices and consents. Also, on the navigation of the LA/OC HMIS.</td>
<td>All new Users.</td>
</tr>
<tr>
<td>Ethics and Confidentiality</td>
<td>This course focuses on ethics and confidentiality.</td>
<td>All new Users.</td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security Training</td>
<td>*This will be a new course based on the upcoming Federal Regulations.</td>
<td>All new and existing Users.</td>
</tr>
<tr>
<td>Organization Administrator</td>
<td></td>
<td>Agency Administrators</td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reporting Training</td>
<td>This course focuses on management reports.</td>
<td></td>
</tr>
</tbody>
</table>

Last updated on: 10/29/2015
4.3 User Guide

Policy:
Each User will receive a copy of the LA/OC HMIS User Training Manual.

Procedure:
- The HMIS Administrator will create and update the user training manual as needed.
- The user training manual will contain instructions on how to use the system.
- Each User will be given a user training manual after completing training.

4.4 Client Consent to Share Information and Confidentiality

Policy:
Participating Organization must obtain informed, signed consent prior to either entering or accessing any client protected personal information (PPI) into the LA/OC HMIS. Services will not be denied if client chooses not to include personal information. Personal information collected about the client should be protected. Each Participating Organization and User must abide by the terms in the HMIS Participating Organization Agreement and HMIS User Agreement.

Procedure:
- Client must sign Consent to Share Protected Personal Information (Appendix C).
- Clients that provide permission to enter personal information allow for Participating Organization within the region to share client and household demographic data.
- Participating Organization must store signed Consent to Share Protected Personal Information Agreement in client record for auditing purposes.
- Participating Organization must post a Notice Regarding Collection of Personal Information (Appendix E) that explains the uses and disclosures of information.
- Participating Organization must provide a copy of the Privacy Notice upon request.
- If a client refuses to provide consent, the User should not include any personal identifiers (such as first name, last name, social security number, date of birth, etc.) in the client record; Instead, User should include a client identifier to recognize the record in the system.
- Participating Organization shall comply with Federal and State confidentiality laws and regulations that protect client records.

HIPAA-Covered Entities:
An organization that is covered under the HIPAA standards is not required to comply with the HMIS privacy or security standards, so long as the organization determines that a substantial portion of its protected information about homeless clients or homeless individuals is indeed protected health information as defined in the HIPAA rules.

Last updated on: 10/29/2015
HIPAA standards take precedence over HMIS because HIPAA standards are finely attuned to the requirements of the health care system; they provide important privacy and security protections for protected health information; and it would be an unreasonable burden for providers to comply with and/or reconcile both the HIPAA and HMIS rules. This spares organizations from having to deal with the conflicts between the two sets of rules.

4.5 Revocation of Consent

Policy:
In the event that a client previously gave consent to share their PPI in the LA/OC HMIS and chooses at a later date to revoke consent, a Revocation of Consent (Appendix G) must be signed by client.

Procedure:
- Upon request, the Participating Organization must modify the client information by removing any personal identifiers (First Name, Last Name, Social Security Number, and Date of Birth) from the client record.
- Users should include a client identifier to recognize the record in the system.
- Participating Organization’s that have previously provided services will still have access to client’s protected personal information.

4.6 Data Sharing

Policy:
Client data (with consent) contained in Central Intake Library will be shared with other Participating Organization. Sharing of program level client data between Participating Organization will require a signed Interagency Sharing Agreement and/or Consent to Share Protected Personal Information.

Procedure:
- Data sharing refers to the sharing of information between Participating Organization for the coordination of case management and client service delivery.
- Sharing of program level client data between Participating Organization will require a signed Interagency Sharing Agreement (Appendix G).
- Participating Organization must store signed Interagency Sharing Agreement in client record for auditing purposes.
- Users found to be sharing program level client data without consent will have their access terminated.
4.7 Client Record Access

Policy:
Client may inspect and obtain a copy of their client information. The Participating Organization, as the custodian of the client data, has the responsibility to provide the client with the requested information except where exempted by state and federal law.

Procedure:
- Client information contained in the Central Intake Library can be provided at any organization the client requests it from, as long as the client has previously given the other organization consent to share and that consent is still in force. The Participating Organization may not share any client information entered by other agencies beyond the Central Intake Library.
- The Organization Administrator will review client information with client if he or she requests to view their HMIS data.
- No client shall have access to another client record in the system.
- Client may request that PPI be removed from the system. In response, the Organization Administrator will remove such data from record within 5 business days.
- A copy of the requested data will be provided to client within a reasonable time frame.
- Parental or guardian access will be decided based upon existing organization guidelines.

4.8 Client Grievance

Policy:
Clients will file LA/OC HMIS-related grievances with the Participating Organization. The Participating Organization must have written grievance procedures that can be provided to client upon request. Any unresolved grievances may be escalated to the local HMIS Lead Agency.

Procedure:
- Clients will submit grievance directly to the Participating Organization with which they have a grievance.
- Upon client request, the Participating Organization will provide a copy of their grievance procedure and the LA/OC HMIS Policies and Procedures.
- The Participating Organization will be responsible to answer any questions and complaints regarding the LA/OC HMIS. A record of all grievance and any attempts made to resolve the issue must be kept in file. If the grievance is resolved, the Participating Organization will include the date and a brief description of the resolution. For any written complaint, the Participating Organization must send a copy to the local HMIS Lead Agency.
- If the Participating Organization is unable to resolve the problem, the client must complete the Grievance Form (Appendix H) outlining the date of incident, name of parties involved, description of the incident, and their contact information for follow-
up. Participating Organization must forward a copy of the completed Grievance Form to the local HMIS Lead Agency.

- The local HMIS Lead Agency will review and determine the need for further action.
5. DATA POLICIES AND PROCEDURES

5.1 Data Quality

Policy:
All data entered into the LA/OC HMIS must meet data quality standards. Users will be responsible for the quality of their data entry.

- Definition:
  Data quality refers to the timeliness, completeness, and accuracy of information collected and reported in the LA/OC HMIS.

Data Timeliness:
Users must enter all universal data elements and program-specific data elements within 3 days of intake.

Data Completeness:
All data entered into the system is complete.

Data Accuracy:
All data entered shall be collected and entered in a common and consistent manner across all programs.

Procedure:
- Participating Organization must sign the Participating Organization Agreement to ensure that all participating projects are aware and have agreed to the data quality standards.
- Upon agreement, Participating Organization will collect and enter as much relevant client data as possible for the purposes of providing services to that client.
- All data will be input into the system no more than 3 days of program entry.
- The HMIS Administrator will conduct random checks for data quality. Any patterns of error or missing data will be reported to the Organization Administrator.
- Users will be required to correct the identified data error and will be monitor for compliance by the Organization Administrator and the HMIS Administrator.
- Users may be required to attend additional training as needed.
5.2 Data Use and Disclosure

Policy:
All Users will follow the data use Policies and Procedures to guide the data use of client information stored in the LA/OC HMIS.

Definitions:
Client data may be used or discloses 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.

Procedure:
- Participating Organization may use data contained in the system to support the delivery of services to homeless clients in the Los Angeles and Orange Counties. Organizations may use or disclose client information internally for administrative functions, technical support, and management purposes. Participating Organization may also use client information for internal analysis, such as analyzing client outcomes to evaluate program.
- Each of the continuums within the LA/OC HMIS Collaborative shall have access to their respective agencies' client data stored in the system. The Collaborative will use the data for the purposes for administrative functions, technical support, program compliance, and analytical use. The Collaborative will not disclose personal identifiable client data.
- The vendor and any authorized subcontractor shall not use or disclose data stored in the LA/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.
5.3 Data Release

Policy:
All LA/OC HMIS stakeholders will follow the data release Policies and Procedures to guide the data release of client information stored in the LA/OC HMIS.

Definition:
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.

Procedure:
- No identifiable client data will be released to any person, agency, or organization for any purpose without written permission from the client.
- Each Participating Organization owns all data that is stored in the system. The organization may not release personal identifiable client data without written permission from the client. Organizations may release program and/or aggregate level data for all clients to whom the organization provided services. No personal identifiable client data will be provided to any group or individual that is neither the Participating Organization that entered the data without written consent by the client.
- Each of the continuums within the LA/OC HMIS Collaborative 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. It may not release any personal identifiable client data to any group or individual. The Collaborative may develop an annual release of aggregate data in a summary report format.

5.4 Data Migration

Policy:
Data migration or uploads from legacy systems is not allowed, unless approved by the HMIS Administrators.

Definition:
Data migration (or conversion): a one-time process of transferring data from any existing system to the LA/OC HMIS. Upon transfer, the organization abandons its existing system and uses the LA/OC HMIS for recording all client-related data.

Data uploads (transfers): ongoing, periodic process of transferring data from an existing system to the LA/OC HMIS. Data uploads follow the same procedures as above, but the organization continues to use its existing system for recording all client-related data.

Last updated on: 10/29/2015
Procedure:

- Migrated data must be non-duplicated and an exact match to the existing field type of the LA/OC HMIS. The Participating Organization will be responsible for the accuracy, completeness, and quality of the migrated data.
- The existing system of the Participating Organization must be an ODBC-compliant database platform in order for migration to be possible. The HMIS Administrator can help the organization determine the ODBC compatibility for any legacy systems.
- Only data that is an exact match with LA/OC HMIS data fields may be migrated. Data must be unduplicated prior to data migration. All required fields in the LA/OC HMIS are required for migration. A data dictionary will be provided upon request.
- The HMIS Administrator will decide the appropriate data migration candidates. If approved, a Transfer of Data Agreement must be completed and the Organization will provide current data in an ODBC usable form to the HMIS Administrator.
- If the data cannot be migrated, manual conversion (data entry by the organization’s personnel) may be necessary to move data from legacy systems into the LA/OC HMIS.
- All costs associated with the Transfer of Data will be at the expense of the organization.
6. TERMINOLOGY

**Adsys tech**: Software developer of the Adaptive Enterprise Solutions® technology for the LA/OC HMIS.

**Organization Administrator**: The person responsible for system administration at the organization level. Responsibilities include informing HMIS System Administration of the need to add and delete users, basic trouble-shooting, and escalation of issues to their HMIS Administrator. This person is the organization user’s first line of contact for LA/OC HMIS issues.

**Aggregate Data**: Data with identifying elements removed and concentrated at a central server. Aggregate data are used for analytical purposes and reporting.

**Anti-Virus Software**: Programs to detect and remove computer viruses. The anti-virus software should always include a regular update service allowing it to keep up with the latest viruses as they are released.

**Audit Trail**: A history of all access to the system, including viewing, additions and updates made to a client record.

**Authentication**: The process of identifying a user in order to grant access to a system or resource usually based on a username and password.

**Client**: The person receiving services whose information is entered into the LA/OC HMIS.

**Continuum of Care (CoC)**: Refers to the range of services (outreach, emergency transitional and permanent housing and supportive services) available to assist people out of homelessness.

**Participating Organization**: An organization that operates a project that either contributes data to an HMIS or has direct access to PPI in HMIS.

**Database**: An electronic system for organizing data so it can easily be searched and retrieved. The data within the LA/OC HMIS is accessible through the web-based interface.

**Decryption**: Conversion of scrambled text back into understandable, plain text form. Decryption uses an algorithm that reverses the process used during encryption.

**Encryption**: Conversion of plain text into encrypted data by scrambling it using a code that masks the meaning of the data to any unauthorized viewer. Encrypted data are not readable unless they are converted back into plain text via decryption.

**Firewall**: A method of controlling access to a private network, to provide security of data. Firewalls can use software, hardware, or a combination of both to control access.

**HMIS**: Homeless Management Information System. This is a generic term for any system used to manage data about the use of homeless services.

**HMIS Administrator**: The person(s) with the highest level of user access in each CoC. This user has full access to all user and administrative functions in the CoC and will serve as the liaison between Participating Organizations and the vendor. There is at least one HMIS Administrator in each CoC.

**HMIS User**: An individual who has unique user identification (ID) and directly accesses the LA/OC HMIS to assist in data collection, reporting or administration as

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part of their job function in homeless service delivery. Users are classified as either system users who perform administration functions at the system or aggregate level or organization users that perform functions at the organization level.

Internet Protocol Address (IP Address): A unique address assigned to a user’s connection based on the TCP/IP network. The Internet address is usually expressed in dot notation, e.g.: 128.121.4.5.

Internet Service Provider (ISP): A company that provides individuals or organization with access to the internet.

Local Area Network (LAN): A network that is geographically limited, allowing easy interconnection of computers within offices or buildings.

LA/OC HMIS: The Los Angeles/Orange County Homeless Management Information System provided by the vendor and tailored for use in the LA/OC region.

LA/OC HMIS Collaborative Steering Committee: Comprised of at least one representative from each of the LA/OC HMIS Collaborative governing bodies. It is responsible for setting and overseeing policy for the regional implementation of the LA/OC HMIS.

Network: Several computers connected to each other.

Server: A computer that provides a service for other computers connected to it via a network. Servers can host and send files, data or programs to client computers.

User ID: The unique identifier assigned to an authorized HMIS User.

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### 7. APPENDICES

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Appendix A: HMIS Participating Organization Agreement

GREATER LOS ANGELES & ORANGE COUNTY

HOMELESS MANAGEMENT INFORMATION SYSTEM (LA/OC HMIS)

PARTICIPATING ORGANIZATION AGREEMENT

I. Purpose
The HMIS is a HUD-mandated information technology system that is designed to capture client-level information over time, on the characteristics and service needs of homeless persons. Client data is maintained on a central server, which will contain all client information in an encrypted state. HMIS integrates data from all homeless service providers and organizations in the community and captures basic descriptive information on every person served. Participation in LA/OC HMIS allows organizations to share information with other participating organizations to create a more coordinated and effective delivery system.

The LA/OC HMIS is the secured electronic database for the Greater Los Angeles and Orange Counties and is a valuable resource for local communities. The LA/OC HMIS Collaborative consists of four separate Continuums of Care (CoC). The continuums are: Los Angeles City and County; Santa Ana/Anaheim/Orange County; Glendale; and Pasadena.

The LA/OC HMIS Collaborative's goal is to provide a comprehensive case management system to advance the provision of quality services for homeless persons, improve data collection, and promote more responsive policies to end homelessness in the Greater Los Angeles and Orange Counties.

II. Agreement and Understanding
This Agreement authorizes this Participating Organization (Organization) to designate HMIS Users (User). A User is a staff person entrusted to enter Protected Personal Information (PPI) into the LA/OC HMIS, on behalf of this Organization. In order to allow a User to access the LA/OC HMIS, a User Agreement must be signed by the User, the HMIS Administrator, and this Organization's Authorized Representative.

III. Confidentiality and Informed Consent

Confidentiality: This Organization must require all Users to abide by its organization's policies and procedures; uphold all privacy protection standards established by the LA/OC HMIS Collaborative Policies and Procedures; and comply with all relevant federal and State of California confidentiality laws and regulations that protect client records. Except where otherwise provided for by law, this Organization shall ensure that confidential client records are released with the client's written consent.

Written Consent: To obtain written consent, prior to each client's assessment, each client must be informed that the client's information will be entered into an electronic database called HMIS. The terms of the Consent to Share Protected Personal Information form must also be explained to each client. Clients who agree to have their PPI entered into the LA/OC HMIS must sign the Consent to Share Protected Personal Information form.

Verbal Consent: Verbal consent to enter PPI into the LA/OC HMIS may be obtained during circumstances such as phone screenings, street outreach, or community access center sign-ins. Each client must be informed that his or her information will be entered into the HMIS database. The terms of the Consent to Share Protected Personal Information form must also be explained to each client. The client's written consent must be obtained once the client appears for his or her initial assessment.

Last updated on: 10/29/2015
IV. Client’s Rights
The client has a right to receive a copy of this notice at the time of request.

Each client has the right to receive the following, no later than five (5) business days of a written request:
- A correction of inaccurate or incomplete PPI
- A copy of his or her consent form
- A copy of his or her HMIS records
- A current list of participating organizations that have access to HMIS data

V. Data Use
This Organization must protect HMIS data by ensuring that:
- A link to the Privacy Notice is accessed from the Organization’s website.
- LA/OC HMIS is not accessible to unauthorized users
- LA/OC HMIS is only accessed by computers approved by the Organization
- HMIS Users are trained regarding user responsibilities and conduct
- HMIS Users sign and comply with the LA/OC HMIS User Agreement
  1. HMIS Users forward a copy of a client’s Revocation of Consent to the HMIS Administrator within 24 hours of receipt.

VI. Responsibilities
This Organization is responsible to ensure that:
- The Notice Regarding Collection of Personal Information is posted at each intake desk or comparable location.
- HMIS Users do not misuse the system
- Clients are notified if a breach of their PPI is discovered
- Any HMIS User who finds a possible security lapse on the system is obligated to immediately report it to the HMIS Administrator.
- A signed copy of the Consent to Share Protected Personal Information is retained for a period of seven (7) years after the PPI was created or last changed.

VII. System Use
Computer equipment and services provided by a CoC are intended only for LA/OC HMIS-related activities. Prohibited uses include, but are not limited to: malicious or illegal activities; unauthorized access; the creation, sending and/or storing of fraudulent, threatening, harassing, or obscene messages; inappropriate mass mailing (spimming, flooding, bombing); denial of service attacks; and the creation or intentional distribution of computer viruses, worms, and/or Trojan horses.

**Equipment, if applicable:** All CoC-provided computer equipment including, but not limited to, printers, scanners, laptops and monitors, were provided through grant funds from HUD. The maintenance and upgrades of these devices are subject to the requirements and funding limitations of the HUD grant. Maintenance and/or upgrade costs to equipment, incurred after the HUD grant funds have been exhausted, become the sole responsibility of this Organization.

**Software, Licenses, and/or Services, if applicable:** CoC-provided services to each organization may include, but are not limited to, purchasing and installing Anti-Virus Software and licenses, Firewall software and licenses, Windows software updates and High-Speed Internet Connections. The software and/or services are provided for HMIS purposes through HUD grant funds. The maintenance, upgrades and license purchases are subject to the requirements and funding limitations of the HUD grant. Additional maintenance, upgrades and license purchases, incurred after the grant funds have been exhausted, become the sole responsibility of this Organization.

Last updated on: 10/29/2015
VIII. Rights and Privileges
LA/OC HMIS data is stored in one central database and is owned by the LA/OC HMIS Collaborative. The LA/OC HMIS Collaborative reserves all rights to the HMIS data. Use of the LA/OC HMIS equipment, software, licenses, and/or services is a privilege and is assigned and managed by each HMIS Administrator.

IX. Copyright
The LA/OC HMIS and other CoC-provided software are protected by copyright and are not to be copied, except as permitted by law or by contract with the owner of the copyright. The number and distribution of copies of any CoC-provided software are at the sole discretion of the HMIS Administrator.

X. Violations
Any violations or suspected violations of any of the terms and conditions of this agreement, the HMIS User Agreement, and/or the HMIS Policies and Procedures, must be immediately and confidentially reported to the HMIS Administrator and the Executive Director or other authorized representative of this Organization.

XI. Term
This Participating Organization Agreement becomes effective on the date of final execution and shall remain in effect unless terminated pursuant to paragraph XI. Termination, below.

XII. Amendment and Termination
- The LA/OC CoC reserves the right to amend this agreement by providing a 3-day notice to this Organization.
- Either party has the right to terminate this agreement, with or without cause, by providing a 3-day written notice to the other party.
- If this agreement is terminated, this Organization shall no longer have access to HMIS or any information therein. The remaining LA/OC HMIS participating organizations shall retain the right to use all client data previously entered by this Organization, subject to any restrictions requested by the client.

All organizations that sign this agreement and are granted access to the LA/OC HMIS agree to abide by LA/OC's HMIS Collaborative Policies and Procedures. The signature of the Executive Director or other authorized representative of this Organization indicates acceptance of all terms and conditions set forth in this agreement.

This Agreement is executed between the CoC and the Participating Organization. Upon final execution, this Organization will be given access to the LA/OC HMIS.

Organization Name

CoC Name

Organization Administrator/Authorized Representative
(Print Name)

HMIS Administrator Name (Print Name)

Signature

Signature

Date of Signature

Date of Signature

Last updated on: 10/29/2015
Appendix B: HMIS User Agreement

GREATER LOS ANGELES & ORANGE COUNTY
HOMELESS MANAGEMENT INFORMATION SYSTEM (LA/OC HMIS)

USER AGREEMENT

I. Purpose

The LA/OC HMIS is the secured electronic database for the Greater Los Angeles and Orange Counties and is a valuable resource for local communities. The LA/OC HMIS Collaborative consists of four separate Continuums of Care (CoC). The continuums are: Los Angeles City and County; Santa Ana/Anaheim/Orange County; Glendale; and Pasadena.

The LA/OC HMIS Collaborative's goal is to provide a comprehensive case management system to advance the provision of quality services for homeless persons, improve data collection, and promote more responsive policies to end homelessness in the Greater Los Angeles and Orange Counties.

II. Agreement and Understanding

This Agreement authorizes you, an HMIS User (User), to enter Protected Personal Information (PPI) into the LA/OC HMIS, as authorized by your organization and the CoC HMIS Administrator. You must complete the necessary training(s) prior to receiving a unique HMIS User Identification (User ID) and password.

II. Client Confidentiality and Informed Consent

Confidentiality: This User must abide by its organization's policies and procedures; uphold all privacy protection standards established by the LA/OC HMIS Collaborative Policies and Procedures; and comply with all relevant federal and State of California confidentiality laws and regulations that protect client records.

Written Consent: To obtain written consent, prior to each client's assessment, Users must inform each client that the client's information will be entered into an electronic database called HMIS. Users must also explain the terms of the Consent to Share Protected Personal Information form. Each client who agrees to have his or her PPI entered into the LA/OC HMIS must sign the Consent to Share Protected Personal Information form.

Verbal Consent: Verbal consent to enter PPI into the LA/OC HMIS may be obtained during circumstances such as phone screenings, street outreach, or community access center sign-ins. Users must inform each client that the client's information will be entered into the HMIS database. Users must also explain the terms of the Consent to Share Protected Personal Information form. The client's written consent must be obtained once the client appears for his or her initial assessment.

III. Client Rights

- A client may not be denied services for failure to provide consent for LA/OC HMIS data collection.
- A client has the right to inspect, copy, and request changes in their LA/OC HMIS records.
- A client's consent may be revoked by that client at any time through a written notice or by completing the Revocation of Consent form.
- A copy of the Privacy Notice must be provided at the time the client requests.
- Each client has the right to receive the following, no later than five (5) business days of a written request:
  - A correction of inaccurate or incomplete PPI

Last updated on: 10/29/2015
IV. User Responsibilities and Conduct

I understand and agree that:

- I have an ethical and a legal obligation to ensure that the data I collect and enter into HMIS is accurate and does not misrepresent the client's information.
- I will not reveal or release PPI to unauthorized organizations, individuals or entities.
- I will use the data within the HMIS only for the purposes of homeless service delivery.
- I am not permitted to access the HMIS from any computer that has not been designated or approved by my organization.
- I will never use the HMIS to perform an illegal or malicious act.
- I will not attempt to increase the level of access to which I am authorized, or attempt to deprive other HMIS Users of access to the HMIS.
- My HMIS User ID and password shall be kept secure and will not be shared.
- I will refrain from leaving my computer unattended while logged into the system.
- I will protect and store client information printed from HMIS in a secure location.
- I will dispose of PPI printed from HMIS, when it is no longer needed, in a manner that maintains client confidentiality.
- If I suspect or encounter a security breach, I will immediately notify my organization's HMIS administrator.
- If my relationship with my organization changes or terminates, any client information that I entered into or obtained from the HMIS must remain confidential.
- Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex and sexual orientation are not permitted in the HMIS. Profanity and offensive language are also not permitted in the HMIS.
- PPI that is transmitted electronically must be password protected to maintain confidentiality.
- I will comply with my organization's policies and procedures and the LA/OC HMIS Collaborative Policies and Procedures in my use of HMIS. The LA/OC HMIS Collaborative Policies and Procedures can be accessed from your CoC HMIS website.
- Any violation of this User Agreement is grounds for immediate suspension or revocation of my access to the HMIS.

My signature below confirms my agreement to comply with all the provisions of this Greater Los Angeles and Orange County HMIS User Agreement.

________________________________________  __________________________
Organization Name  User First and Last Name (Print Name)

________________________________________  __________________________
Organization Administrator/Authorized Representative  Signature
(Print Name)

________________________________________  __________________________
Signature  Date of Signature

DO NOT WRITE IN THIS SECTION. (FOR HMIS ADMINISTRATOR STAFF ONLY.)

HMIS Staff Name: ___________________________  Date: ________________
Date of Training: ___________________________  Trainer: ________________
HMIS User ID: ___________________________  Date User ID Issued: ________________
Appendix C: Consent to Share Protected Personal Information

GREATER LOS ANGELES & ORANGE COUNTY
HOMELESS MANAGEMENT INFORMATION SYSTEM (LA/OC HMIS)

CONSENT TO SHARE PROTECTED PERSONAL INFORMATION

The LA/OC HMIS is a local electronic database that securely record information (data) about clients accessing housing and homeless services within the Greater Los Angeles and Orange Counties. This organization participates in the HMIS database and shares information with other organizations that use this database. This information is utilized to provide supportive services to you and your household members.

What information is shared in the HMIS database?

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

- Your name and your contact information
- Your social security number
- Your birthdate
- Your basic demographic information such as gender and race/ethnicity
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Your self-reported medical history, including any mental health and substance abuse issues
- Your case notes and services
- Your case manager’s contact information
- Your income sources and amounts; and non-cash benefits
- Your veteran status
- Your disability status
- Your household composition
- Your emergency contact information
- Any history of domestic violence
- Your photo (optional)

How do you benefit from providing your information?

The information you provide for the HMIS database helps us coordinate the most effective services for you and your household members. By sharing your information, you may be able to avoid being screened more than once, get faster services, and minimize how many times you tell your ‘story.’ Collecting this information also gives us a better understanding of homelessness and the effectiveness of services in your local area.

Last updated on: 10/29/2015
Who can have access to your information?

Organizations that participate in the HMIS database can have access to your data. These organizations may include homeless service providers, housing groups, healthcare providers, and other appropriate service providers.

How is your personal information protected?

Your information is protected by the federal HMIS Privacy Standards and is secured by passwords and encryption technology. In addition, each participating organization has signed an agreement to maintain the security and confidentiality of the information. In some instances, when the participating organization is a health care organization, your information may be protected by the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA).

By signing below, you understand and agree that:

- You have the right to receive services, even if you do not sign this consent form.
- You have the right to receive a copy of this consent form.
- Your consent permits any participating organization to add to or update your information in HMIS, without asking you to sign another consent form.
- This consent is valid for seven (7) years from the date the PPI was created or last changed.
- You may revoke your consent at any time, but your revocation must be provided either in writing or by completing the Revocation of Consent form. Upon receipt of your revocation, we will remove your PPI from the shared HMIS database and prevent further PPI from being added. The PPI that you previously authorized to be shared cannot be entirely removed from the HMIS database and will remain accessible to the limited number of organization(s) that provided you with direct services.
- The Privacy Notice for the LA/OC HMIS contains more detailed information about how your information may be used and disclosed. A copy of this notice is available upon request.
- No later than five (5) business days of your written request, we will provide you with:
  - A correction of inaccurate or incomplete PPI
  - A copy of your consent form
  - A copy of your HMIS records; and
  - A current list of participating organizations that have access to your HMIS data.
- Aggregate or statistical data that is released from the HMIS database will not disclose any of your PPI.
- You have the right to file a grievance against any organization whether or not you sign this consent.
- You are not waiving any rights protected under Federal and/or California law.

Last updated on: 10/29/2015
SIGNATURE AND ACKNOWLEDGEMENT

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

☐ I consent to sharing my photograph. (Check here)

Client Name: ___________________________________ DOB: ___________ Last 4 digits of SS ________
Signature ___________________________________________ Date __________________________

☐ Head of Household (Check here)

Minor Children (if any):

Client Name: ______________________ DOB: _________ Last 4 digits of SS ________ Living with you? (Y/N)
Client Name: ______________________ DOB: _________ Last 4 digits of SS ________ Living with you? (Y/N)
Client Name: ______________________ DOB: _________ Last 4 digits of SS ________ Living with you? (Y/N)

_________________________________  __________________________________________
Print Name of Organization Staff                                               Print Name of Organization

_________________________________  __________________________________________
Signature of Organization Staff                                                  Date

Last updated on: 10/29/2015
Appendix D: Privacy Notice

GREATER LOS ANGELES & ORANGE COUNTY
HOMELESS MANAGEMENT INFORMATION SYSTEM (LA/OC HMIS)

PRIVACY NOTICE

THIS PRIVACY NOTICE EXPLAINS UNDER WHAT CIRCUMSTANCES WE MAY SHARE AND DISCLOSE YOUR INFORMATION FROM THE LA/OC HMIS. THIS NOTICE ALSO EXPLAINS YOUR RIGHTS REGARDING YOUR CONFIDENTIAL INFORMATION.

PLEASE READ IT CAREFULLY.

(Organization Name Here) collects and shares information about individuals who access our services. The information is confidentially stored in a local electronic database called the Greater Los Angeles/Orange County Homeless Management Information System (LA/OC HMIS). The LA/OC HMIS securely records information (data) about persons accessing housing and homeless services within the Los Angeles and Orange Counties.

We ask for your permission to share confidential personal information that we collect about you and your family. This confidential information is referred to as Protected Personal Information (PPI). We are required to protect the privacy of your PPI by complying with the privacy practices described in this Privacy Notice.

Why We Collect and Share Information

The information we collect and share in the HMIS helps us to efficiently coordinate the most effective services for you and your family. It allows us to complete one universal intake per person; better understand homelessness in your community; and assess the types of resources needed in your local area.

By collecting your information for HMIS, we are able to generate statistical reports requested by the Department of Housing and Urban Development (HUD).

The Type of Information We Collect and Share in the HMIS

Last updated on: 10/29/2015
We collect and share both PPI and general information obtained during your intake and assessment, which may include but is not limited to:

- Name and contact information
- Social security number
- Birthdate
- Demographic information such as gender and race/ethnicity
- History of homelessness and housing (including current housing status and where and when services have been accessed)
- Self-reported medical history including any mental health and substance abuse issues
- Case notes and services
- Case manager's contact information
- Income sources and amounts; and non-cash benefits
- Veteran status
- Disability status
- Household composition
- Emergency contact information
- Domestic violence history
- Photo (optional)

**How Your Personal Information Is Protected in the HMIS**

Your information is protected by passwords and encryption technology. Each HMIS user and participating organization must sign an agreement to maintain the security and privacy of your information. Each HMIS user or participating organization that violates the agreement may have access rights terminated and may be subject to further penalties.

**How PPI May Be Shared and Disclosed**

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

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

**Providing Your Consent for Sharing PPI in the HMIS**

If you choose to share your PPI in the LA/OC HMIS, we must have your written consent. *Exception: In a situation where we are gathering PPI from you during a phone screening, street*

Last updated on: 10/29/2015
outreach, or community access center sign-in, your verbal consent can be used to share your information in HMIS. If we obtain your verbal consent, you will be requested to provide written consent during your initial assessment. If you do not appear for your initial assessment, your information will remain in HMIS until you revoke your consent in writing.

You have the right to receive services even if you do not consent to share your PPI in the LA/OC HMIS.

**How to Revoke Your Consent for Sharing Information in the HMIS**

You may revoke your consent at any time. Your revocation must be provided either in writing or by completing the *Revocation of Consent* form. Upon receipt of your revocation, we will remove your PPI from the shared HMIS database and prevent further PPI from being added. The PPI that you previously authorized to be shared cannot be entirely removed from the HMIS database and will remain accessible to the limited number of organization(s) that provided you with direct services.

**Your Rights to Your Information in the HMIS**

You have the right to receive the following, no later than five (5) business days of your written request:

- A correction of inaccurate or incomplete PPI;
- A copy of your consent form;
- A copy of the LA/OC HMIS Privacy Notice;
- A copy of your HMIS records; and
- A current list of participating organizations that have access to your HMIS data.

You can exercise these rights by making a written request to this organization.

**Your Privacy Rights Regarding Your Information in the HMIS**

If you believe your privacy rights have been violated, you may send a written grievance to this organization. You will not be retaliated against for filing a grievance.

If your grievance is not resolved to your satisfaction, you may send a written grievance appeal to your CoC Lead.

**Amendments to this Privacy Notice**

The policies in this notice may be amended at any time. These amendments may affect information obtained by this organization before the date of the change. Amendments regarding use or disclosure of PPI will apply to information (data) previously entered in HMIS, unless otherwise stated. All amendments to this privacy notice must be consistent with the requirements of the federal HMIS privacy standards. This organization must keep permanent documentation of all privacy notice amendments.

Last updated on: 10/29/2015
Appendix E: Note Regarding Collection of Personal Information

GREATER LOS ANGELES & ORANGE COUNTY
HOMELESS MANAGEMENT INFORMATION SYSTEM (LA/OC HMIS)

NOTE REGARDING COLLECTION OF PERSONAL INFORMATION

We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate.

A Privacy Notice is available upon request.

Last updated on: 10/29/2015
Appendix F: Revocation of Consent

GREATER LOS ANGELES & ORANGE COUNTY
HOMELESS MANAGEMENT INFORMATION SYSTEM (LA/OC HMIS)

REVOCATION OF CONSENT

By signing below, I revoke my consent to share my Protected Personal Information (PPI) in the LA/OC HMIS.

I understand that this revocation authorizes the removal of my PPI from the shared HMIS database and will prevent further PPI from being added. I understand that the PPI that I previously authorized to be shared cannot be entirely removed from the HMIS database and will remain accessible to the limited number of organization(s) that provided me with direct services.

Client Name: ___________________   DOB: ___________   Last 4 digits of SS________

Signature ___________________________________________ Date ______________________

Head of Household (Check here) □

Minor Children (if any):

Client Name: ___________________   DOB: ___________   Last 4 digits of SS________

Client Name: ___________________   DOB: ___________   Last 4 digits of SS________

Client Name: ___________________   DOB: ___________   Last 4 digits of SS________

Client Name: ___________________   DOB: ___________   Last 4 digits of SS________

_________________________________________  __________________________________________
Print Name of Organization                  Print Name of Organization Staff

_________________________________________
Signature of Organization Staff

Date

Last updated on: 10/29/2015
Appendix G: Interagency Data Sharing Consent Form

**GREATER LOS ANGELES & ORANGE COUNTY**

**HOMELESS MANAGEMENT INFORMATION SYSTEM (LA/OC HMIS)**

**INTERAGENCY DATA SHARING CONSENT FORM**

Client Name:__________________________________________

SSN/Client ID:________________________________________

Date of Birth:________________________________________

Name of Originating Organization:________________________

Name of Organization with which to extend Client Data Sharing:
_______________________________________________________

Client Information to Share (Client: please INITIAL all forms you want to share):

--- Program Entry Required Questions
--- Services Provided
--- Case Notes
--- Assessment (Client Profile)
--- Savings Record
--- Program Exit Information
--- Group Meetings
--- Any information as necessary

Client Signature ______________________________________ Date ____________________________

Last updated on: 10/29/2015
Appendix H: Grievance Form

GREATER LOS ANGELES & ORANGE COUNTY
HOMELESS MANAGEMENT INFORMATION SYSTEM (LA/OC HMIS)

GRIEVANCE FORM

If you feel a violation of your rights as an HMIS client has occurred or you disagree with a decision made about your "Protected HMIS Information" you may complete this form. Complete this form only after you have exhausted the grievance procedures at your organization. **It is against the law for any organization to take retaliatory action against you if you file this grievance. You can expect a response within 30 days via the method of your choice.**

Grievances must be submitted in writing to:
[Enter Address]

Date of offense: ________________________________

Name of individual who violated your privacy rights: ________________________________

Name of Organization who violated your privacy rights: ________________________________

Brief description of grievance (what happened):

Best way to contact you: ________________________________

Your name: ________________________________

Your phone: ________________________________

Your mailing address: ________________________________

CoC response date: ________________________________

**Recommendation to Organization:**

We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate.

Last updated on: 10/29/2015
Greater Los Angeles and Orange Counties
Homeless Management Information System (HMIS)

Mission: Leveraging technology in a respectful and appropriate manner, HMIS will assist homeless providers, persons experiencing a housing crisis, and policy advocates to end homelessness in the Greater Los Angeles and Orange counties.

Vision: The LA/OC Collaborative is dedicated to providing the best possible, highest quality Homeless Management Information System (HMIS) to enhance the Continuum of Care for persons experiencing homelessness. Specifically, HMIS will:

- Enable providers to track services, report outcomes, and manage client data using accessible and user-friendly technology.
- Enhance the ability of policy makers and advocates to gauge the extent of homelessness and plan services appropriately throughout the Greater Los Angeles and Orange counties.
- Ensure persons experiencing a housing crisis receive streamlined referral, coordinated services, and speedy access to essential services and housing.
**HMIS**

**What Is HMIS?**

The Homeless Management Information System (HMIS) is a web-based information system. Organizations that serve homeless and at-risk individuals in the Greater Los Angeles and Orange counties need to compile information about the persons they serve.

**Why Gather and Maintain Data?**

HMIS will gather and maintain unduplicated statistics on a regional level to provide a more accurate picture of our region's homeless and at-risk population. HMIS will also help us understand client needs, help organizations plan appropriate resources for the clients they serve, inform public policy in an attempt to end homelessness, streamline and coordinate services and intake procedures to save client's valuable time, and so much more.

**Consent**

**Written Client Consent**

Each client must complete a Client Consent to Share Information Agreement allowing release of demographic information to the HMIS. Clients will be required to complete a signed form to be kept on file with the service provider. A copy will be provided to the client.

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**Client Rights**

**Common Client Questions:**

*Who can access my information?*

- Only staff who work directly with clients or who have administrative responsibilities can look at, enter, or edit client information, including all authorized organizations participating in the LA/OC Continuum of Care.

*Who will receive my information?*

- No information will be released to another individual without your consent.
- Information is stored in an encrypted central database. Only organizations that have signed an HMIS Organization Agreement will have access to HMIS data.

*Don't I have a right to privacy?*

- Clients do have the right to privacy, and also the right to confidentiality. You are entitled to a copy of the privacy notice upon request.
- Clients have the right to know who has modified their HMIS record.
- You also have the right to request access to your HMIS client records, printed copy of this data, and access to available audit reports. You may not see other clients' records, nor

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**What if I don't want to provide information?**

- Clients have the right not to answer any questions, unless entry into a program requires it.

**What if I believe my rights have been violated?**

- Clients have the right to file a grievance with the organization or with the HMIS Administrative Office. Grievances must be filed through written notice. Clients will not be retaliated against for filing a complaint.

**Grievance**

If you feel a violation of your rights as a client has occurred, please contact your organization's HMIS Administrator.

The Continuum of Care HMIS Administrative Office can be notified of violations through written notice.

All participating organizations are responsible for ensuring that security procedures are followed and client rights are respected throughout the organization's HMIS participation.

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Last updated 10/07/2015
Acknowledgement

I acknowledge that I have received a written copy of the LA/OC HMIS Collaborative Policies and Procedures Manual. I understand the terms of the LA/OC HMIS Policies and Procedures and I agree to abide by them. I understand that any violation of the policies or procedures could lead to my HMIS account being locked or even criminal prosecution.

Organization Name: __________________________________________

Printed Name: ______________________________________________

Signature: __________________________________________________

Date: ________________________________________________________
CoC-602
Attachment 9
PHA Administration Plan(s)
(County of Orange, Anaheim, Garden Grove, and Santa Ana)
COUNTY OF ORANGE PHA ADMINISTRATIVE PLAN
Family Unification Program: (FUP)

HUD allocated funding to provide Housing Choice Voucher (HCV) tenant-based rental assistance for families for whom the lack of adequate housing is the primary factor in the separation of children from their family and for eligible emancipated youths 18 to 21 years old. Eligible FUP participants are referred to OCHA through the Orange County Social Services Agency (SSA) and are admitted under targeted funding provisions. Participants must meet applicable verification and eligibility requirements.

Disaster Housing Assistance Program: (DHAP)

Resident and nonresident families displaced by a federally declared disaster requiring mandatory evacuation: OCHA may designate Housing Choice Vouchers to be made available for eligible displaced households if funding permits. If the disaster area includes southern California, priority may be given to disaster victims who were residing in OCHA’s jurisdiction. OCHA will accept and prioritize the processing of eligibility for households referred through the responsible disaster agency, such as the Federal Emergency Management Agency (FEMA). Participants are admitted under targeted funding provisions and must meet applicable verification and eligibility requirements.

Veterans Affairs Supportive Housing (VASH):

HUD allocated funding to provide Housing Choice Voucher (HCV) tenant-based rental assistance for qualifying homeless veterans referred by the Department of Veterans Affairs. Participants are admitted under targeted funding provisions and must meet applicable verification and eligibility requirements.

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

This section describes the method for selecting applicant families from the waiting list, including the system of admission preferences that OCHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

OCHA is permitted to establish local preferences, and to give priority to serving families that meet those criteria. OCHA has therefore established local preferences, at its discretion to address local housing needs and objectives. Local preferences established in this Administrative Plan are consistent with the OCHA PHA Plan.

OCHA will apply the following preferences to all pre-applicants, weighted in descending order:

Members

(living or working in OCHA’s jurisdiction)
1. Homeless Individuals and Families who meet specific eligibility criteria (defined on the following page)
2. U.S. Veterans – All
3. Non-Veterans - Elderly, Disabled, or Working Families
4. Non-Working Families

Non-Members 
(not living or working in OCHA’s jurisdiction)
5. U.S. Veterans – All
6. Non-Veterans - Elderly, Disabled, or Working Families
7. Non-Working Families

The following is an explanation of OCHA’s preference requirements and the priority order for issuance of Housing Choice Vouchers:

Members:
Applicants who live, work, have been hired to work in, or report to an office located in OCHA’s jurisdiction.

Non-member applicants who move into or begin working in OCHA’s jurisdiction. Applicants in this category will receive member preference status on the date their change report is received in writing.

A member applicant will retain their preference for 60 days from the date they leave OCHA’s jurisdiction.

Members placed or admitted to transitional living facilities outside of OCHA’s jurisdiction for reasons of health or safety and under the administration of governmental case management will retain their member preference.

Homeless Individuals and Families who meet specific eligibility criteria
In addition to targeted programs to assist over 600 homeless veterans (VASH) and more than 600 disabled homeless households (Shelter Plus Care), OCHA has created a preference to assist homeless persons using regular HCV funding. Under this preference category, OCHA may issue up to 35% of turnover Housing Choice Vouchers annually (currently 210) to households and applicants that qualify under one of the following three categories:

- Families Transitioning (moving-up) From Shelter + Care:

Up to 50 applicants that are current participants in good standing in OCHA’s Shelter + Care Program who are no longer in need of this level of supportive services and have been referred by the O.C. Health Care Agency (OCHCA) or other S+C partner agencies.
• Up to 100 homeless persons and families and/or other persons with special needs, who require supportive services that will be provided in units designated for Project-based Vouchers. These Vouchers will be dedicated to the property for ten to 15 years.

• Up to 60 homeless persons and families who are referred through the County of Orange Coordinated Entry system. The number of families who can qualify for this preference will be limited to a number as annually determined by the Housing Authority. To qualify for this preference, homeless families must be referred by County agencies with a contract or Memorandum of Understanding (MOU) in place with the Housing Authority, or by Community Based Organizations (CBO’s) contracted with the Housing Authority. The referring agency must provide a certification of the family’s homeless status. Additionally, families already registered on the waiting list who declare themselves as homeless, but are not referred by CBO must provide a certification of their homeless status from a government organization or other organization that is qualified to determine their homelessness.

This action is in conformance with recommendations from HUD and local Continuums of Care. In addition, the percentage of Housing Choice Vouchers committed for the homeless is comparable to other Public Housing Authorities in Southern California.

The aforementioned strategy equates to an annual 35% homeless preference percentage. The percentage is based upon the annual turnover of vouchers from households that exit the Housing Choice Voucher Program. Turn over vouchers must be the basis for the methodology since HUD has not issued new Housing Choice Vouchers since the early 2000s. This percentage will provide up to 210 Housing Choice Vouchers per year for permanent housing resources to address homelessness in Orange County.

The OC Housing Authority will also request approval to increase this percentage to 50% if funding availability and program performance support an increase. 50% could equate to approximately 300 vouchers per year. OCHA reserves the right to readjust the targeted number of Vouchers dedicated to each of the above categories based on turnover, funding, business or community needs, not to exceed 50% of all annual turnover Vouchers.

OCHA reserves the right to readjust the targeted number of Vouchers dedicated to each of the above categories based on turnover, funding, business or community needs, not to exceed 35% of all annual turnover Vouchers.

**Veterans:**

Applicants who are currently serving, or have served in the U. S. armed forces, veterans who have been discharged under conditions other than dishonorable and are eligible to receive veteran benefits or surviving spouses of veterans who have been discharged under conditions other than dishonorable and were eligible to receive veterans benefits. “Surviving spouse” means not divorced from, or not remarried prior to or after the death of the veteran.

**Working:**

Applicants with earned income from recent employment who meet the following criteria:
Working preference applies only to the head of household, spouse, or sole member.
Must receive earned income, which is defined as salaries and wages, overtime pay, tips, bonuses, self-employment, and any other form of compensation for work performed that can be verified.
Must work at least 20 hours per week for a minimum of 26 weeks in the 12-month period prior to the date of the initial interview appointment.
Length of employment is calculated separately for each individual and cannot be combined with another family member to qualify.

**Disabled:**
Applicant households whose head, spouse, or sole member is receiving Social Security disability, Supplement Social Security Income disability benefits, or any other payments based on the individual’s inability to work.

Must have a verifiable disabled status for at least a 12-month period or more from the date of the initial interview appointment to qualify for the disabled preference.

**Elderly:**
Applicant households whose head, spouse, or sole member is age 62 or older.

HUD requires that any working preference must also be given to applicant households whose head, spouse, or sole member is receiving Social Security disability, Supplement Social Security Income disability benefits, or any other payments based on the individual’s inability to work and to applicant households whose head, spouse, or sole member is age 62 or older.

OCHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.

**Income Targeting Requirement [24 CFR 982.201(b)(2)]**
HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during OCHA’s fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, OCHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are “continuously assisted” under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

OCHA will monitor progress in meeting the ELI requirement throughout the fiscal year. Extremely low-income families may be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.
4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy
The PHA will offer a preference to applicants in the following order:

1. Homeless – AHA will commit up to 25% of annual new admission vouchers to assist Anaheim-based homeless families who are either:
   a. Referred by an approved local service provider because they are participating in a local transitional housing program or are receiving other supportive and shelter services from that provider; or
   b. Participating in the Homeless Assistance Pilot Program (HAPP) and have been referred by the HAPP service agency.

   Applicant must meet all eligibility requirements. Admissions will be on a first come, first served basis and is subject to funding availability.

2. The PHA may issue vouchers to families who live or work in the City of Anaheim and are referred by Anaheim Police Department. These types of referrals will be limited to victims of a crime, the magnitude or impact of which requires rapid relocation.

   Referrals must be made in writing on Anaheim Police Department letterhead, and signed by the Chief or Deputy Chief of Police only. Eligibility, including background checks will be confirmed for all members. All referrals are subject to the approval of the Executive Director or designee.

3. Eligible families who are displaced as a result of a project sponsored by the City of Anaheim Community Development Department or other City of Anaheim Department.

4. Any family that has been terminated from the City of Anaheim HCV program due to insufficient program funding.

5. Families who live, work, or have been hired to work in Anaheim (Residency preference).
Chapter 6

ESTABLISHING PREFERENCES AND MAINTAINING THE WAITING LIST

INTRODUCTION

It is the GGHA’s objective to ensure that families are placed in the proper order on the Waiting List and selected from the Waiting List for admissions in accordance with the policies in this Administrative Plan.

This chapter explains the preferences that the GGHA has adopted to meet local housing needs, defines the eligibility criteria for the preferences, and explains the GGHA’s system of applying them.

By maintaining an accurate Waiting List, the GGHA will be able to perform the activities that ensure an adequate pool of qualified applicants will be available so that program funds are used in a timely manner.

A. WAITING LIST

The GGHA uses a single Waiting List for admission to its HCV program.

Except for Special Admissions, applicants will be selected from the GGHA Waiting List in accordance with policies and preferences and income targeting requirements (required by HUD) defined in this Administrative Plan.

The GGHA will maintain information that permits proper selection from the Waiting List.

The Waiting List contains the following information for each applicant listed:

- Applicant Name
- Date and time of application
- Qualification for any local preference
- Racial or ethnic designation of the head of household
- Targeted program qualifications

B. SPECIAL ADMISSIONS

Special Admissions families will be admitted outside of the regular Waiting List process. They do not have to qualify for any preferences, nor are they required to be on the program Waiting List. The GGHA maintains separate records of these admissions.
Provided there is sufficient funding, the GGHA may allow special admissions for families in the following situations:

- A family residing in a project covered by a project-based Section 8 HAP contract at or near the end of the HAP contract term;
- Mainstream for Persons with Disabilities;
- Displaced by an activity carried out by federal, state or local governmental body;
- Displaced by natural disaster, such as flood or fire and referred by a local, state, or federal agency;
- Displaced by a human-made disaster, such as a terrorist attack and referred by a local, state, or federal agency;
- Living in and referred from a homeless shelter with which the GGHA has an agreement;
- Living in a structure that has been deemed unsafe by the City's Building Department and referred by that agency.

C. LOCAL PREFERENCES

The GGHA will offer public notice when changing its preference system and the notice will be publicized using the same guidelines as those for opening and closing the Waiting List.

Order of Selection

The GGHA's method for selecting applicants from a preference category leaves a clear audit trail that can be used to verify that each applicant has been selected in accordance with the method specified in the Administrative Plan. Local preferences will be used to select families from the Waiting List. Among applicants with equal preference status, the Waiting List will be organized by date and time.

The GGHA uses the following Local Preference priority system:

First Preference - Residency

Residents of the City of Garden Grove will be assisted prior to those families that are not residents. All families living or working in the City of Garden Grove, either at any time of a pre-application or during the time they are on the Waiting List, will be considered as residents. If a family has to move to another city, they will not lose their resident status.
4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the Waiting List, including the system of admission preferences that SAHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits SAHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with SAHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

SAHA Policy

Local preferences will be numerically ranked, with number 1 being the highest preference, in the following order:

1. United States Military Veteran Preference: United States military veterans or surviving spouses and dependent children of a United States military veteran, or active military personnel, their spouse and their dependent children who live or work in the City of Santa Ana at the time of application. The veteran must have been discharged under conditions other than dishonorable and were/is eligible to receive veteran’s benefits. Form DD-214 with a discharge status of other than dishonorable, or equivalent verification, must be provided at their eligibility interview appointment. The individual must have served a minimum of 90 days to qualify for the preference. “Surviving spouse” means not divorced from, or not remarried prior to or after the death of the veteran. A marriage and death certificate will be required for a surviving spouse.

2. Residency Preference: Residency preference for families who live or work in the City of Santa Ana at the time of application. At least two pieces of evidence must be provided for families who live or work in the City of Santa Ana including but not limited to a lease, utility bills, bank statements, or paycheck stubs.

Additionally, SAHA will offer priority to any family that has been terminated from its HCV program due to insufficient program funding.

Homeless Individuals and Families Set-Aside Preference

In accordance with PIH Notice 2013-15, SAHA will accept direct referrals to the HCV Program for the following target population:

- Homeless Individuals and Families: The number of homeless individuals and families who can qualify for this preference and successfully lease a unit with their voucher will be limited to 50% of the total number of vouchers that become available through annual turnover in the previous calendar year. To qualify for this preference, homeless individuals and families must be referred by agencies with a contract or Memorandum of Understanding (MOU) in place with the Housing Authority, or by Community Based Organizations (CBO’s) contracted with the Housing Authority. The referring agency must provide a certification of the family’s homeless status. Additionally, families already registered on the
Waiting List who declare themselves as homeless, but are not referred by a CBO must provide a certification of their homeless status from an agency that has an MOU in place with the Housing Authority. This set-aside preference has been documented by SAHA using generally accepted data sources.

The term, “residence,” includes homeless shelters and other dwelling places where homeless people may be living, sleeping or receiving services in the City of Santa Ana. Therefore, homeless individuals and families who qualify for this preference will qualify as residents.

All preferences must be applicable and verifiable at the time of selection from the Waiting List.

**Income Targeting Requirement [24 CFR 982.201(b)(2)]**

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during SAHA’s fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, a PHA may skip non-ELI families on the Waiting List in order to select an ELI family.

Low-income families admitted to the program that are “continuously assisted” under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

**SAHA Policy**

SAHA will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

**Order of Selection**

SAHA system of preferences may select families based on local preferences according to the date and time of application or by a random selection process (lottery) [24 CFR 982.207(c)]. If a PHA does not have enough funding to assist the family at the top of the Waiting List, it is not permitted to skip down the Waiting List to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the Waiting List [24 CFR 982.204(d) and (e)].

**SAHA Policy**

Families will be selected from the Waiting List based on the local preference(s) for which they qualify, and in accordance with SAHA’s hierarchy of preferences. Within each preference category, families will be selected by assigned lottery number (score), if lottery was performed when placed on the Waiting List. Documentation will be maintained by SAHA as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the Waiting List is not qualified or not interested in targeted funding, there will be a notation maintained so that SAHA does not have to ask higher placed families each time targeted selections are made.
CA-602
Attachment 10
CoC-HMIS MOU
Southern California Regional HMIS Collaborative

Memorandum of Understanding

THIS MEMORANDUM OF UNDERSTANDING (MOU) is made this FIRST day of April 2015, by and between the City of Glendale and the City of Pasadena, each a municipal corporation of the State of California, the Los Angeles Homeless Services Authority, a Joint Powers Authority of the City and County of Los Angeles, and 2-1-1 Orange County, a non-profit organization.

WITNESSETH:

WHEREAS, the Congress of the United States of America, in enacting H.R. 5452, the Department of Veterans Affairs and Housing and Urban Development (HUD), and Independent Agencies Appropriations Act, 2001, amended subsection (a) of SEC. 228, Section 423 of the Stewart B. McKinney Homeless Assistance Act to include (7) Management Information System funding; and

WHEREAS, the United States Congress, in accepting Conference Report 108-988, indicated that "local jurisdictions should be collecting an array of data on homelessness in order to prevent duplicate counting of homeless persons and to analyze their patterns of use of assistance, including how they enter and exit the homeless assistance system and the effectiveness of the systems. HUD is directed to take the lead in working with communities toward this end and to analyze jurisdictional data within three years"; and

WHEREAS, HUD has since directed the programs it funds to develop a local Homeless Management Information System (HMIS) to collect and report data on the usage of homeless services; and

WHEREAS, HUD further encouraged local communities to determine their own best way to implement such a system; and

WHEREAS, the entities responsible for Continuum of Care planning for homeless programs in the Cities of Pasadena, Glendale, and Los Angeles, the balance of the County of Los Angeles, and Orange County have together planned for this system since December, 2001;

NOW, THEREFORE, IT IS AGREED that the participants in this collaborative wish to affirm their commitment to continue to work together in this Memorandum of Understanding as follows:

I. Background

The Southern California Regional Homeless Management Information System (HMIS) Collaborative (the "SCR Collaborative") is comprised of four HUD Continuum of Care grantees: the Cities of Glendale, and Pasadena, the Los Angeles Homeless Services Authority (LAHSA), and 2-1-1 Orange County. The SCR Collaborative itself is not a legal entity, but refers to the commitments and expectations of its individual members, each of whom will be responsible for enforcing the terms and conditions herein. The SCR Collaborative has implemented a web-based Homeless Management Information System that will permit the sharing of client level
V. Vendor Contracts

A. Vendor Selection
Having followed a community-based planning process to gather recommendations, the Participants released a Joint Request for Proposals to select an HMIS vendor. A review committee comprised of HMIS Steering Committee members reviewed and rated proposals, leading to a recommended vendor, Adysytech, Inc. Participant representatives are responsible for obtaining the appropriate approvals from their respective decision-making bodies in order to maintain contracts with Adysytech, Inc.

B. Vendor Contracts
The Participants will maintain individual contracts with Adysytech.

VI. Project Management and Oversight

A. All Participants agree to meet the following project management requirements:
1. Designate a HMIS Collaborative Working Group Lead to contact regarding project management issues;
2. Designate a HMIS Collaborative Working Group Lead to serve on the SCR HMIS Steering Committee for the term of the MCU;
3. Meet their financial obligations to Adysytech in accordance with their respective contracts;
4. Ensure their participating agencies and users meet Collaborative-approved training standards prior to obtaining system access;
5. Jointly create and manage HMIS policies and procedures;
6. Maintain a process to hear and address issues from users under its domain;
7. In situations where users operate programs in multiple Continuum of Care systems, the Participants responsible for those systems agree to work jointly to address problems and concerns;
8. Requests for data for any regional or system-wide reporting will be submitted via email to the HMIS Collaborative Working Group Lead. Requests must be approved or denied within (10) business days of receipt. Data used for such purposes will only be at the aggregate level and at no time will any confidential client information be disclosed.

B. Project Oversight
The SCR HMIS Steering Committee will be responsible for overseeing the coordinated implementation of HMIS in Los Angeles and Orange Counties. The SCR HMIS Steering Committee will meet at least quarterly to review the progress of implementation, identify and resolve problems, update policies and procedures, and review reports from Participants, as needed.

The SCR HMIS Steering Committee will utilize Working Groups to advise the Committee on specific matters related to the implementation and operation of HMIS.

The Steering Committee may also establish ad hoc and other committees as needed.

Likely ad hoc steering committees may include a Program and Policy Committee to manage processes for regional reporting, compliance with revised HMIS Data and
LA/OC HMIS Collaborative

City of Glendale
Date: 11-5-2015
By: Just Rolfes
Title: Community Services Manager
Print Name: Just Rolfes

2-1-1 Orange County
Date: 11-5-2015
By: Amber Killinger
Title: Director, Data & Technology
Print Name: Amber Killinger

City of Pasadena
Date: 11-6-2015
By: [Signature]
Title: Project Planner
Print Name: [Signature]

Los Angeles Homeless Services Authority
Date: 11-6-2015
By: Chris Carter
Title: Executive Director (Signing Authority for)
Print Name: Chris Carter
CA-602
Attachment 11
CoC Written Standards for Order of Priority
PSH Prioritization Policy
Orange County Continuum of Care

Policy #: CE-CA602-15-001

Policy: Prioritization for Permanent Supportive Housing (PSH) Opportunities

Effective Date: July 1, 2015

Date Reviewed/Revised:

Approved by the Commission to End Homelessness on: July 31, 2015

Background
The Orange County Continuum of Care, in accordance with guidance from the United States Department of Housing and Urban Development (HUD) Office of Community Planning Development Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status (CPD-14-012) maintains the following priority preference groups for access to Permanent Supportive Housing (PSH) opportunities within Orange County. In doing so Orange County will be able to:

1. Establish an order of priority for dedicated and prioritized PSH beds in order to ensure that those persons with the most severe service needs are given first priority.
2. Inform the selection process for PSH assistance not dedicated or prioritized for chronic homelessness to prioritize persons who do not yet meet the definition of chronic homelessness but are most at risk of becoming chronically homeless.
3. Provide uniform recordkeeping requirements for all recipients of CoC Program funded PSH for documenting chronically homeless status of program participants when required to do so as well as provide guidance on recommended documentation standards.

Applicability
At minimum all Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funded PSH providers will prioritize all PSH turnover units for chronically homeless people and allow existing PSH tenants to "move up" to Housing Choice Vouchers programs.

At minimum all CoC-funded PSH programs will maintain marketing and tenant selection policies and procedures that have explicit preferences and prioritization for individuals and families that meet the criteria established below. The CoC will promote the utilization of this prioritization among non-CoC funded PSH and document the use of this approach among other PSH in the County.

Definition
Orange County PSH shall give preference to household that meet the following general criteria:

- The household meets the HUD CoC definition for *chronically homeless* or the household met the criteria for the definition prior to entering a government funded transitional housing program.

  The definition of "chronically homeless" currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:

  a. An individual who:
     i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
     ii. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
     iii. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

  b. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of CPD-14-012], before entering that facility; or

  c. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2. (a) of CPD-14-012], including a family whose composition has fluctuated while the head of household has been homeless.

**Severity of Service Needs.**

Notice CPD-14-012 refers to persons who have been identified as having the most severe service needs.

a. For the purposes of Notice CPD-14-012, this means an individual for whom at least one of the following is true:
   i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or
   ii. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.
Orange County CoC will identify and verify service needs as defined in paragraphs i and ii through a standardized assessment tool, VI-SPDAT (and any other VI SPDATS that become available to our CoC through our HMIS Collaborative) to determine severity of needs and prioritization. In the event that two or more individuals receive the same score from the standardized assessment tool, individuals will be prioritized utilizing the established priority by the CPD-14-012.

Prioritization Policy
HUD Notice CPD 14-012

Order of Priority in CoC Program-funded Permanent Supportive Housing

Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

a. First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
   i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
   ii. The CoC identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs (see Section I.D.3. of CPD-14-012 for definition of severe service needs).

b. Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness. A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:
   i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
ii. The CoC has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

c. Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
   i. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
   ii. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

d. Fourth Priority—All Other Chronically Homeless Individuals and Families. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
   i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is less than 12 months; and
   ii. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

1. As of the date of this Notice, CoCs are encouraged to revise their written standards to include the following priorities for non-dedicated and non-prioritized PSH beds. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH would then be required to follow the order of priority when selecting participants for housing in accordance with the CoC’s revised written standards included in this Notice and in a manner consistent with their current grant agreement. CoCs that adopt this order of priority are encouraged to include in the written standards a policy that would allow for recipients of non-dedicated and non-prioritized PSH to offer housing to chronically homeless individuals and families first, but minimally would be required to place otherwise eligible households in an order that prioritizes,
in a nondiscriminatory manner, those who would benefit the most from this type of housing, beginning with those most at risk of becoming chronically homeless. For eligibility in non-dedicated and non-prioritized PSH serving non-chronically homeless households, any household member with a disability may qualify the family for PSH.

a. **First Priority—Homeless Individuals and Families with a Disability with the Most Severe Service Needs.**

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and has been identified as having the most severe service needs.

b. **Second Priority—Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.**

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.

c. **Third Priority—Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.**

An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.

d. **Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.**

An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in
transitional housing—all are eligible for PSH even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing.

Nondiscrimination Requirements

CoCs and recipients of CoC Program-funded PSH must continue to comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable.

Recordkeeping Requirements

This Notice establishes recordkeeping requirements for all recipients of CoC Program-funded PSH that are required to document a program participant’s status as chronically homeless as defined in 24 CFR 578.3 and in accordance with 24 CFR 578.103. Further, HUD expects that where CoCs have adopted the orders of priority in Section III. of this Notice into their written standards, the CoC as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities.

A. CoC Records

In addition to the records required in 24 CFR 578.103, it is recommended that the CoC should supplement such records with the following:

1. **Evidence of written standards that incorporate the priorities in Section III. of this Notice, as adopted by the CoC.** A CoC adopting the priorities in Section III of this Notice, may be evidenced by written CoC, or subcommittee, meeting minutes where written standards were adopted that incorporate the prioritization standards in this Notice, or an updated, approved, governance charter where the written standards have been updated to incorporate the prioritization standards set forth in this Notice.

2. **Evidence of a standardized assessment tool.** Use of a standardized assessment tool may be evidenced by written policies and procedures referencing a single standardized assessment tool that is used by all CoC Program-funded PSH recipients within the CoC’s geographic area.

3. **Evidence that the written standards were incorporated into the coordinated assessment policies and procedures.** Incorporating standards into the coordinated assessment policies and procedures may be evidenced by updated policies and procedures—that incorporate the updated written standards for CoC Program-funded PSH developed and approved by the CoC.

B. Recipient Recordkeeping Requirements
In addition to the records required in 24 CFR 578.103, recipients of CoC Program-funded PSH that is required by grant agreement to document chronically homeless status of program participants in some or all of its PSH beds must maintain the following records:

1. **Written Intake Procedures.** Recipients must maintain and follow written intake procedures to ensure compliance with the definition of chronically homeless per 24 CFR 578.3. These procedures must establish the order of priority for obtaining evidence as: (1) third-party documentation, (2) intake worker observations, and (3) certification from the person seeking assistance. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates entries are made.

2. **Evidence of Chronically Homeless Status.** Recipients of CoC Program-funded PSH whose current grant agreement includes beds that are dedicated or prioritized to the chronically homeless must maintain records evidencing that the individuals or families receiving the assistance in those beds meets the definition for chronically homeless at 24 CFR 578.3. Such records must include evidence of the homeless status of the individual or family (paragraphs (1)(i) and (1)(ii) of the definition), the duration of homelessness (paragraph (1)(ii) of the definition), and the disabling condition (paragraph (1)(iii) of the definition). When applicable, recipients must also keep records demonstrating compliance with paragraphs (2) and (3) of the definition.

   a. **Evidence of homeless status.** Evidence of an individual or head of household's current living situation may be documented by a written observation by an outreach worker, a written referral by housing or service provider, or a certification by the household seeking assistance that demonstrates that the individual or head of household is currently homeless and living in a place not meant for human habitation, in an emergency shelter, or a safe haven. For paragraph (2) of the definition for chronically homeless at 24 CFR 578.3, for individuals currently residing in an institution, acceptable evidence includes:

      i. Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution that demonstrate the person resided there for less than 90 days. All oral statements must be recorded by the intake worker; or

      ii. Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the paragraph i. above and a certification by the individual seeking assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days; and
iii. Evidence that the individual was homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, and met the criteria in paragraph (1) of the definition for chronically homeless in 24 CFR 578.3, immediately prior to entry into the institutional care facility.

b. Evidence of the duration of the homelessness. Recipients documenting chronically homeless status must also maintain the evidence described in paragraph i. or in paragraph ii. below, and the evidence described in paragraph iii. below:

i. Evidence that the homeless occasion was continuous, for at least one year.

Using any combination of allowable documentation described in Section V.B.2.(a) of this Notice, recipients must provide evidence that the homeless occasion was continuous, for a year period, without a break in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. For the purposes of this Notice, a break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

At least nine months of the one-year period must be documented by one of the following: (1) HMIS data, (2) a written referral, or (3) a written observation by an outreach worker. In only rare and the most extreme cases, HUD would allow a certification from the individual or head of household seeking assistance in place of third-party documentation for up to the entire period of homelessness. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and evidence of the efforts made to obtain third-party evidence as well as documentation of the severity of the situation in which the individual or head of household has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than one year and has not had any contact with anyone during that entire period.

Note: A single encounter with a homeless service provider on a single day within one month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional housing).
ii. **Evidence that the household experienced at least four separate homeless occasions over 3 years.**

Using any combination of allowable documentation described in Section V.B.2.(a) of this Notice, the recipient must provide evidence that the head of household experienced at least four, separate, occasions of homelessness in the past 3 years.

Generally, at least three occasions must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation. Any other occasion may be documented by a self-certification with no other supporting documentation.

In only rare and the most extreme cases, HUD will permit a certification from the individual or head of household seeking assistance in place of third-party documentation for the three occasions that must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and must document efforts made to obtain third-party evidence, and document of the severity of the situation in which the individual has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than one occasion of homelessness and has not had any contact with anyone during that period.

iii. **Evidence of diagnosis with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.** Evidence of this criterion must include one of the following:

1. Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;
2. Written verification from the Social Security Administration;
3. Copies of a disability check (e.g., Social Security Disability Insurance check or Veterans Disability Compensation);
4. Intake staff (or referral staff) observation that is confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days of the application for assistance and accompanied with one of the types of evidence above; or
5. Other documentation approved by HUD.

C. Recordkeeping Recommendations for CoCs that have Adopted the Order of Priority in this Notice. Where CoCs have incorporated the order of priority in this Notice into their written standards, recipients of CoC Program-funded PSH may demonstrate that they are following the CoC-established requirement by maintaining the following evidence:

1. **Evidence of Cumulative Length of Occasions.** For recipients providing assistance to households using the selection priority in Sections III.A.1.(a) and (b) of this Notice, the recipient must maintain the evidence of each occasion of homelessness as required in Section V.B.2.(b)(2) of this Notice, which establishes how evidence of each occasion of homelessness, when determining whether an individual or family is chronically homeless, may be documented. However, to properly document the length of time homeless, it is important to document the start and end date of each occasion of homelessness and these occasions must cumulatively total a period of 12-months. In order to properly document the cumulative period of time homeless, at least 9 months of the 12-month period must be documented through third-party documentation unless it is one of the rare and extreme cases described in Section V.B.2.b.i. of this Notice. For purposes of this selection priority, a single encounter with a homeless service provider on a single day within one month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional housing).

2. **Evidence of Severe Service Needs.** Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in Section I.D.3. of this Notice using data-driven methods such as an administrative data match or through the use of a standardized assessment conducted by a qualified professional.

3. **Evidence that the Recipient is Following the CoC’s Written Standards for Prioritizing Assistance.** Recipients must follow the CoC’s written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC’s adoption of written standards for prioritizing assistance, recipients must in turn document that the CoC’s revised written standards have been incorporated into the recipient’s intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.
Written Standards for PSH
Written Standards for Permanent Supportive Housing

A. Background information

In regards to rapid rehousing, § 578.7 Responsibilities of the Continuum of Care (a) (9) of the HEARTH Act Interim Rule notes that

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:

- Policies and procedures for evaluating individuals’ and families’ eligibility for assistance under this part;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.

Permanent supportive housing is considered permanent housing. HUD’s regulatory definition of “permanent housing” states:

“The term ‘permanent housing’ means community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid re-housing.”

HUD also states

“Additionally, in the regulatory definition of “permanent housing,” HUD clarifies that to be permanent housing, “the program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long. HUD has determined that requiring a lease for a term of at least one year that is renewable and terminable only for cause, assists program participants in obtaining stability in housing, even when the rental assistance is temporary. These requirements are consistent with Section 8 requirements.”

B. Eligible clients

As stated in the 2014 CoC NOFA under Beds Dedicated to the Chronically Homeless

“The total number of permanent supportive housing beds in the CoC’s geographic area that are dedicated specifically for use by the chronically homeless, per 24 CFR 578.3, as reported in the CoC’s Housing Inventory Count (HIC). For permanent supportive housing beds, when a participant exits the program, the bed must be filled by another chronically homeless participant unless there are no chronically homeless persons located within the CoC’s geographic area. This concept only applies to permanent supportive housing projects. (see p. 18)”

Also stated in the 2014 CoC NOFA under Non-Dedicated Permanent Supportive Housing Beds

“Permanent supportive housing beds within a CoC’s geographic area that are not currently dedicated specifically for use by the chronically homeless. CoCs and projects are strongly encouraged to prioritize the chronically homeless in non-dedicated permanent supportive housing beds as they become available through turnover. This concept only pertains to permanent supportive housing projects (see p. 19).”

Eligible clients must also meet eligibility criteria as defined in the NOFA under which the program was funded.

C. Written Standards

Written Standard #1: No Designated Length of Stay
• Program participants are provided housing without a designated length of stay that permits them to live as independently as possible.

In Program Components and Eligible Costs (Subpart D) of the Preamble of the HEARTH Act (see p. 25) the following is noted:

“Consistent with the definition of permanent housing in section 401 of the McKinney-Vento Act and § 578.3 of this interim rule, the permanent housing component is community-based housing without a designated length of stay that permits formerly homeless individuals and families to live as independently as possible. The interim rule clarifies that Continuum of Care funds may be spent on two types of permanent housing: permanent supportive housing for persons with disabilities (PSH) and rapid rehousing that provides temporary assistance (i.e., rental assistance and/or supportive services) to program participants in a unit that the program participant retains after the assistance ends.”

Written Standard #2: Lease Agreement

• The program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long.

On page 12 of the Preamble of the HEARTH Act Interim Rule,

“HUD clarifies that to be permanent housing, “the program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long. HUD has determined that requiring a lease for a term of at least one year that is renewable and terminable only for cause, assists program participants in obtaining stability in housing, even when the rental assistance is temporary. These requirements are consistent with Section 8 requirements.”

Also, § 578.77 Calculating occupancy charges and rent (a) states the following about occupancy agreements:

“(a) Occupancy agreements and leases. Recipients and subrecipients must have signed occupancy agreements or leases (or subleases) with program participants residing in housing.”

Written Standard #3: Restricted Assistance and Disabilities

• Permanent supportive housing can only provide assistance to individuals with disabilities and families in which one adult or child has a disability.

§ 578.37 Program components and uses of assistance (a) (1) (i) states that

“Permanent supportive housing for persons with disabilities (PSH). PSH can only provide assistance to individuals with disabilities and families in which one adult or child has a disability. Supportive services designed to meet the needs of the program participants must be made available to the program participants.”

Written Standard #4: Supportive Services

• Supportive services designed to meet the needs of program participants must be made available to the program participants.

§ 578.37 Program components and uses of assistance (a) (1) (i) states that
“Permanent supportive housing for persons with disabilities (PSH). PSH can only provide assistance to individuals with disabilities and families in which one adult or child has a disability. Supportive services designed to meet the needs of the program participants must be made available to the program participants.”

Written Standard #5: Duration of Supportive Services Assistance

- Supportive services to enable program participants to live as independently as possible must be provided throughout the duration of their residence

§ 578.53 Supportive services (b) (2) states that

“Permanent supportive housing projects must provide supportive services for the residents to enable them to live as independently as is practicable throughout the duration of their residence in the project.”

Written Standard #6: One Person per Bedroom

- In shared housing PSH programs, each individual in the housing unit must have their own bedroom and lease unless it is a family unit (2 persons) then only one lease and bedroom is required.

Information received from HUD Exchange on February 9, 2015 is as follows:

“Under the CoC Program, all housing that is leased with Continuum of Care program funds, or for which rental assistance payments are made with Continuum of Care program funds, must meet the applicable Housing Quality Standards (HQS) under 24 CFR 982.401 of this title, except that 24 CFR 982.401(j) applies only to housing occupied by program participants receiving tenant-based rental assistance.

HQS dictates that, at a minimum, the unit must have a living room, a kitchen, and a bathroom. HQS requirements also dictates that the bathroom must be contained within the unit, afford privacy (usually meaning a door, although no lock is required), and be for the exclusive use of the occupants. Additionally, the unit must have suitable space and equipment to store, prepare, and serve food in a sanitary manner. This includes a requirement for an oven and stove or range, a refrigerator of appropriate size for the family, and a kitchen sink with hot and cold running water. Hot plates are not acceptable substitutes for stoves or ranges. However, a microwave oven may be used in place of a conventional oven, stove, or range if the oven/stove/range are tenant supplied or if microwaves are furnished in both subsidized and unsubsidized units in the building or premises.

The CoC Program also allows for shared housing/roommate situations in projects with leasing or rental assistance funds. Each household must have the bedroom size that fits their household size. In other words, 2 individuals in a shared housing situation must have their own lease, and their own bedroom. The only situation where 2 people would be sharing one bedroom would be if they presented together as a household.

For more information about Housing Quality Standards, please refer to Chapter 10 of the HCVP Guidebook; www.hud.gov/offices/adm/hudclips/guidebooks/7420.10G/7420g10GUID.pdf.”

Written Standard #7: Program Income

- Program income generated from rent and occupancy charges may be collected from program participants and added to funds committed to the project by HUD and used for eligible program activities

§ 578.97 Program income includes the following:
"(a) Defined. Program income is the income received by the recipient or subrecipient directly generated by a grant-supported activity.
(b) Use. Program income earned during the grant term shall be retained by the recipient, and added to funds committed to the project by HUD and the recipient, used for eligible activities in accordance with the requirements of this part. Costs incident to the generation of program income may be deducted from gross income to calculate program income, provided that the costs have not been charged to grant funds.
(c) Rent and occupancy charges. Rents and occupancy charges collected from program participants are program income. In addition, rents and occupancy charges collected from residents of transitional housing may be reserved, in whole or in part, to assist the residents from whom they are collected to move to permanent housing."

Also, § 578.49 Leasing (b) (7) states the following about program income

"Program income. Occupancy charges and rent collected from program participants are program income and may be used as provided under § 578.97."

Written Standard #8: Calculating Occupancy Charges and Rent

- If occupancy charges are imposed, they may not exceed the highest of: 1) 30 percent of the family’s monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses); 2) 10 percent of the family’s monthly income; or 3) If the family is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family’s actual housing costs) is specifically designated by the agency to meet the family’s housing costs, the portion of the payments that is designated for housing costs.

§ 578.77 Calculating occupancy charges and rent (b) (1) (2) (3) notes the following about occupancy agreements

"(b) Calculation of occupancy charges. Recipients and subrecipients are not required to impose occupancy charges on program participants as a condition of residing in the housing. However, if occupancy charges are imposed, they may not exceed the highest of:
(1) 30 percent of the family’s monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses);
(2) 10 percent of the family’s monthly income; or
(3) If the family is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family’s actual housing costs) is specifically designated by the agency to meet the family’s housing costs, the portion of the payments that is designated for housing costs."

Written Standard #9: Examining Program Participant’s Initial Income

- A program participant’s initial income must be examined at initial entry and at least once annually thereafter, to determine the amount of the contribution toward rent payable by the program participant and adjustments to a program participant’s contribution toward the rental payment must be made as changes in income are identified.

§ 578.77 Calculating occupancy charges and rent (c)(2) states that

"Recipients or subrecipients must examine a program participant’s income initially, and at least annually thereafter, to determine the amount of the contribution toward rent payable by the program participant. Adjustments to a program participant’s contribution toward the rental payment must be made as changes in income are identified."
§578.103 Recordkeeping requirements (7) (i) (ii) states that the recipient or subrecipient must keep records for each program participant that document:

"(i) The services and assistance provided to that program participant, including evidence that the recipient or subrecipient has conducted an annual assessment of services for those program participants that remain in the program for more than a year and adjusted the service package accordingly, and including case management services as provided in § 578.37(a)(1)(ii)(F); and

(ii) Where applicable, compliance with the termination of assistance requirement in § 578.91."

Written Standard #10: Verifying Program Participant’s Initial Income

- Each program participant must agree to supply the information or documentation necessary to verify the program participant’s income.

§578.77 Calculating occupancy charges and rent (c)(3) states that

"As a condition of participation in the program, each program participant must agree to supply the information or documentation necessary to verify the program participant’s income. Program participants must provide the recipient or subrecipient with information at any time regarding changes in income or other circumstances that may result in changes to a program participant’s contribution toward the rental payment."

§578.103 Recordkeeping requirements (6) (i) (ii) (iii) and (iv) states that the following documentation of annual income must be kept by recipient or subrecipient:

"(i) Income evaluation form specified by HUD and completed by the recipient or subrecipient; and

(ii) Source documents (e.g., most recent wage statement, unemployment compensation statement, public benefits statement, bank statement) for the assets held by the program participant and income received before the date of the evaluation;

(iii) To the extent that source documents are unobtainable, a written statement by the relevant third party (e.g., employer, government benefits administrator) or the written certification by the recipient’s or subrecipient’s intake staff of the oral verification by the relevant third party of the income the program participant received over the most recent period; or

(iv) To the extent that source documents and third-party verification are unobtainable, the written certification by the program participant of the amount of income that the program participant is reasonably expected to receive over the 3-month period following the evaluation."

Written Standard #11: Recalculating Occupancy Charges and Rent

- If there is a change in family composition or a in the resident’s income during the year, the resident must report the change. At this time an interim reexamination will occur which may result in adjustments to the occupancy charge, rent, or size of certificate.

§ 578.77 Calculating occupancy charges and rent (b) (4) notes the following about recalculating occupancy charges and rent

"(4) Income. Income must be calculated in accordance with 24 CFR 5.609 and 24 CFR 5.611(a). Recipients and subrecipients must examine a program participant’s income initially, and if there is a change in family composition
(e.g., birth of a child) or a decrease in the resident’s income during the year, the resident may request an interim reexamination, and the occupancy charge will be adjusted accordingly.”

Written Standard #12: Supportive Services Agreement

- Programs may require participants to participate in supportive services that are not disability-related as a condition of continued participation in the program. To do so the program must submit policy for review and obtain approval from the Commission prior to making supportive services a requirement. The Commission would determine whether these requirements would be viewed as barriers based on HUD’s Housing First Model.

§ 578.75 General operations (h) states that

“Recipients and subrecipients may require the program participants to take part in supportive services that are not disability-related services provided through the project as a condition of continued participation in the program. Examples of disability-related services include, but are not limited to, mental health services, outpatient health services, and provision of medication, which are provided to a person with a disability to address a condition caused by the disability. Notwithstanding this provision, if the purpose of the project is to provide substance abuse treatment services, recipients and subrecipients may require program participants to take part in such services as a condition of continued participation in the program.”

From “HOUSING FIRST IN PERMANENT SUPPORTIVE HOUSING” (see www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf)

“Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability - Supportive services are proactively offered to help tenants achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy. Techniques such as harm reduction and motivational interviewing may be useful. Harm reduction techniques can confront and mitigate the harms of drug and alcohol use through non-judgmental communication while motivational interviewing may be useful in helping households acquire and utilize new skills and information.”

Written Standard #13: Termination of Assistance

- Assistance may be terminated to a program participant who violates program requirements or conditions of occupancy by providing a formal process that recognizes the due process of law.

On page 37 of the Preamble of the HEARTH Act, the following is stated concerning termination of assistance:

“The interim rule provides that a recipient may terminate assistance to a participant who violates program requirements or conditions of occupancy. The recipient must provide a formal process that recognizes the due process of law. Recipients may resume assistance to a participant whose assistance has been terminated.

Recipients that are providing permanent supportive housing for hard-to-house populations of homeless persons must exercise judgment and examine all circumstances in determining whether termination is appropriate. Under this interim rule, HUD has determined that a participant’s assistance should be terminated only in the most severe cases. HUD is carrying over this requirement from the Shelter Plus Care program.”
CA-602
Attachment 13
HDX Performance Measures
Performance Measurement Module (Sys PM)

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

<table>
<thead>
<tr>
<th></th>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Previous FY</td>
<td>Current FY</td>
<td>Previous FY</td>
</tr>
<tr>
<td>1.1 Persons in ES and SH</td>
<td>3391</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>1.2 Persons in ES, SH, and TH</td>
<td>5613</td>
<td>118</td>
<td></td>
</tr>
</tbody>
</table>

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client’s "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.
Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

<table>
<thead>
<tr>
<th>Exit was from SO</th>
<th>Total # of Persons who Exit to a Permanent Housing Destination (2 Years Prior)</th>
<th>Returns to Homelessness in Less than 6 Months (0 - 180 days)</th>
<th>Returns to Homelessness from 6 to 12 Months (181 - 365 days)</th>
<th>Returns to Homelessness from 13 to 24 Months (366 - 730 days)</th>
<th>Number of Returns in 2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exit was from SO</td>
<td>50</td>
<td>4 8%</td>
<td>4 8%</td>
<td>10 20%</td>
<td>18 36%</td>
</tr>
<tr>
<td>Exit was from ES</td>
<td>236</td>
<td>13 6%</td>
<td>8 3%</td>
<td>22 9%</td>
<td>43 18%</td>
</tr>
<tr>
<td>Exit was from TH</td>
<td>901</td>
<td>23 3%</td>
<td>17 2%</td>
<td>34 4%</td>
<td>74 8%</td>
</tr>
<tr>
<td>Exit was from SH</td>
<td>0</td>
<td>0 0%</td>
<td>0 0%</td>
<td>0 0%</td>
<td>0 0%</td>
</tr>
<tr>
<td>Exit was from PH</td>
<td>108</td>
<td>1 1%</td>
<td>1 1%</td>
<td>11 10%</td>
<td>13 12%</td>
</tr>
<tr>
<td>TOTAL Returns to Homelessness</td>
<td>1295</td>
<td>41 3%</td>
<td>30 2%</td>
<td>77 6%</td>
<td>148 11%</td>
</tr>
</tbody>
</table>
Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

<table>
<thead>
<tr>
<th>Universe: Total PIT Count of sheltered and unsheltered persons</th>
<th>Previous FY PIT Count</th>
<th>2015 PIT Count</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter Total</td>
<td>3833</td>
<td>4452</td>
<td>619</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>851</td>
<td>925</td>
<td>74</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>1304</td>
<td>1326</td>
<td>22</td>
</tr>
<tr>
<td>Unsheltered Count</td>
<td>2155</td>
<td>2251</td>
<td>96</td>
</tr>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>1678</td>
<td>2201</td>
<td>523</td>
</tr>
</tbody>
</table>

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

<table>
<thead>
<tr>
<th>Universe: Unduplicated Total sheltered homeless persons</th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing Shelter to Homeless Persons</td>
<td>5676</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>3566</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>2439</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th>Universe: Number of adults (system stayers)</th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing Shelter to Homeless Persons</td>
<td>771</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults with increased earned income</td>
<td></td>
<td>65</td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td></td>
<td>8%</td>
<td></td>
</tr>
</tbody>
</table>
Performance Measurement Module (Sys PM)

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td></td>
<td>771</td>
<td></td>
</tr>
<tr>
<td>Number of adults with increased non-employment cash income</td>
<td></td>
<td>442</td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td></td>
<td>57%</td>
<td></td>
</tr>
</tbody>
</table>

Metric 4.3 – Change in total income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td></td>
<td>771</td>
<td></td>
</tr>
<tr>
<td>Number of adults with increased total income</td>
<td></td>
<td>474</td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td></td>
<td>61%</td>
<td></td>
</tr>
</tbody>
</table>

Metric 4.4 – Change in earned income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td></td>
<td>617</td>
<td></td>
</tr>
<tr>
<td>Number of adults who exited with increased earned income</td>
<td></td>
<td>172</td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td></td>
<td>28%</td>
<td></td>
</tr>
</tbody>
</table>

Metric 4.5 – Change in non-employment cash income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td></td>
<td>617</td>
<td></td>
</tr>
<tr>
<td>Number of adults who exited with increased non-employment cash income</td>
<td></td>
<td>167</td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td></td>
<td>27%</td>
<td></td>
</tr>
</tbody>
</table>

Metric 4.6 – Change in total income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td></td>
<td>617</td>
<td></td>
</tr>
<tr>
<td>Number of adults who exited with increased total income</td>
<td></td>
<td>303</td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td></td>
<td>49%</td>
<td></td>
</tr>
</tbody>
</table>
Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Person with entries into ES, SH or TH during the reporting period.</td>
<td></td>
<td>4759</td>
<td></td>
</tr>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td></td>
<td>1108</td>
<td></td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)</td>
<td></td>
<td>3651</td>
<td></td>
</tr>
</tbody>
</table>

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Person with entries into ES, SH, TH or PH during the reporting period.</td>
<td></td>
<td>6610</td>
<td></td>
</tr>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td></td>
<td>1476</td>
<td></td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)</td>
<td></td>
<td>5134</td>
<td></td>
</tr>
</tbody>
</table>

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in 2016.
**Performance Measurement Module (Sys PM)**

**Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing**

**Metric 7a.1 – Change in exits to permanent housing destinations**

<table>
<thead>
<tr>
<th>Universe: Persons who exit Street Outreach</th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of persons above, those who exited to temporary &amp; some institutional destinations</td>
<td></td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td></td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>% Successful exits</td>
<td></td>
<td>4%</td>
<td></td>
</tr>
</tbody>
</table>

**Metric 7b.1 – Change in exits to permanent housing destinations**

<table>
<thead>
<tr>
<th>Universe: Persons in ES, SH, TH and PH-RRH who exited</th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td></td>
<td>2216</td>
<td></td>
</tr>
<tr>
<td>% Successful exits</td>
<td></td>
<td>39%</td>
<td></td>
</tr>
</tbody>
</table>

**Metric 7b.2 – Change in exit to or retention of permanent housing**

<table>
<thead>
<tr>
<th>Universe: Persons in all PH projects except PH-RRH</th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations</td>
<td></td>
<td>2407</td>
<td></td>
</tr>
<tr>
<td>% Successful exits/retention</td>
<td></td>
<td>96%</td>
<td></td>
</tr>
</tbody>
</table>

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