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 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with 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 so, please keep in mind that:

- This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
  - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
  - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
  - Some questions require that the Collaborative Applicant 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 Detailed Instructions click here.
1A. Continuum of Care (CoC) Identification

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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: People for Irvine Community Health dba 211OC
1B. Continuum of Care (CoC) Engagement

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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>No</td>
<td>No</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>No</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 in the geographic area 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.

(limit 1000 characters)

The CoC collaborates w/ a variety of stakeholders to provide strategic leadership to prevent and end homelessness. A broad range of committees meet regularly to address specific goals and issues and implement best practices. Membership is open to individuals and agencies interested in the development and coordination of homeless assistance programs. Veteran service providers participate on several committees providing knowledge and expertise on ending veteran homelessness including 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, streamline referrals and uses a “take down list” to prioritize housing placement for the chronically homeless 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 within the last 12 months (between October 1, 2014 and November 15, 2015).</th>
<th>Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).</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>

Applicant: Santa Ana/Anaheim/Orange County
Project: CA-602 CoC Registration FY2015
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 within the last 12 months (between October 1, 2014 and November 15, 2015).</th>
<th>Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).</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. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

<table>
<thead>
<tr>
<th>Opening Doors Goal</th>
<th>CoC has established timeline?</th>
</tr>
</thead>
<tbody>
<tr>
<td>End Veteran Homelessness by 2015</td>
<td>Yes</td>
</tr>
<tr>
<td>End Chronic Homelessness by 2017</td>
<td>Yes</td>
</tr>
<tr>
<td>End Family and Youth Homelessness by 2020</td>
<td>Yes</td>
</tr>
<tr>
<td>Set a Path to End All Homelessness by 2020</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors? (limit 1000 characters)
All CoC members are encouraged to be part of one or more committees that address the goals of Opening Doors. Committees have open membership and recruit appropriate members. Specific committees and collaboratives address ending homelessness among veterans, youth and families, and chronically homeless persons. Veteran service providers including those who are instrumental in implementing HUD VASH and SSVF and outreach and engagement workers who focus on the chronically homeless and such veterans were recruited to be part of one of the CoC Committees that focuses on ending homelessness among veterans. Youth and family service providers participate in CoC Committees that focus on ending youth and family homelessness. The Coordinated Assessment Subcommittee was tasked with ending homelessness among chronically homeless persons. Outreach and engagement teams and permanent supportive housing providers were specifically recruited for this committee.

1B-4. 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 any new projects in 2015. (limit 1000 characters)

Announcements regarding the release of a Letter of Intent process for renewal application and RFP for new applications (if any) are made at CoC, Homeless Provider Forum, and Commission to End Homelessness (CoC Board) meetings. In addition an email blast is sent to individuals, agencies, and other stakeholders via a comprehensive list serv for anyone interested in homeless issues. 211OC, the CoC lead HMIS agency and CoC partner also post information on their website on a page specifically dedicated to the CoC and Commission to End Homelessness.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?  

Annually
### 1C. Continuum of Care (CoC) Coordination

**Instructions:**
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**1C-1. Does the CoC coordinate with other 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>HeadStart Program</td>
<td>Yes</td>
</tr>
<tr>
<td>Other 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, as amended, requires CoCs 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 that the CoC 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)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for 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>Number of Con Plan jurisdictions with whom the CoC geography overlaps</th>
<th>21</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?</td>
<td>21 100.00%</td>
</tr>
<tr>
<td>How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?</td>
<td>12 57.14%</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>5 100.00%</td>
</tr>
</tbody>
</table>
1C-2a. Based on the responses selected 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, extent, 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 CoC meetings, and hold a seat 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. Cities also provide Certificates of Consistency for projects in their jurisdiction in support of annual CoC application. 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 responses selected 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 CoC and ESG recipients review and analyze their grants collectively to determine if the CoC has the right mix of housing and services and works together to ensure full participation of funded programs in HMIS. The CoC provides ESG recipients with PIT data for their Con Plans. The CoC and ESG recipients help develop strategic partnerships with mainstream agencies and works together on the implementation of a coordinated entry system by ensuring participation of funded programs, and assists in establishing a Housing First approach by making sure funded programs are implementing low barrier programs. ESG funds also help to fund low barrier housing (emergency shelter, transitional housing and RRH).
1C-3. Describe the 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, utilizing trauma informed care and voluntary service approaches. Victim service providers are directly linked by CES to survivors in need who are immediately and confidentially provided with housing including TH/RRH/ES and supportive services funded by local County and State resources. Information and service records are kept confidential and safely stored in a database comparable to HMIS and are only accessed by authorized personnel. Files are shredded after retention requirements expire. Shelter staff agree in writing to maintain confidentiality of clients’ identities and shelter locations. Clients are not to disclose their location to anyone and agree in writing not to have contact with their abusers with exception 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 October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA’s administrative planning document(s) clearly showing the PHA’s homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 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>18.00%</td>
<td>Yes-Both</td>
</tr>
<tr>
<td>City of Anaheim Housing Authority</td>
<td>2.80%</td>
<td>Yes-HCV</td>
</tr>
<tr>
<td>Housing Authority of the City of Santa Ana</td>
<td>2.00%</td>
<td>Yes-HCV</td>
</tr>
<tr>
<td>Housing Authority of the City of Garden Grove</td>
<td>6.00%</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 broad range of affordable housing sources are available for people experiencing homelessness including projects funded by: Mental Health Services Act (MHSA) Housing Program; HUD-Veterans Affairs Supportive Housing (VASH); Community Development Block Grant (CDBG) Program; HOME Investment Partnership Program; Runaway and Homeless Youth (RHY) programs; and Family Violence Prevention & Services programs. There are 1097 PSH beds used to house people experiencing homelessness and affordable housing units that are not CoC funded. The Orange County Housing Authority has been allocated and administers 624 HUD-VASH vouchers for eligible homeless veterans who are single or eligible homeless veterans with families. The number of new affordable MHSA housing units used to house people experiencing homelessness will be approximately 11 during the next 12 months. All 11 units will be permanent supportive housing.

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. For "Other," you must provide a description (2000 character limit)

| Engaged/educated local policymakers: | X |
| Engaged/educated law enforcement:    | X |
| Implemented communitywide plans:    |   |
| No strategies have been implemented:|   |
1D. Continuum of Care (CoC) Discharge Planning

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1D-1. Select the systems 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 of Care</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 systems of care within the CoC’s geographic area with which the CoC actively coordinates to ensure that 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 of Care</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) 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

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)

Coordinated Entry (CE) is linked to street outreach throughout the CoC. People sleeping on the streets are prioritized for assistance the same way as other homeless persons. 8 Street Outreach Teams are deployed to administer the VI-SPDAT (on the streets, in encampments, areas out of public sight) to assess the vulnerability of homeless individuals and determine appropriate support and housing interventions (permanent supportive housing with a Housing First approach and rapid re-housing). CE is advertised several ways to reach those least likely to access the process by leaving: business cards of outreach workers; flyers w/contact information describing the process; information at service sites, public locations, and events that attract homeless persons (i.e. homeless connect, veteran stand down, seasonal shelter programs, and large inside and outside meal programs at community centers and parks). Also, educating service providers; the use of 211 help line and Re-Entry Portal.
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 the organization or person does not exist in the CoC’s geographic area, select “Not Applicable.” If there are other organizations or persons that participate not on this list, enter the information, 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>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</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>
</tr>
<tr>
<td>Law Enforcement</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>
</tr>
<tr>
<td>Hospital(s)</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>
</tr>
<tr>
<td>Mental Health Service Organizations</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>
</tr>
<tr>
<td>Affordable Housing Developer(s)</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>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</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>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Organizations</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>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</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>
</tr>
<tr>
<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>
</tr>
<tr>
<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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 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 2015 CoC Program Competition? 43
- 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 2015 CoC Program Competition? 39
- Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition? 100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC’s publicly announced Rating and Review procedure must be attached.)

- Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.) X
- Performance outcomes from APR reports/HMIS
  - Length of stay X
  - % permanent housing exit destinations X
  - % increases in income X
  - Active Clients that Entered from ES or Streets X
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. In addition, describe how the CoC made this information available to all stakeholders. (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 October 14 and made available to the public at the Executive Committee meeting on October 16. The final ranking and scoring criteria was posted on the CoC’s web site on October 26.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 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.)

11/18/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 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.)

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

10/29/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?

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

Instructions
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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 or mainstream and non-cash benefits, 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. In addition, 211OC conducts performance reports by project which includes analysis on unit utilization, length of stay, exits to permanent housing, entries from homelessness and returns to homelessness. These reports will be posted publicly on the 211OC website every six months allowing 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 review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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? In all cases, the CoC’s governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, 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 the attached MOU.

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 Organizations (CHOs)?

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

Enginuity

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

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

Instructions
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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>$0</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>$499,646</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>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><strong>State and Local - Total Amount</strong></td>
<td><strong>$140,112</strong></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>$0</td>
</tr>
<tr>
<td>Organization</td>
<td>$184,070</td>
</tr>
<tr>
<td><strong>Private - Total Amount</strong></td>
<td><strong>$184,070</strong></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>$19,200</td>
</tr>
<tr>
<td><strong>Other - Total Amount</strong></td>
<td><strong>$19,200</strong></td>
</tr>
<tr>
<td><strong>2B-2.6 Total Budget for Operating Year</strong></td>
<td><strong>$843,028</strong></td>
</tr>
</tbody>
</table>
2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/11/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2015 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 beds</td>
<td>459</td>
<td>179</td>
<td>144</td>
<td>51.43%</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>1,578</td>
<td>239</td>
<td>1,065</td>
<td>79.54%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) beds</td>
<td>1,048</td>
<td>30</td>
<td>1,013</td>
<td>99.51%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) beds</td>
<td>2,300</td>
<td>0</td>
<td>2,300</td>
<td>100.00%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) beds</td>
<td>118</td>
<td>0</td>
<td>29</td>
<td>24.58%</td>
</tr>
</tbody>
</table>

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

The CoC is working with a faith based group that is part of the Street Outreach Teams for CE. Their addition to the system of care facilitates increased participation by faith based organizations in HMIS and CE. Reduction of HMIS fees for these organizations and the development of a plan to assist in data entry will also further the goal of increased of more non-CoC emergency shelter and transitional housing beds into HMIS including the participation of the Rescue Mission and Salvation Army programs (currently participating in HIC and PIT for all programs, and the AHAR for one program). 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, transitional housing, and other permanent housing.
2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below. (limit 1000 characters)

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA Domiciliary (VA DOM)</td>
<td></td>
</tr>
<tr>
<td>VA Grant per diem (VA GPD)</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>HOPWA projects</td>
<td></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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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" during the time period of October 1, 2013 through September 30, 2014.

<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>0%</td>
</tr>
<tr>
<td>3.2 Social Security Number</td>
<td>11%</td>
<td>12%</td>
</tr>
<tr>
<td>3.3 Date of birth</td>
<td>9%</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>1%</td>
<td>1%</td>
</tr>
<tr>
<td>3.8 Disabling condition</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>3.9 Residence prior to project entry</td>
<td>1%</td>
<td>0%</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>8%</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>36%</td>
<td>1%</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 2015 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)
One agency in Orange County received GPD funding. This project participated in HMIS until December 2014 when the funding ended and therefore is no longer represented in HMIS.
2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent 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. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

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

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/11/2015
2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

<table>
<thead>
<tr>
<th>Method</th>
<th></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></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>X</td>
</tr>
<tr>
<td>Sample of PIT interviews plus extrapolation:</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 2014 to 2015, 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 and change in partners participating in the PIT count).

(limit 1000 characters)

Not applicable. There were not any changes in the sheltered PIT count methodology from 2014 to 2015.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count?

Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count.

(limit 750 characters)

Reasons for changes include the following: Some projects that participated in the 2014 HIC but not in 2015. One reason is the closing of the project as a result of lost funding. Others were removed from the 2015 HIC because homelessness was not required for program entry. 3 privately funded projects participated in 2014 refused participation in 2015. Many projects not included in the 2014 HIC received new funding after the 2014 HIC was completed and were included as new projects in 2015. Multiple RRH projects included on the 2015 HIC but not included in 2014 because no clients were housed in the project on the night of the HIC/PIT. Finally, 3 privately funded projects refused to participate in the 2014 but agreed to participate in the 2015.
### 2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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></th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>X</td>
</tr>
<tr>
<td>Provider follow-up</td>
<td>X</td>
</tr>
<tr>
<td>HMIS</td>
<td>X</td>
</tr>
<tr>
<td>Non-HMIS de-duplication techs</td>
<td></td>
</tr>
</tbody>
</table>

**2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 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 method). (limit 1000 characters)**

Not applicable. There were not any changes in the sheltered PIT count methodology from 2014 to 2015.
2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was 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 2015, 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
2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

<table>
<thead>
<tr>
<th>Method Description</th>
<th>Selection</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></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 its unsheltered PIT count methodology.
(limit 1000 characters)

Orange County's used a “known locations” combined with a “random sample of areas” count methodology - the same used in 2013. This methodology is one of only two appropriate for a jurisdiction the size and urbanization of Orange County and uses local experts to define areas where homeless 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. Homeless clients, service agencies, and law enforcement were interviewed to identify areas of unsheltered homeless in the CoC's geography. Volunteer teams went to 132 locations in the fall of 2014 to create maps. Based on this input, 185 PIT maps were developed, including walking instructions for all hot and warm spots, and used as a dry run with staff, volunteers and homeless individuals. The maps were refined and given to trained volunteers on the night of the count.
2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, 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 and change in partners participating in the count).

(limit 1000 characters)

Not applicable. There were not any changes in the unsheltered PIT count methodology from 2013 to 2015.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016?

No

(If “Yes” is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)
### 2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

#### 2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

<table>
<thead>
<tr>
<th>Step</th>
<th>[ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>X</td>
</tr>
<tr>
<td>&quot;Blitz&quot; count</td>
<td>X</td>
</tr>
<tr>
<td>Unique identifier</td>
<td></td>
</tr>
<tr>
<td>Survey question</td>
<td>X</td>
</tr>
<tr>
<td>Enumerator observation</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 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 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 to actual methodology (e.g., change in sampling or extrapolation method).

(1000 characters)

Changes this year included: greater participation by local law enforcement Homeless Liaison Officers in both the mapping and the actual PIT; increased outreach to a diversity of stakeholders to solicit input and volunteer participation, including youth; an improved screening and training the trainers; a more comprehensive training for volunteers; deployment at 4:30am instead of 4:00am, in order to find more homeless who were awake at the time of the count (majority between 5am and 6am).
3A. Continuum of Care (CoC) System Performance

Instructions
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

<table>
<thead>
<tr>
<th></th>
<th>2014 PIT (for unsheltered count, most recent year conducted)</th>
<th>2015 PIT</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered persons</td>
<td>4,251</td>
<td>4,452</td>
<td>201</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>1,145</td>
<td>925</td>
<td>-220</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>1,428</td>
<td>1,326</td>
<td>-102</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>2,573</td>
<td>2,251</td>
<td>-322</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, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

<table>
<thead>
<tr>
<th></th>
<th>Between October 1, 2013 and September 30, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>5,395</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>3,541</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>2,759</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 for becoming homeless for the first time.

(limit 1000 characters)

A county-wide homeless prevention and diversion strategy including a creation of a tool for both has been implemented by the Prevention Committee to identify specific risk factors that include unemployment, underemployment, sudden death or illness, and temporary and permanent disability. A homeless RRH prevention strategy was implemented with CoC and ESG recipients for individuals and families that provides assistance to households with the highest likelihood of becoming homeless. Distinguishing criteria includes household income at or below 30% of AMI and whether there is a history of homelessness. For families who become homeless, the Family Redirection Program provides immediate short-term shelter at Armory Shelters and are immediately redirected into a temporary congregation/alternate family shelter site. During the first 14 days, each family receives a thorough assessment and continues to receive ongoing case management during their stay to set housing and financial goal.


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.

(limit 1000 characters)

Performance analyses were reviewed for 2013-2015. The average LOS for ES and TH remained consistent. In 2014 and 2015, the average stay for TH decreased by about a month. Analyses was not completed for ES in 2015. Projects in HMIS track average LOS for sheltered clients by running performance reports every 6 months. These reports are posted on HMIS website allowing stakeholders to see the average LOS for each project and help agencies identify which projects have the highest LOS resulting in changes to project operations and improved performance. The VI-SPDAT has been implemented including questions regarding the length of time the client has been on the streets or in ES and tracks length of homelessness for unsheltered clients. Client’s length of homelessness, disability status, and chronicity determine the client’s ranking on the CE Prioritization list. CoC is increasing the supply of PSH as a strategy to reduce LOS. Clients with the longest length of time homeless are housed first.
*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:**

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

<table>
<thead>
<tr>
<th></th>
<th>Between October 1, 2013 and September 30, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons in SSO, TH and PH-RRH who exited</td>
<td>996</td>
</tr>
<tr>
<td>Of the persons in the Universe above, how many of those exited to permanent destinations?</td>
<td>794</td>
</tr>
<tr>
<td>% Successful Exits</td>
<td>79.72%</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, 2013 and September 31, 2014.

<table>
<thead>
<tr>
<th></th>
<th>Between October 1, 2013 and September 30, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons in all PH projects except PH-RRH</td>
<td>1,570</td>
</tr>
<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>1,422</td>
</tr>
<tr>
<td>% Successful Retentions/Exits</td>
<td>90.57%</td>
</tr>
</tbody>
</table>

**3A-5. Performance Measure: Returns to Homelessness:**

Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three 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)
Four implemented strategies include: 1) expanding the number of RRH programs through CoC funds, ESG funds, and state funds such as the CalWORKS Homeless Support Program; 2) providing wrap-around services with case management after households obtain PH in order to help maintain housing; 3) developing landlord liaison relationships as 1st point of contact for tenant issues and serve as mediator as needed; and 4) identifying individuals and families who return to homelessness through the CES which is imbedded into HMIS and creates a unique identifier upon entry. The HMIS Lead Agency runs performance reports for all project types on an annual basis, and one of the measurements of the report is tracking the percentage of households that return to homelessness after exiting to PH. These reports are posted on CoC website, so all members CoC can see the % of households that are returning to homelessness which helps agencies identify projects having most returns to homelessness.


Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy).

Every homeless person entering into a residential component of the CoC is assessed for employment as part of a housing first approach. At least one case manager identifies and provides the services needed for employable residents that include pre-employment supports which likely involve life skills such as proper grooming and confidence-building. Other necessary services include job-readiness activities such as effective resumes and interview preparation, and job searching are obtained through referrals as noted in 3A-6a. Residents that are temporarily or not employable are helped with non-employment related income through the Orange County Social Services Agency which provides a wide-range of cash benefits including CalWorks, CalFresh, General Relief, and Medi-Cal. There are numerous office locations. Case managers help provide transportation when necessary, complete necessary paperwork, and assist residents with follow-up to ensure benefits are received.

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

Applicant: Santa Ana/Anaheim/Orange County
Project: CA-602 CoC Registration FY2015

CA-602 FY2015 CoC Application Page 41 11/19/2015
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. Various events such workshops, technical assistance and training activities are also provide. County Social Services Agency has a Welfare to Work Program for CalWorks recipients that provides basic job seeking and interviewing skills, understanding employer expectations, creating a résumé, job search assistance through employment counselor, and referrals to potential employers that match participant’s skills. Working Wardrobes, a local nonprofit also provides workforce development and services to veterans.


How does the CoC ensure that all people living unsheltered in the CoC’s geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)

Coordination between outreach teams and housing and homeless assistance providers consists of targeted street outreach to all unsheltered individuals including those who are CH and hardest to reach. CES target outreach workers to engage unsheltered persons through information on known locations of homeless from the 2015 PIT and entering them into CES using the VI-SPDAT and identifying the best type of support and housing interventions that fit their needs. For families, placement in shelters as bridge housing only occurs when a family’s homelessness cannot be immediately prevented. RRH assistance is provided as quickly as possible in order to limit their stay in temporary housing. For individuals, placement in shelters as bridge housing is needed when appropriate PH is not yet available. A housing first approach is used so such persons are able to maintain their temporary housing and in order to help assure that such persons maintain their housing once obtained.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?

Yes

3A-7b. 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)
A CoC Ad Hoc Committee was convened to advise and provide direction on the 2015 PIT. Committee direction included the use of a public places count with sampling methodology (appropriate for OC’s size and urbanization); integration of a survey with the count; and a statistical process to account for areas not visited. Count methodology combined known locations with “random sample of areas”. Local experts (e.g. outreach teams, law enforcement agencies, etc.) identified areas where homeless are likely to sleep and designated as “cold”, “warm”, or “hot” based on the density of homeless people expected to be found in that location. From August to December 2014, extensive mapping occurred. Geography was divided into 185 non-overlapping areas. All “hot” areas were covered by a team of counters and surveyors. The remaining areas were designated “warm” and a randomly sampled portion of these were visited. “Cold” areas were excluded and not visited during the unsheltered PIT count.
Objective 1: Ending Chronic Homelessness

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

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 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

<table>
<thead>
<tr>
<th></th>
<th>2014 (for unsheltered count, most recent year conducted)</th>
<th>2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons</td>
<td>829</td>
<td>580</td>
<td>-249</td>
</tr>
<tr>
<td>Sheltered Count of chronically homeless persons</td>
<td>156</td>
<td>133</td>
<td>-23</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, decrease, 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 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)
Reasons for the decrease include: 1) additional PSH beds as a result of reallocation; 2) additional HUD-VASH beds for chronically homeless veterans; 3) prioritizing CH persons within the CES; and 4) focusing outreach and engagement workers on CH persons that resulted in housing such persons quicker and more efficiently.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

The CoC has begun to implement a two year plan that will increase the number of PSH beds for CH persons. The plan consists of increasing the number of PSH for CH persons by 1) encouraging PSH programs that do not serve 100% CH to serve 100% CH; 2) requiring PSH programs to fill vacant beds with CH; 3) maintain CoC funded TH beds for youth ages 18 – 24 and victims of DV and reallocating other CoC funded TH beds to PSH for CH; 4) reallocating CoC funded SSO projects to PSH for CH; 5) supporting the creation of PSH for CH persons through non-CoC sources of funding- including state, county, and city funding sources, including Mental Health Services Act funds. Support will include funding for the acq., rehab., and new construction of units/beds for CH persons; and 6) supporting private investments/financing and private foundation grants to support operations of a PSH for CH. The CoC has worked with PHA to change Admin Plan preferences to accommodate CH. CoC will offer training workshops to provide assistance to PSH staff/board. CoC will monitor the action steps noted above throughout the year and the CoC ranking and review process.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

Commencing in February 2014 began implementing all of the activities in the two year plan noted in 3B-1.2. All of these strategies and actions have been accomplished and continue to be promoted as on-going actions through the written standards, CES, and CoC-wide planning efforts. Encouraging PSH programs that do not serve 100% CH to serve 100% CH; requiring PSH programs to fill vacant beds with CH; maintain CoC funded TH beds for youth ages 18 – 24 and victims of DV and reallocating other CoC funded TH beds to PSH for CH; reallocating CoC funded SSO projects to PSH for CH all began in February, 2014; supporting the creation of PSH for CH persons through non-CoC sources of funding- including state, county, and city funding sources is ongoing. Supporting private investments/financing and private foundation grants to support operations of a PSH for CH began later in the year.
3B-1.3. 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 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

<table>
<thead>
<tr>
<th>Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.</th>
<th>2014</th>
<th>2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>353</td>
<td>223</td>
<td>-130</td>
</tr>
</tbody>
</table>

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in 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 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

Some projects added chronically homeless beds since the last HIC. However, the agency that reported the largest number of chronically homeless beds in 2014 reported the number of chronically homeless clients in their beds, not the number of beds reserved for chronically homeless clients. In 2015, the agency correctly reported the number of their beds that are dedicated for chronically homeless clients. Although the actual number of beds dedicated for chronically homeless clients did not decrease, there was a large decrease in the reported number of chronically homeless beds on the HIC.

3B-1.4. Did the CoC adopt the orders of priority in 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-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.

2-6

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.
### 3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?

**Yes**

This question will not be scored.

### 3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

In addition to the strategies and resources that are being implemented in 3B-1.2a, the CoC is 1) focusing 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) engaging CH households through the coordinated entry system to help link them to the appropriate PSH provider and level of supportive services; 3) increasing 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) connecting CH households to mainstream resources including Medi-Cal and behavioral health services while awaiting PSH placement; 5) connecting CH households to community resources such as food, transportation, money management, housing counseling services, etc. to ensure they maintain their housing; and 6) emphasizing a consumer-driven mindset that is choice-based.
3B. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:
For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

<table>
<thead>
<tr>
<th>Factor</th>
<th>Selected</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 plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.

(limit 1000 characters)

Coordinated Entry plays a critical role in providing the right intervention for each homeless family to effectively house them within 30 days. The CES is designed to help families avoid entering shelters by offering assistance to families to help them remain in their housing for a short period of time in order to gain time to move them into PH. If ES is needed for a family, supportive services are provided to help ensure a stay of no more than 30 days. Such services are provided within a housing first and low barrier environment. RRH assistance is provided to also 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 to RRH and has worked with ESG recipients to allocate more funding to RRH. PSH is targeted to CH in need ongoing subsidies and consistent support services.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

<table>
<thead>
<tr>
<th>RRH units available to serve families in the HIC:</th>
<th>2014</th>
<th>2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH units available to serve families in the HIC:</td>
<td></td>
<td>32</td>
<td>244</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, or gender 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 □
3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

<table>
<thead>
<tr>
<th>PIT Count of Homelessness Among Households With Children</th>
<th>2014 (for unsheltered count, most recent year conducted)</th>
<th>2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered homeless households with children:</td>
<td>523</td>
<td>451</td>
<td>-72</td>
</tr>
<tr>
<td>Sheltered Count of homeless households with children:</td>
<td>522</td>
<td>449</td>
<td>-73</td>
</tr>
<tr>
<td>Unsheltered Count of homeless households with children:</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count.

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. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Response</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>No</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>Selection</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>
<tr>
<td>Community awareness training concerning youth trafficking:</td>
<td>X</td>
</tr>
<tr>
<td>N/A:</td>
<td></td>
</tr>
</tbody>
</table>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerability to victimization:</td>
<td>X</td>
</tr>
<tr>
<td>Length of time homeless:</td>
<td>X</td>
</tr>
<tr>
<td>Unsheltered homelessness:</td>
<td>X</td>
</tr>
<tr>
<td>Lack of access to family and community support networks:</td>
<td>X</td>
</tr>
<tr>
<td>N/A:</td>
<td></td>
</tr>
</tbody>
</table>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

<table>
<thead>
<tr>
<th></th>
<th>FY 2013 (October 1, 2012 - September 30, 2013)</th>
<th>FY 2014 (October 1, 2013 - September 30, 2014)</th>
<th>Difference</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>55</td>
<td>72</td>
<td>17</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 2014 is lower than FY 2013, explain why. (limit 1000 characters)

Not applicable. Number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry was higher in FY 2014 than FY 2013.

3B-2.9. Compare funding for youth homelessness in the CoC’s geographic area in CY 2015 to projected funding for CY 2016.

<table>
<thead>
<tr>
<th>Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):</th>
<th>Calendar Year 2015</th>
<th>Calendar Year 2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$295,135.50</td>
<td>$95,668.00</td>
<td>($199,467.50)</td>
<td></td>
</tr>
</tbody>
</table>

| CoC Program funding for youth homelessness dedicated projects: | $95,668.00 | $95,668.00 | $0.00 |

| Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding): | $199,467.50 | $0.00 | ($199,467.50) |

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other’s meetings over the past 12 months?

<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>18</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>12</td>
</tr>
<tr>
<td>CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):</td>
<td>18</td>
</tr>
</tbody>
</table>

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)
CoC and school district liaisons work together to develop safeguards to protect students from discrimination based on homelessness by having local education stakeholders on committees who are involved in strategic planning activities regarding homelessness and children. As a result, there is a joint process to identify families experiencing, or at risk of homelessness that often happens while complying with the immediate enrollment mandate because of the lack of, or inaccurate, paperwork. Efforts to confirm the student’s living situation are grounded in sensitivity and respect bearing in mind the best interest of the student. Thus, verifying the living status of students through landlords and law enforcement is not practiced. Relationships have been established with shelters and transitional housing programs to assist in identifying students in ways not to create barriers and not embarrass families by conducting minimal investigation to verify the living situation and conditions.

3B-2.11. How does the CoC make sure that homeless participants 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. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

CoC representatives meet regularly with local school district and statewide liaisons and mutually provide information and resources. Data and relevant information are also posted on the district websites and disseminated via list serv 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 which includes ensuring that families are aware of educational rights through regular school mailings and handouts at the beginning of the school year. 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 reviews educational rights with parents; posts 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, they give families and youth access to shelters and transitional housing programs closest to the school where they are enrolled. Also, when necessary, they work together to help enroll children escaping Domestic Violence in a school of their choice within the district and establish 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. 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. 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 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

<table>
<thead>
<tr>
<th></th>
<th>2014 (for unsheltered count, most recent year conducted)</th>
<th>2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT count of sheltered and unsheltered homeless veterans:</td>
<td></td>
<td>446</td>
<td>447</td>
</tr>
<tr>
<td>Sheltered count of homeless veterans:</td>
<td></td>
<td>177</td>
<td>91</td>
</tr>
<tr>
<td>Unsheltered count of homeless veterans:</td>
<td></td>
<td>269</td>
<td>356</td>
</tr>
</tbody>
</table>

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 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 into those project types rather than emergency shelter or transitional housing.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. 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 have been determined to be eligible for VA services; 5) assigning veterans to housing navigators that help identify housing, including bridge housing if needed, and help veterans 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 right level of services including connections to employment and legal services if needed.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)
An action plan for veterans who are determined to be ineligible for VA services is initiated by the interagency group and assigned to housing navigators who implement a housing first approach. The primary housing resources include Shelter+Care program and PSH units. The total number of Shelter+Care certificates is 601 and the total number of PH units is 3,506. Approximately, 20% of the total number of PH units and units subsidized by S+C turnover annually. CoC Program-funded projects prioritize veterans and their families who cannot be effectively assisted with VA services. When it is determined a veteran cannot be effectively assisted with VA housing and services and has the same level of need as a non-veteran (as determined using a standardized assessment tool). In addition to the CoC Program-funded resources noted above, other such resources include Section 8 Housing Choice Voucher Program; HOPWA, and HOME Program tenant-based rental assistance.

### 3B-3.4. 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 2015 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>2015</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total PIT count of sheltered and unsheltered homeless veterans:</td>
<td>1,282</td>
<td>447</td>
<td>-65.13%</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-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.

- Yes

This question will not be scored.

### 3B-3.5a. 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 2015? (limit 1000 characters)
In addition, to the strategies and resources noted in 3B-3.2 and 3B-3.3, maximization includes 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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 mainstream program changes that can affect homeless clients?

Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which 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 2015 Assistance with Mainstream Benefits

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of project applications in the FY 2015 competition (new and renewal):</td>
<td>45</td>
</tr>
<tr>
<td>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 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, “Yes” is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).</td>
<td>19</td>
</tr>
<tr>
<td>Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:</td>
<td>42%</td>
</tr>
</tbody>
</table>

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (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 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 that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

| 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4B-1. Based on the CoC's FY 2015 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? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

<table>
<thead>
<tr>
<th>FY 2015 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 2015 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 2015 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 2015 competition that will be designated as “low barrier”:</td>
</tr>
</tbody>
</table>

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 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 2015 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 2015 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 2015 competition:</td>
</tr>
<tr>
<td>Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 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 persons that are least likely to request housing or services in the absence of special outreach?

- **Direct outreach and marketing:** X
- **Use of phone or internet-based services like 211:** X
- **Marketing in languages commonly spoken in the community:** X
- **Making physical and virtual locations accessible to those with disabilities:** X

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

<table>
<thead>
<tr>
<th>RRH units available to serve any population in the HIC:</th>
<th>2014</th>
<th>2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>71</td>
<td>354</td>
<td>283</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)
Not Applicable/No new rehab or construction

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" in 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)

Not applicable

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 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)

Not applicable

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes
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.

<table>
<thead>
<tr>
<th>CoC Governance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC Systems Performance Measurement:</td>
</tr>
<tr>
<td>Coordinated Entry:</td>
</tr>
<tr>
<td>Data reporting and data analysis:</td>
</tr>
<tr>
<td>HMIS:</td>
</tr>
<tr>
<td>Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth: X</td>
</tr>
<tr>
<td>Maximizing the use of mainstream resources:</td>
</tr>
<tr>
<td>Retooling transitional housing:</td>
</tr>
<tr>
<td>Rapid re-housing:</td>
</tr>
<tr>
<td>Under-performing program recipient, subrecipient or project:</td>
</tr>
<tr>
<td>Not applicable:</td>
</tr>
</tbody>
</table>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.
This response does not affect the scoring of this application.

<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>
<td>Vets@Home</td>
<td>10/19/2015</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says “Does Not Apply”.

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>03. CoC Rating and Review Procedure</td>
<td>Yes</td>
<td>CoC Rating and Review Procedure</td>
<td>11/18/2015</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>PHA Administration Plan (Applicable Section(s) Only)</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>11. CoC Written Standards for Order of Priority</td>
<td>No</td>
<td>CoC Written Standards for Order of Priority</td>
<td>11/18/2015</td>
</tr>
<tr>
<td>12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Other</td>
<td>No</td>
<td></td>
<td></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: 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects

Attachment Details

Document Description: 2015 CoC Consolidated Application: Public Posting Evidence

Attachment Details

Document Description: CoC Rating and Review Procedure

Attachment Details

Document Description: CoC Rating and Review Procedure: Public Posting Evidence

Attachment Details

Document Description: CoC's Process for Reallocating

Attachment Details

Document Description: CoC's Governance Charter
Attachment Details

Document Description: HMIS Policies and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administration Plan

Attachment Details

Document Description: CoC-HMIS MOU

Attachment Details

Document Description: CoC Written Standards for Order of Priority

Attachment Details

Document Description:
## Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Identification</td>
<td>11/16/2015</td>
</tr>
<tr>
<td>1B. CoC Engagement</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>1C. Coordination</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>1D. CoC Discharge Planning</td>
<td>11/12/2015</td>
</tr>
<tr>
<td>1E. Coordinated Assessment</td>
<td>11/17/2015</td>
</tr>
<tr>
<td>1F. Project Review</td>
<td>11/18/2015</td>
</tr>
<tr>
<td>1G. Addressing Project Capacity</td>
<td>11/13/2015</td>
</tr>
<tr>
<td>2A. HMIS Implementation</td>
<td>11/18/2015</td>
</tr>
<tr>
<td>2B. HMIS Funding Sources</td>
<td>11/12/2015</td>
</tr>
<tr>
<td>2C. HMIS Beds</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>2D. HMIS Data Quality</td>
<td>11/12/2015</td>
</tr>
<tr>
<td>2E. Sheltered PIT</td>
<td>11/13/2015</td>
</tr>
<tr>
<td>2F. Sheltered Data - Methods</td>
<td>11/17/2015</td>
</tr>
<tr>
<td>2G. Sheltered Data - Quality</td>
<td>11/17/2015</td>
</tr>
<tr>
<td>2H. Unsheltered PIT</td>
<td>11/13/2015</td>
</tr>
<tr>
<td>2I. Unsheltered Data - Methods</td>
<td>11/17/2015</td>
</tr>
<tr>
<td>2J. Unsheltered Data - Quality</td>
<td>11/17/2015</td>
</tr>
<tr>
<td>3A. System Performance</td>
<td>11/18/2015</td>
</tr>
<tr>
<td>3B. Objective 1</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>3B. Objective 2</td>
<td>11/17/2015</td>
</tr>
<tr>
<td>3B. Objective 3</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>4A. Benefits</td>
<td>11/13/2015</td>
</tr>
<tr>
<td>4B. Additional Policies</td>
<td>11/16/2015</td>
</tr>
<tr>
<td>4C. Attachments</td>
<td>11/19/2015</td>
</tr>
<tr>
<td>Submission Summary</td>
<td>No Input Required</td>
</tr>
</tbody>
</table>
2015 CoC Consolidated Application:
Evidence of the CoC’s Communication to Rejected Projects
Rejection Notices to RFP Applicants
(New Projects)
1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached)

Attached you will find correspondence for RFP submittals that were rejected
- Family Assistance Ministries
- Pathways of Hope
- South County Outreach
- American Family Housing
- Families Forward

Zulima Pelayo  |  Continuum of Care Coordinator  | 2-1-1 Orange County
(714) 589-2358 Direct Line  |  (714) 258-7852 Fax
zpelayo@211oc.org  | www.211oc.org

Our mission: To help people find the help they need.
Hello Family Assistance Ministries,

On behalf of the Orange County Continuum of Care, thank you for your application for the Request for Proposal for New Permanent Housing. We greatly appreciate your continued commitment to ending homelessness for the neediest in our community.

Your project application is not recommended for inclusion in the 2015 CoC Funding Application. Attached is the draft 2015 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:

Tuesday, November 3, 2015 at 9:30am
County Grand Offices
1300 S Grand Ave., Conference Room A/B

If you wish to appeal, appeals must be submitted in writing to Zulima Pelayo (zpelayo@211oc.org) no later than Nov. 5, 2015. Appeals will be heard by the non-conflicted members of the CoC Ad Hoc Committee who did not serve on the review panel. The decision of the appeal panel is final.

Any questions contact Zulima Pelayo (714-589-2358) at 2-1-1 OC.

Please Reply to this e-mail to confirm receipt.

Zulima Pelayo | Continuum of Care Coordinator | 2-1-1 Orange County
(714) 589-2358 Direct Line | (714) 258-7852 Fax
zpelayo@211oc.org | www.211oc.org

Our mission: To help people find the help they need.
Dear Pathways of Hope,

On behalf of the Orange County Continuum of Care, thank you for your application for the Request for Proposal for New Permanent Housing. We greatly appreciate your continued commitment to ending homelessness for the neediest in our community.

Your project application is not recommended for inclusion in the 2015 CoC Funding Application. Attached is the draft 2015 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:

Tuesday, November 3, 2015 at 9:30am
County Grand Offices
1300 S Grand Ave., Conference Room A/B

If you wish to appeal, appeals must be submitted in writing to Zulima Pelayo (zpelayo@211oc.org) no later than Nov. 5, 2015. Appeals will be heard by the non-conflicted members of the CoC Ad Hoc Committee who did not serve on the review panel. The decision of the appeal panel is final.

Any questions contact Zulima Pelayo (714-589-2358) at 2-1-1 OC.

Please Reply to this e-mail to confirm receipt.

Zulima Pelayo | Continuum of Care Coordinator | 2-1-1 Orange County
(714) 589-2358 Direct Line | (714) 258-7852 Fax
zpelayo@211oc.org | www.211oc.org

Our mission: To help people find the help they need.
Dear South County Outreach,

On behalf of the Orange County Continuum of Care, thank you for your application for the Request for Proposal for New Permanent Housing. We greatly appreciate your continued commitment to ending homelessness for the neediest in our community.

Your project application is not recommended for inclusion in the 2015 CoC Funding Application. Attached is the draft 2015 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:

Tuesday, November 3, 2015 at 9:30am
County Grand Offices
1300 S Grand Ave., Conference Room A/B

If you wish to appeal, appeals must be submitted in writing to Zulima Pelayo (zpelayo@211oc.org) no later than Nov. 5, 2015. Appeals will be heard by the non-conflicted members of the CoC Ad Hoc Committee who did not serve on the review panel. The decision of the appeal panel is final.

Any questions contact Zulima Pelayo (714-589-2358) at 2-1-1 OC.

Please Reply to this e-mail to confirm receipt.

Zulima Pelayo  |  Continuum of Care Coordinator  |  2-1-1 Orange County
(714) 589-2358 Direct Line  |  (714) 258-7852 Fax
zpelayo@211oc.org  |  www.211oc.org

Our mission: To help people find the help they need.
Lupro, Kelly

From: Zulima Pelayo <zpelayo@211oc.org>
Sent: Thursday, October 29, 2015 4:20 PM
To: Donna Gallup; Carolina Cortazar; gerald@urheyday.org
Cc: Preciado, Juanita; Kristin Jefferson
Subject: RFP FOR NEW PERMANENT HOUSING PROJECTS
Attachments: Draft EC Project Priority List 10.29.15.pdf

Hello American Family Housing,

On behalf of the Orange County Continuum of Care, thank you for your application for the Request for Proposal for New Permanent Housing. We greatly appreciate your continued commitment to ending homelessness for the neediest in our community.

Your project application is not recommended for inclusion in the 2015 CoC Funding Application. Attached is the draft 2015 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:

Tuesday, November 3, 2015 at 9:30am
County Grand Offices
1300 S Grand Ave., Conference Room A/B

If you wish to appeal, appeals must be submitted in writing to Zulima Pelayo (zpelayo@211oc.org) no later than Nov. 5, 2015. Appeals will be heard by the non-conflicted members of the CoC Ad Hoc Committee who did not serve on the review panel. The decision of the appeal panel is final.

Any questions contact Zulima Pelayo (714-589-2358) at 2-1-1 OC.

Please Reply to this e-mail to confirm receipt.

Zulima Pelayo | Continuum of Care Coordinator | 2-1-1 Orange County
(714) 589-2358 Direct Line | (714) 258-7852 Fax
zpelayo@211oc.org | www.211oc.org

Our mission: To help people find the help they need.
Hello Families Forward,

On behalf of the Orange County Continuum of Care, thank you for your application for the Request for Proposal for New Permanent Housing. We greatly appreciate your continued commitment to ending homelessness for the neediest in our community.

Your project application is not recommended for inclusion in the 2015 CoC Funding Application. Attached is the draft 2015 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:

Tuesday, November 3, 2015 at 9:30am
County Grand Offices
1300 S Grand Ave., Conference Room A/B

If you wish to appeal, appeals must be submitted in writing to Zulima Pelayo (zpelayo@211oc.org) no later than Nov. 5, 2015. Appeals will be heard by the non-conflicted members of the CoC Ad Hoc Committee who did not serve on the review panel. The decision of the appeal panel is final.

Any questions contact Zulima Pelayo (714-589-2358) at 2-1-1 OC.

Please Reply to this e-mail to confirm receipt.

Zulima Pelayo | Continuum of Care Coordinator | 2-1-1 Orange County
(714) 589-2358 Direct Line | (714) 258-7852 Fax
zpelayo@211oc.org | www.211oc.org

Our mission: To help people find the help they need.
Notice to Renewal Project Letter of Intent Applicants of Inclusion or Rejection in CoC Application (Renewal Projects)
Hello CoC Provider,

This email is to inform you that your project(s) is/are recommended to be included in the 2015 Orange County Continuum of Care Application for Homeless Assistance funding.

Attached is the draft 2015 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:

Tuesday, November 3, 2015 at 9:30am
County Grand Offices
1300 S Grand Ave., Conference Room A/B

If your project application is eligible for appeal and you wish to appeal, please see the appeal process below.

**Appeal Process**
Applicants may appeal any of the following decisions of the C2eH.

- Placement of project into Tier 2

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

Appeals must be submitted in writing to Zulima Pelayo (zpelayo@211oc.org) no later than Nov. 4th. Appeals will be heard by the non-conflicted members of the CoC Ad Hoc Committee who did not serve on the review panel. The decision of the appeal panel is final.

Should you have any questions, please contact Zulima Pelayo at (714) 589-2358.

Please Reply to this e-mail to confirm receipt.
<table>
<thead>
<tr>
<th>Rank</th>
<th>Applicant Name</th>
<th>Project Name</th>
<th>Type</th>
<th>Grant Amount</th>
<th>Cum Grant Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Colette's Children Home, Inc.</td>
<td>Colette’s Children’s Home Housing First</td>
<td>PH</td>
<td>$171,104</td>
<td>$171,104</td>
<td>98.50%</td>
</tr>
<tr>
<td>2</td>
<td>Friendship Shelter, Inc.</td>
<td>Henderson House Permanent Supportive Housing</td>
<td>PH</td>
<td>$505,442</td>
<td>$676,546</td>
<td>97.38%</td>
</tr>
<tr>
<td>3</td>
<td>Orange Coast Interfaith Shelter</td>
<td>OCIS Rapid Rehousing Program</td>
<td>RRH</td>
<td>$287,577</td>
<td>$964,133</td>
<td>97.00%</td>
</tr>
<tr>
<td>4</td>
<td>Interval House</td>
<td>Rapid Rehousing Program</td>
<td>RRH</td>
<td>$74,193</td>
<td>$1,038,256</td>
<td>96.67%</td>
</tr>
<tr>
<td>5</td>
<td>Mercy House Living Centers</td>
<td>CA-602 Millis End</td>
<td>PH</td>
<td>$52,286</td>
<td>$1,095,542</td>
<td>94.82%</td>
</tr>
<tr>
<td>6</td>
<td>Illumination Foundation</td>
<td>Stanton Multi Service Center</td>
<td>PH</td>
<td>$368,661</td>
<td>$1,464,203</td>
<td>94.50%</td>
</tr>
<tr>
<td>7</td>
<td>Colette's Children Home, Inc.</td>
<td>Colette’s Children’s Home-Olinda Lane</td>
<td>PH</td>
<td>$100,010</td>
<td>$1,564,213</td>
<td>93.80%</td>
</tr>
<tr>
<td>8</td>
<td>ORANGE COUNTY HOUSING AUTHORITY</td>
<td>2008 Shelter Plus Care TRA 2014 Renewal Project</td>
<td>PH</td>
<td>$164,830</td>
<td>$1,729,043</td>
<td>97.60%</td>
</tr>
<tr>
<td>9</td>
<td>ORANGE COUNTY HOUSING AUTHORITY</td>
<td>#1 Consolidated Shelter Plus Care TRA 2014 Renewal Project</td>
<td>PH</td>
<td>$3,182,713</td>
<td>$4,911,756</td>
<td>87.60%</td>
</tr>
<tr>
<td>10</td>
<td>ORANGE COUNTY HOUSING AUTHORITY</td>
<td>2003 Shelter Plus Care TRA 2014 Renewal Project</td>
<td>PH</td>
<td>$1,059,971</td>
<td>$5,971,727</td>
<td>87.60%</td>
</tr>
<tr>
<td>11</td>
<td>ORANGE COUNTY HOUSING AUTHORITY</td>
<td>2007 Shelter Plus Care TRA 2014 Renewal Project</td>
<td>PH</td>
<td>$612,971</td>
<td>$6,584,698</td>
<td>87.60%</td>
</tr>
<tr>
<td>12</td>
<td>ORANGE COUNTY HOUSING AUTHORITY</td>
<td>2009 Shelter Plus Care TRA 2014 Renewal Project</td>
<td>PH</td>
<td>$206,335</td>
<td>$7,791,033</td>
<td>87.60%</td>
</tr>
<tr>
<td>13</td>
<td>Serving People In Need, Inc.</td>
<td>CoC Rapid Re-Housing 2014</td>
<td>RRH</td>
<td>$401,866</td>
<td>$7,192,899</td>
<td>84.90%</td>
</tr>
<tr>
<td>14</td>
<td>Mercy House Living Centers</td>
<td>Mercy House - CoC - Rapid Re-Housing (HO)</td>
<td>RRH</td>
<td>$119,682</td>
<td>$7,312,581</td>
<td>84.80%</td>
</tr>
<tr>
<td>15</td>
<td>Mercy House Living Centers</td>
<td>OC PSH Collaboration Project</td>
<td>PH</td>
<td>$2,546,828</td>
<td>$9,859,409</td>
<td>74.00%</td>
</tr>
<tr>
<td>16</td>
<td>Mercy House Living Centers</td>
<td>Mercy House - CoC - PSH Leasing</td>
<td>PH</td>
<td>$375,273</td>
<td>$10,234,682</td>
<td>74.00%</td>
</tr>
<tr>
<td>17</td>
<td>Mercy House Living Centers</td>
<td>Mercy House - CoC - Rapid Re-Housing (JRHR)</td>
<td>RRH</td>
<td>$375,273</td>
<td>$10,609,956</td>
<td>74.00%</td>
</tr>
<tr>
<td>18</td>
<td>ORANGE COUNTY HOUSING AUTHORITY</td>
<td>2004 Shelter Plus Care TRA 2014 Renewal Proj</td>
<td>PH</td>
<td>$734,157</td>
<td>$11,087,623</td>
<td>72.60%</td>
</tr>
<tr>
<td>19</td>
<td>ORANGE COUNTY HOUSING AUTHORITY</td>
<td>2006 Shelter Plus Care TRA 2014 Renewal Project</td>
<td>PH</td>
<td>$655,791</td>
<td>$11,743,414</td>
<td>72.60%</td>
</tr>
<tr>
<td>20</td>
<td>ORANGE COUNTY HOUSING AUTHORITY</td>
<td>2002 Shelter Plus Care TRA 2014 Renewal Project</td>
<td>PH</td>
<td>$581,851</td>
<td>$12,325,265</td>
<td>72.60%</td>
</tr>
<tr>
<td>21</td>
<td>ORANGE COUNTY HOUSING AUTHORITY</td>
<td>Jackson Aisle Shelter Plus Care PRA 2014 Renewal Project</td>
<td>PH</td>
<td>$291,301</td>
<td>$12,616,566</td>
<td>72.60%</td>
</tr>
<tr>
<td>22</td>
<td>ORANGE COUNTY HOUSING AUTHORITY</td>
<td>2005 Shelter Plus Care TRA 2014 Renewal Project</td>
<td>PH</td>
<td>$536,589</td>
<td>$13,153,155</td>
<td>72.60%</td>
</tr>
<tr>
<td>23</td>
<td>ORANGE COUNTY HOUSING AUTHORITY</td>
<td>New 2010 Shelter Plus Care Permanent Housing Bonus/Merit</td>
<td>PH</td>
<td>$222,723</td>
<td>$13,375,878</td>
<td>72.50%</td>
</tr>
<tr>
<td>24</td>
<td>ORANGE COUNTY HOUSING AUTHORITY</td>
<td>Samaritan Housing Shelter Plus Care TRA 2014 Renewal Project</td>
<td>PH</td>
<td>$247,244</td>
<td>$13,623,122</td>
<td>67.60%</td>
</tr>
<tr>
<td>25</td>
<td>ORANGE COUNTY HOUSING AUTHORITY</td>
<td>Permanent Housing Shelter Plus Care TRA 2014 Renewal Project</td>
<td>PH</td>
<td>$305,976</td>
<td>$13,929,098</td>
<td>67.60%</td>
</tr>
<tr>
<td>26</td>
<td>Anaheim Supportive Housing, Inc.</td>
<td>Tyrol Plaza Senior Apartments</td>
<td>PH</td>
<td>$142,092</td>
<td>$14,071,190</td>
<td>55.40%</td>
</tr>
<tr>
<td>27</td>
<td>Mercy House Living Centers</td>
<td>Mercy House - CoC Leasing - Renewal</td>
<td>PH</td>
<td>$404,282</td>
<td>$14,475,472</td>
<td>49.80%</td>
</tr>
<tr>
<td>28</td>
<td>American Family Housing</td>
<td>Permanent Housing Collaborative</td>
<td>PH</td>
<td>$323,091</td>
<td>$14,798,563</td>
<td>92.80%</td>
</tr>
<tr>
<td>29</td>
<td>Families Forward</td>
<td>Rapid Re-Housing</td>
<td>RRH</td>
<td>$351,817</td>
<td>$15,150,380</td>
<td>77.50%</td>
</tr>
<tr>
<td>30</td>
<td>People for Irvine Community Health dba 2-1-LOC</td>
<td>HMIS Community Support Program</td>
<td>HMIS</td>
<td>$495,646</td>
<td>$15,650,086</td>
<td>exempt</td>
</tr>
<tr>
<td>31</td>
<td>People for Irvine Community Health dba 2-1-LOC</td>
<td>SCS - Supportive Housing</td>
<td>SCS</td>
<td>$907,239</td>
<td>$16,557,265</td>
<td>exempt</td>
</tr>
<tr>
<td>32</td>
<td>John Henry Foundation</td>
<td>John Henry Scattered Site</td>
<td>PH</td>
<td>$48,759</td>
<td>$16,606,042</td>
<td>48.60%</td>
</tr>
<tr>
<td>33</td>
<td>The John Henry Foundation</td>
<td>John Henry Scattered Site</td>
<td>PH</td>
<td>$100,750</td>
<td>$16,706,774</td>
<td>48.60%</td>
</tr>
<tr>
<td>34</td>
<td>Fullerton Interfaith Emergency Service</td>
<td>Rapid Re-housing for families</td>
<td>RRH</td>
<td>$254,243</td>
<td>$16,961,017</td>
<td>48.00%</td>
</tr>
<tr>
<td>35</td>
<td>American Family Housing</td>
<td>Permanent Housing 2</td>
<td>PH</td>
<td>$479,307</td>
<td>$17,440,324</td>
<td>52.80%</td>
</tr>
<tr>
<td>36</td>
<td>New Bonus - Mercy House Living Centers</td>
<td>DC PSH Collaborative Project II</td>
<td>PH</td>
<td>$1,529,075</td>
<td>$18,969,399</td>
<td>highest ranked</td>
</tr>
<tr>
<td>37</td>
<td>New Reallocated - 1736 Family Crisis Center</td>
<td>Rapid Re-housing for Homeless Veterans</td>
<td>RRH</td>
<td>$520,373</td>
<td>$19,489,772</td>
<td>highest ranked</td>
</tr>
<tr>
<td>38</td>
<td>New Bonus - Illumination Foundation</td>
<td>Street2Home OC</td>
<td>PH</td>
<td>$1,401,400</td>
<td>$20,891,172</td>
<td>highest ranked</td>
</tr>
<tr>
<td>39</td>
<td>Colette’s Children Home, Inc.</td>
<td>Colette’s Children’s Home #1</td>
<td>TH</td>
<td>$148,117</td>
<td>$21,039,289</td>
<td>96.80%</td>
</tr>
<tr>
<td>40</td>
<td>Colette’s Children Home, Inc.</td>
<td>CCH Cypress Street #2/Placentia</td>
<td>TH</td>
<td>$126,260</td>
<td>$21,165,549</td>
<td>88.80%</td>
</tr>
<tr>
<td>41</td>
<td>Women’s Transitional Living Center, Inc.</td>
<td>Step Two Transitional Housing Project</td>
<td>TH</td>
<td>$76,001</td>
<td>$21,241,550</td>
<td>81.11%</td>
</tr>
<tr>
<td>42</td>
<td>The Ell Home, Inc.</td>
<td>The Ell Home Second Step</td>
<td>TH</td>
<td>$34,263</td>
<td>$21,775,813</td>
<td>71.10%</td>
</tr>
<tr>
<td>43</td>
<td>Colette’s Children Home, Inc.</td>
<td>Colette’s Children’s Home #2</td>
<td>TH</td>
<td>$117,486</td>
<td>$21,893,299</td>
<td>64.80%</td>
</tr>
<tr>
<td>44</td>
<td>Colette’s Children Home, Inc.</td>
<td>Colette’s Children’s Home #3</td>
<td>TH</td>
<td>$126,260</td>
<td>$22,019,559</td>
<td>56.80%</td>
</tr>
<tr>
<td>45</td>
<td>Human Options, Inc</td>
<td>Second Step/Operations</td>
<td>TH</td>
<td>$133,239</td>
<td>$22,352,798</td>
<td>46.11%</td>
</tr>
<tr>
<td>46</td>
<td>Colette’s Children Home, Inc.</td>
<td>CCH Ariel Place/Anaheim</td>
<td>TH</td>
<td>$126,260</td>
<td>$22,259,058</td>
<td>40.80%</td>
</tr>
<tr>
<td>47</td>
<td>Family Assistance Ministries</td>
<td>Gilchrist House</td>
<td>TH</td>
<td>$112,248</td>
<td>$22,371,306</td>
<td>32.40%</td>
</tr>
<tr>
<td>48</td>
<td>Orangewood Children’s Foundation</td>
<td>First Steps Transitional Housing</td>
<td>TH</td>
<td>$95,668</td>
<td>$22,466,974</td>
<td>19.40%</td>
</tr>
<tr>
<td>na</td>
<td>Orange County CA-602</td>
<td>Planning Grant</td>
<td>PH</td>
<td>$586,095</td>
<td>exempt</td>
<td></td>
</tr>
</tbody>
</table>

Total Orange County Continuum of Care Application | $23,053,069 |
2015 CoC Consolidated Application:
Public Posting Evidence
Dear Orange County CoC Community,

In accordance with HUD requirements, the 2015 Continuum of Care Application for homeless assistance funding is available to the community for review. The full CoC Application, including Project Priority Listing, is available here: http://ocpartnership.net/content/2015cocgrantapplication.html.

On behalf of the County of Orange Continuum of Care, thank you for your assistance and especially to the agencies that submitted renewal and/or new projects. We appreciate you all for being so responsive, patient and supportive.

I hope you all are able to enjoy the Thanksgiving holiday.

Sent on behalf of
JUANITA PRECIADO
COUNTY OF ORANGE | OC COMMUNITY SERVICES
1300 S. GRAND AVENUE, BUILDING B (3RD FLOOR)
SANTA ANA, CA 92705
EMAIL: JUANITA.PRECIADO@OCGOV.COM
PHONE 714.480.2727 | FAX 714.834-6870

Zulima Pelayo  |  Continuum of Care Coordinator  |  2-1-1 Orange County
(714) 589-2358 Direct Line  |  (714) 258-7852 Fax
zelayo@211oc.org  |  www.211oc.org

Our mission: To help people find the help they need.
The 2015 Continuum of Care Application for CA-602 Santa Ana/Anaheim/Orange County has been completed. On behalf of the Orange County Continuum of Care, thank you for your assistance.

2015 Orange County CoC Consolidated Application

2015 Orange County CoC Priority Listing

2015 Letter of Intent

2015 Request for Proposal
2015 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 2015 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

Attachment A: Ranking and Reallocation Policy (Approved, 2015)

Attachment B: Scoring System for Renewal Permanent Housing and Transitional Housing for DV

Attachment C: Scoring System for Renewal Transitional Housing

Attachment D: Scoring System for New Projects

Section I: HUD Requirements

On September 17, 2014, the U.S. Department of Housing and Urban Development (HUD) published the Notice of Funding Availability (NOFA) for the Continuum of Care (CoC) Homeless Assistance Program. Applications are due to HUD by November 20, 2015.

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:

a. CoCs may create 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.

b. CoCs may create new rapid re-housing projects for homeless individuals and families who enter directly from the streets or emergency shelters, youth up to age 24, and persons who meet the criteria of paragraph (4) of the definition of homeless.

c. CoCs may create a new Supportive Services Only (SSO) project specifically for a centralized or coordinated assessment system.

d. CoCs may create a new dedicated Homeless Management Information System (HMIS) project for the costs at 24 CFR 578.37 that must be carried out by the HMIS Lead.

C. New Permanent Housing Bonus

Approved 10/16/2015
CoCs may create new projects through the permanent housing bonus up to 15 percent of the CoC’s FPRN for the following types of new projects:

a. CoCs may create new permanent supportive housing projects that will serve 100 percent chronically homeless families and individuals, and

b. CoCs may create new rapid re-housing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and includes persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homeless.

D. Tiers

HUD will continue the Tier 1 and Tier 2 funding process; however the process in the FY 2015 CoC Program Competition is completely different from the past CoC Program Competitions. In the FY 2015 NOFA, Tier 1 is equal to 85 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 any amount available for the permanent housing bonus. This does not include the amounts available for CoC planning and UFA Costs. 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.

E. HUD Priority Order:

In the FY 2015 NOFA, HUD does not a project priority rank order as in past years. Under the FY 2015 NOFA, HUD is making a more aggressive push to fully implement the goals of the HEARTH legislation. The NOFA emphasizes the use of performance and outcome data to prioritize allocating resources, maximizing connections with mainstream resources and reviewing the cost-effectiveness and performance of transitional housing programs when serving certain homeless populations.

HUD is encouraging CoCs to evaluate all of the projects and determine what is most effective at meeting the needs of the homeless populations’ in the community and reallocate funds accordingly. Through the reallocation process, a CoC can create new permanent supportive housing projects for chronically homeless individuals and families, create new rapid re-housing projects for homeless individuals and families or for unaccompanied youth up or for victims of domestic violence or those fleeing human trafficking situations. In addition, HUD’s homeless Policy and Program priorities stated in the NOFA include: Ending Chronic Homelessness; Ending Family Homelessness; Ending Youth Homelessness; and Ending Veteran Homelessness. There is also an emphasis on Housing First and programs implementing a Housing First model.

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;
- Fund Coordinated Entry when possible with ongoing existing funding streams, such as a CoC grant;
- Prioritize Veteran housing needs in alignment with the Commission’s Action Plan goal of Ending Veteran Homelessness;
- 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 29, 2015 the Commission to End Homelessness approved the preliminary Reallocation recommendations. The preliminary recommendations adopted in May accounted for the following options:

A. Reallocation from Agency Administrative Review – Projects that do not pass Part I Review
B. Reallocation of Unspent funds
C. Review and Ranking of Low Performing Transitional Housing (as in 2014 cycle) including Domestic Violence projects (using Project Performance Reports)
D. Other Reallocation Options in NOFA (pending Department of Housing and Urban Development [HUD] NOFA release)

The approved reallocation included the funding of an SSO project for the federal Coordinated Entry mandate and prioritizing housing for chronically homeless and preferences for Veterans.

Through the Letter of Intent (LOI) Part I, items A and B were assessed for all agencies. This process produced a total of $1,092,993 in reallocated funds. Of this $235,749 was from an analysis of unspent funds. The remaining balance ($857,244) was from one agency that selected not to participate in the 2015 CoC funding competition. This allowed for the reallocation of their funds.

1. Voluntary Reallocation
   Through the LOI/Part II process two agencies voluntarily reallocated two Transitional Housing projects. With the reallocations the funds available for new projects is $520,373.

C. General Project Review and Ranking Policy
   The Orange County CoC will invite submissions for new and renewal projects and will conduct a review and ranking following the procedures established in Section III and IV.

   The general approach to rating and ranking will be to organize projects into three groups:
   (1) Renewal PH and RRH;
   (2) New PH and RRH;
   (3) Renewal transitional housing

   Within each type, projects will be scored using a scoring system specific to that program type and placed in their ranked order, with renewal PSH and RRH in the first group (ordered by score), the new PSH and RRH in the second group (ordered by score) and the renewal Transitional Housing in the third group (ordered by score).

D. Tiering Policy
   Once the rank order of projects has been determined the projects at the bottom of the list (below 85% of the Annual Renewal Demand (ARD) will fall into Tier 2).

   In light of the fact that Tier I was reduced to 85% (from 95%) and that the combined PSH, RRH, HMIS and SSO/CE projects in our CoC exceed the 85% Tier I funding threshold, this year there will be lower performing PSH and or RRH in Tier II. Lower performing PSH and RRH projects will be considered for Tier II above TH projects. All TH will be in Tier II. Projects will be ranked based by type PH (PSH and RRH) and TH. Additionally, new bonus projects will also be ranked above TH in following with HUD’s Tier II scoring guidance. The ranking will be a weighted score based on the possible points for that project.

   As HMIS and Social Services Only (SSO) project for 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 CoC Planning Grant is not ranked per HUD’s guidance.

Approved 10/16/2015
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 began its evaluation of renewal projects through two processes: Agency Administrative Review (Part I) and Project Review (Part II) to determine which agencies and projects are eligible to submit an application in the 2015 HUD CoC NOFA.

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 will be presented to the Ad Hoc Committee for recommendation and the Commission to End Homelessness Executive Committee for final approval.

On May 1, 2015 the LOI Part I was released and due on May 22, 2015. All renewal agencies were invited to participate. Of the 21 agencies invited, 20 submitted their application for the 2015 competition. One agency, Veteran’s First opted not to participate. Their funds were reallocated.

LOI Part II was released on Oct. 2, 2015 and applications are/were due on Oct. 16, 2015. All renewal projects will be ranked using an objective scoring system approved by the C2eH as recommended through the CoC Ad Hoc Committee. The LOI/Part II includes review of the following:

a. Project Performance Review  
b. Annual Performance Report (APR)  
c. Financial Commitment: Leverage and Match  
d. Housing First Model Assessment

Staff from 2-1-1-OC and OCCS will use data provided through the LOI process, performance data from the HUD recommended System-Wide Analytics and Projection (SWAP) tool (TH only) and HMIS data from 211OC to develop the Project Priority Listing for review and approval by the C2eH as recommended through the CoC Ad Hoc Committee (see Section V).

**B. Scoring Criteria for Renewal Permanent Housing**

The scoring system for PSH will have a maximum of 100 points, with 80 points for project performance and 20 points for threshold factors. Data to assess both performance and threshold criteria will be obtained from the information submitted by the applicants in their LOI response.

The performance measures will be based on those established by HUD:

1. at least 80 percent of project participants either remained in permanent housing, or exited from transitional housing to permanent housing;  
2. a. at least 20 percent or more of project participants have employment income (or at least 20 percent or more of project participants have other income sources such as SSI and/or SSDI, for those who are not employable);  
   b. at least 54 percent of project participants increased their income from sources other than employment in a given operating year;  
3. at least 56 percent of project participants obtained mainstream benefits  
4. at least 90 percent on Bed utilization measure

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. These projects may receive 0 points for performance. Their overall score may therefore place them in the bottom of the group of PSH and RRH renewals. This will be taken into consideration in the ranking process.

Approved 10/16/2015
The point scoring system for all Renewal projects is Attachment B.

C. Scoring Criteria for Renewal Rapid ReHousing
The scoring system for RRH will have a maximum of 100 points, with 80 points for project performance and 20 points for threshold factors. As all RRH are recently reallocated projects there isn’t sufficient data for the SWAP tool application which requires 2 years of data. Additionally, most have not submitted their 1st year Annual Performance Reports (APR). Therefore they will be reviewed with on two measures: 1) Recent data quality as posted on the HMIS website and 2) percent of clients that entered from homelessness (streets and emergency shelters). The 20 points for threshold factors will be assessed using information provided in the LOI process and will match the scoring system for renewal PSH.

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

D. Scoring Criteria for Renewal Transitional Housing
The scoring system will have a maximum of 100 points, with 80 points for project performance and 20 points for threshold factors. The project performance score will be based on the SWAP tool results with the highest performing project receiving 80 points, the next project will receive 1/12 less points and so on. This is the result of 80 points maximum and a total of 12 projects. The 20 points for threshold factors will be assessed using information provided in the LOI process and will match the scoring system for renewal PSH.

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

E. HMIS Renewal
Consistent with previous CoC applications, HMIS 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 renewal will be placed in Tier 1.

Section IV: New Projects
As approved by the Commission (May 29, 2015) and to further the goal of right-sizing the Orange County CoC, projects with unspent funds and not recommended for further participation in the LOI Par I were to be reallocated. A total of $1,092,993 was reallocated to new projects. Additionally, the Orange County CoC may apply for up to approximately $2.9 million for bonus permanent housing projects.

As approved by the Commission, a new SSO project for the HUD mandated Coordinated Entry system will be funded from the reallocated funds. The remaining $185,754 was released in the RFP for new a PSH or RRH project.

A. New Housing Projects from Reallocated and Bonus Projects Funds
Reallocated funds and 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><strong>Bonus:</strong> Permanent Supportive Housing (PSH) for chronically homeless individuals or Rapid Re-Housing (RRH) for homeless individuals</td>
<td>$2,930,475</td>
</tr>
<tr>
<td><strong>Reallocation:</strong> Permanent Supportive Housing (PSH) for chronically homeless individuals and families or Rapid Re-Housing (RRH) for homeless individuals and families</td>
<td>$520,373</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.

Approved 10/16/2015
Additionally, a policy goal of HUD included in the FY 2015 NOFA is a commitment to End Veteran Homelessness. The Orange County CoC shares the commitment to ending Veteran homelessness. In order to help reach that goal, the CoC sought eligible applications for permanent supportive housing or rapid re-housing projects that will have a preference for Veterans. Up to 5 bonus points are therefore available for eligible applicants that demonstrate the capacity and ability to implement a homeless Veterans preference in their project.

To evaluate whether projects meet HUD threshold and quality standards, the projects will be reviewed by outside technical consultants. Any correctable deficiencies will be identified and applicants will have the opportunity to submit corrected documents. Applications that are substantially deficient will not be advanced to the rating and ranking stage (see below).

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 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 project will be ranked above TH projects.

**B. New SSO Project for Coordinated Entry (CE) in Orange County**

As a HUD mandated activity, like the HMIS grant, the new SSO for CE will be exempt from the Request for Proposal (RFP for new projects). Given that 211OC is the CoC’s HMIS and CE lead, the CoC will recognize 211OC as the project applicant. Funding the SSO/CE is in alignment with HUD requirements and the funding of HMIS which is also a HUD mandate. As noted in Section II, the SSO/CE 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.

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 (renewal PH, renewal TH and new projects) 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 and notice sent to applicants of the final results no later than Nov. 4, 2015.

**Section VI: Appeal Process**

Applicants may appeal any of the following decisions of the C2eH.

1. Placement of project into Tier 2

Applicants placed in Tier 1 may not appeal their rank on the Project Priority List. Appeals must be submitted in writing to 2-1-1OC no later than Nov. 5, 2015. Appeals will be heard by the non-conflicted members of the CoC Ad Hoc Committee who did not serve on the review panel. The decision of the appeal panel is final.
2015 Continuum of Care (CoC)  
Ranking and Reallocation Process Recommendations

Background
On April 23, 2015 the CoC Ad Hoc Committee held a meeting with the Executive Directors of the HUD CoC funded providers to discuss the processed changes to the LOI process and draft recommendation of reallocation as part of the 2015 CoC grant application. Given the support for the proposed process and draft reallocation recommendations, the same was presented to the Executive Committee.

The Executive Committee of the Commission approved the following process and preliminary reallocation recommendations at the April 24, 2015 meeting.

I. Reallocation Policy Recommendations
Recommend that 2015 Continuum of Care (CoC) Funding cycle focus on the following options:
A. Reallocation from Agency Administrative Review – Projects under Agency that do not pass Part I Review
B. Reallocation of Unspent funds
C. Reallocation of Low Performing Transitional Housing (as in 2014 cycle) including Domestic Violence projects
D. Other Reallocation Options in NOFA (pending Department of Housing and Urban Development [HUD] NOFA release)

II. Letter of Intent (LOI) Renewal Process
Recommend the LOI process to be bifurcated into two parts: 1) Agency Administrative Review and 2) Project Application Submission
A. LOI Part I: Agency Administrative Review
   i. Agency Administrative Review – Includes the technical & presentation requirements (late submissions, incomplete), financial stability, HUD monitoring, CoC Participation, Homeless Management Information System (HMIS) Data Quality, unspent funds, etc.
   ii. Outcome of failed Administrative Review will constitute forfeiture of funds for reallocation.
   iii. Those successful in Part I will go to Part II
B. LOI Part II: Project Application Submission
   Part II of the LOI will be finalized and released after HUD releases the NOFA which is anticipated in late May/early June.
   i. Project Performance
   ii. Subject to local CoC policy
   iii. Subject to HUD guidelines

III. Performance Data from Focus Strategies for Transitional Housing (TH)
Obtain comparison data from Focus Strategies for TH to be used in the same manner as in the 2014 funding cycle for the 2015 cycle.
On April 28, 2015 HUD posted the Co Program Registration Notice informing the CoCs of various options for planning grants, reallocation, etc. The notice provided information about policies being implemented for the FY 2015 CoC Program Competition and certain requirements that all applicants should consider.

On May 7, 2015 the Ad Hoc Committee met to review the 2015 Registration Notice information and options. At the May 29, 2015 the Ad Hoc recommended to the Commission program and reallocation options from the HUD Registration Notice. At the Commission meeting the following was approved.

2015 CoC Funding Cycle Registration Summary of Options, Information and Recommendations

Approved 10/16/2015
A. **Planning Grant 3%** - Collaborative Applicants may request CoC planning costs up to the full 3 percent or $1,250,000, whichever is less, of the FY 2015 Final Pro Rata Need (FPRN). Orange County CoC 3% is $586,095.
   - *Recommend that Orange County apply for full amount of Planning Grant for 2015 - Approved*

B. **Admin 10% Option** – Project Applicants can get the full 10% admin this year, when previously they could only get 7%. However, the additional admin has to come from another line item (except for first time renewals of old SHP or S+C Projects).
   Projects that are requesting renewal for the first time may request project administrative funds in an amount up to 7 percent of the total project budget without being required to move funds from another budget line item.
   - *Recommend that through the LOI process agencies wishing to increase to 10% administration be required to split the increase (50%/50%) to fund the Coordinated Entry (CE) system. This payment would be paid to 211OC as the CE administrator - Approved*

Or
   - *Providers that select NOT TO increase their Admin line item, as allowed per the NOFA, would pay an equivalent of 1.5% of their total grant amount to 211OC to cover CE costs from other program funds - Approved*

C. **Reallocation Options**: HUD is going to allow projects created through re-allocation to include: permanent supportive housing for chronically homeless people; rapid re-housing for families and single adults; dedicated HMIS; and new SSO projects for Coordinated Entry. This could be particularly relevant for Orange County since it offers a possible funding source for CE.
   - *Recommend that at least 1 Reallocation be used to fund SSO for Coordinated Entry and it be placed in Tier 1 - Approved*
   - *Consider RRH and PSH for single adults; RRH newly an option for single adults. To be reviewed in conjunction with 2015 PIT numbers – Approved*

D. **High Performing Communities Designation Option** – This year HUD is rolling out the High Performing Communities (HPC) designation, which is required in 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.
   - *The Orange County CoC does not meet HPC designation. See attached handout.*

E. **Unified Funding Application Designation Option** –
   - *The Orange County CoC will not be applying as a UFA in 2015.*

---

**Attachment B**

Approved 10/16/2015
## 2015 Orange County CoC Renewals

### Performance Measures - pick ONE from below

<table>
<thead>
<tr>
<th>PH Performance Measures</th>
<th>Max. 80 Points</th>
<th>Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment 3a: Project Perf Renewal/Self Cert AND Attachment 3b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) at least 80 percent of project participants either remained in permanent housing, or exited from transitional housing to permanent housing; (20 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) at least 20 percent or more of project participants have employment income (or at least 20 percent or more of project participants have other income sources such as SSI and/or SSDI, for those who are not employable); (20 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) at least 56 percent of project participants obtained mainstream benefits (20 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Bed utilization - at least 90% (20 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOI - APR (Q10 and Q11 of APR-average 1st number)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% = 20 points; 65% - 99% = 15 points; below 65% = 0 points</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Scoring Criteria

All 4 performance measures will receive 80 points.

3 of 4 performance measures will receive 60 points.

2 of 4 performance measures will receive 40 points.

0 or 1 of 4 performance measures will receive 0 points.

### RHH Performance Measures

<table>
<thead>
<tr>
<th>Project Entry from homelessness from HMIS and 2nd Qtr Universal Report AND Attachment 3b</th>
<th>Max. 80 Points</th>
<th>Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) 100 Percent or more of project participants come from literally homeless or emergency shelter; (100% = 40 points; 99%- 90% = 30 points; below 90% = 0 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) at least 90 percent Of Quarterly Data as posted on Orange County HMIS website met HUD's standards; (100% = 40 points; 99%- 90% = 30 points; below 90% = 0 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Scoring Criteria

All 2 performance measures will receive 80 points.

1 of 2 performance measures will receive 40 points.

0 performance measures will receive 0 points.

### TH Performance Measures

<table>
<thead>
<tr>
<th>System Wide Analytics and Projections (SWAP) Tool AND Attachment 3b</th>
<th>Max. 80 Points</th>
<th>Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. on Ranking from Focus Strategies Chart</td>
<td>-6.66 each subsequent ranked project</td>
<td>80 points/10 projects = 8</td>
<td></td>
</tr>
</tbody>
</table>

### Scoring Criteria

Maximum 80 Points (based on Focus Strategies)

### N/A - new renewal

### Threshold Renewal - Applies to All Projects

<table>
<thead>
<tr>
<th>LOI - Part I</th>
<th>Max. 20 Points</th>
<th>Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal Audit - 2 pts</td>
<td>No Findings = 2 pts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOI Part I - Agency Review</td>
<td>Conditions Letter Sent = 0 pts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CoC Strategic Participation - 2 pts</td>
<td>Max 2 pts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance &amp; participation</td>
<td>24 + Meetings = 2 pts</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>18 - 23 Meetings = 1.5 pts</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12 - 17 meetings = 1 pt</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>less than 12 meetings = 0 pts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HMIS Review - 10 pts</td>
<td>LOI Part I - Agency Review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOI - Part II</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leverage &amp; Match - 1 pt</td>
<td>150%-199% = 1 pt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOI – esnaps application– Q7I and Q7J – calculation</td>
<td>less than 150% = 0 pts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>confirm in esnaps application for any changes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing First - 5 pts</td>
<td>Max 5 pts (currently in existence)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 pts = planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 pts = no plan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Scoring Criteria

Total Performance Points (Max is 80 points)

Threshold Renewal Points (Max is 20 points)

Total Amount of Available Points

% of Scored Points to Total Available

### 2015 Tie Breakers

Tie Breaker: Applicants receiving the highest scores in the following categories (in order) will be ranked higher: Performance Measures, Project Performance, HMIS Review, Housing First and CoC Strategic Participation. Tie Breaker will be based on the # of overall served.

11/6/2015
CoC Ranking and Review Procedure:
Public Posting Evidence
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. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)

Commission to End Homelessness Executive Committee – October Special Meeting – Agenda/Calendar notice (Item 1 under Discussion Calendar):
https://tockify.com/ocpartnership/detail/159/1445018400000

Commission to End Homelessness Executive Committee – November Special Meeting – Agenda/Calendar notice (item 1 under discussion calendar): https://tockify.com/ocpartnership/detail/160/1446571800000

http://ocpartnership.net/content/2015proposedrankingpolicyandprocess.html

Zulima Pelayo  |  Continuum of Care Coordinator  |  2-1-1 Orange County
(714) 589-2358 Direct Line  |  (714) 258-7852 Fax
zpelayo@211oc.org  |  www.211oc.org

Our mission: To help people find the help they need.
Lupro, Kelly

From: Zulima Pelayo <zpelayo@211oc.org>
Sent: Tuesday, November 17, 2015 10:22 AM
To: Lupro, Kelly
Cc: Preciado, Juanita; Karen Williams
Subject: RE: Review, ranking, and selection criteria
Attachments: 2015 Orange County CoC RFP - Proposed Ranking Policy and Process

Draft was posted on 10/14
Final was posted on 10/26

Made available to those in attendance at the Commission to End Homelessness Executive Committee on 10/16. Sent to all CoC members on October 14, 2015 at 10:25 am. Email is attached.

Zulima Pelayo | Continuum of Care Coordinator | 2-1-1 Orange County
(714) 589-2358 Direct Line | (714) 258-7852 Fax
zpelayo@211oc.org | www.211oc.org

Our mission: To help people find the help they need.

From: Lupro, Kelly [mailto:Kelly.Lupro@occr.ocgov.com]
Sent: Tuesday, November 17, 2015 9:38 AM
To: Zulima Pelayo <zpelayo@211oc.org>
Cc: Preciado, Juanita <Juanita.Preciado@occr.ocgov.com>; Karen Williams <kwilliams@211oc.org>
Subject: Review, ranking, and selection criteria

What date was the ranking and scoring criteria posted to the website? What date was it sent out to all CoC members?

Kelly
Dear Continuum of Care Providers,

The draft Proposed Ranking Policy and Process document is available for review at: http://ocpartnership.net/content/2015proposedrankingpolicyandprocess.html

The document will go before the Executive Committee of the Commission to End Homelessness on Friday, October 16, 2015 at 11:00 am. The meeting is open to the public and all are welcome to attend.

The Executive Committee meeting is being held at Orange County Community Services, Building B, 2nd Floor, Conference Room A/B located on 1300 S. Grand Avenue, Santa Ana, CA 92705.

Click here to add this meeting to your calendar and to view the agenda. Click here to view a map.

Thank you!

Click to view this email in a browser

If you no longer wish to receive these emails, please reply to this message with "Unsubscribe" in the subject line or simply click on the following link: Unsubscribe
Schedule for meetings
Commission to End Homelessness: Executive Committee Special Meeting

Fri Oct 16th 11.00am - 12.00pm
OC Community Services, Building B, 2nd Floor, Conference Room A/B, 1300 S Grand Ave, Santa Ana, CA 92705, USA map

COMMISSION TO END HOMELESSNESS
EXECUTIVE COMMITTEE
SPECIAL MEETING AGENDA
Friday, October 16, 2015 - 11:00 a.m.
OC Community Services
1300 S. Grand Avenue, Building B
Conference Room A/B, 2nd Floor
Santa Ana, CA 92705

Board Member Names and Appointment Affiliations
Scott Larson, H&CD Commission, Chair of Executive Committee; Tom Burnham, Orange County Business Council, Vice-Chair of Executive Committee; Larry Haynes, HomeAid Orange County, Chair of Implementing Group #1; Barbara Jennings, H&CD Commission, Chair of Implementing Group #2; Vacant, H&CD Commission, Chair of Implementing Group #3; and Kim Goll, OC Funders Roundtable, Chair of Implementing Group #4.

CALL TO ORDER/WELCOME: Scott Larson, Chair

ROLL CALL: Karen Roper, Executive Director

CONSENT CALENDAR:
All matters are approved by one motion unless pulled by a Commissioner for discussion or separate action. At this time, any member of the public may ask the Commission to be heard on the following items on the Consent Calendar:

NONE

DISCUSSION CALENDAR:
1. Continuum of Care Ad Hoc Committee – Scott Larson/Kim Goll/Sister Regina Fox 2015 Continuum of Care Application
1. Approve 2015 Ranking Policy and Process Recommendations

2. Next Steps

2. Year-Round Emergency Shelter Update- Karen Roper

PUBLIC COMMENTS:

At this time, members of the public may address the Executive Committee regarding any off-agenda items within the subject matter jurisdiction of the Executive Committee provided that NO action may be taken on off-agenda items unless authorized by law. Comments shall be limited to three minutes per person and twenty minutes for all comments, unless different time limits are set by the Chairman subject to the approval of the Executive Committee.

MEMBER COMMENTS:

ADJOURNED:

NEXT MEETING:

Special Meeting

November 3, 2015- 9:30a.m.

OC Community Services

1300 S. Grand Avenue, Building B

Conference Rooms A/B, 2nd floor

Santa Ana, CA 92705

Further Commission Information: www.ocpartnership.net
Schedule for meetings

Commission to End Homelessness:
Executive Committee Special Meeting

Tue Nov 3rd 9.30am - 10.30am
OC Community Services, Building B, 2nd Floor, Conference Room A/B, 1300 S Grand Ave, Santa Ana, CA 92705, USA map

COMMISSION TO END HOMELESSNESS

EXECUTIVE COMMITTEE

SPECIAL MEETING AGENDA

Tuesday, November 3, 2015- 9:30a.m.

OC Community Services
1300 S. Grand Avenue, Building B
Conference Room A/B, 2nd Floor
Santa Ana, CA 92705

Board Member Names and Appointment Affiliations

Scott Larson, H&CD Commission, Chair of Executive Committee; Tom Burnham, Orange County Business Council, Vice-Chair of Executive Committee; Larry Haynes, HomeAid Orange County, Chair of Implementing Group #1; Barbara Jennings, H&CD Commission, Chair of Implementing Group #2; Vacant, H&CD Commission, Chair of Implementing Group #3; and Kim Goll, OC Funders Roundtable, Chair of Implementing Group #4.

CALL TO ORDER/WELCOME: Scott Larson, Chair

ROLL CALL: Karen Roper, Executive Director

CONSENT CALENDAR:

All matters are approved by one motion unless pulled by a Commissioner for discussion or separate action. At this time, any member of the public may ask the Commission to be heard on the following items on the Consent Calendar:

1. Approval of June 29, 2015 and October 16, 2015 Executive Committee Minutes

DISCUSSION CALENDAR:

1. Continuum of Care Ad Hoc Committee – Scott Larson/Kim Goll/Sister Regina Fox 2015 Continuum of Care Application
1. Approve Final 2015 Project Priority Listing

2. CoC System Application Recommendations- commit to HUD: CoC has set a timeline to meet the goals of ending homelessness as defined in Opening Doors.
   1. End Veteran Homelessness by 2015
   2. End Chronic Homelessness by 2017
   3. End Family and Youth Homelessness by 2020
   4. Set a Path to End All Homelessness by 2020

3. Next Steps

2. Coordinated Entry System Update – Karen Williams

3. Updates & Action Items for Implementing Groups & Sub-Committees – Group Chairs or Designees
   1. Barbara Jennings, Implementing Group #2 (Improve Emergency Shelter/Transitional Housing)
      1. Year Round Emergency Shelter Update – Karen Roper
         1. North County Proposed Kraemer Site
         2. South County Homeless Roundtable

   2. Tom Burnham, Advocacy/PR/ Fund Development Sub-Committee
      1. 2015 Action Plan Next Steps – Tom Burnham/Scott Larson
         1. Commission Member Opportunities/Ideas to Support Action Plan Goals
            1. Establishment of a minimum of one Year-Round Emergency Shelter/Multi-Service Center by December 31, 2015
            2. Secure gap funding to ensure successful implementation of HUD mandated Coordinated Assessment/Centralized Intake (CA/CI) by July 30, 2015
            3. Development of 200 Permanent Supportive Housing units for chronically homeless in 2015
            4. End veteran homelessness by the end of 2015

   3. Larry Haynes, Implementing Group #1 (Outreach to Homeless/At-Risk of Homelessness)
      1. Prevention
      2. Outreach

   4. Kim Goll, Implementing Group #4 (Data/Social Policy/Systemic Change)

   5. Vacant, Implementing Group #3 (Permanent Housing/Resources to Remain Housed)

4. Executive Director Updates – Karen Roper
   1. ACCOC Homeless Taskforce
   2. El Nino Planning for Homeless Populations
   4. OC Community Services Affordable Housing Strategic Plan

PUBLIC COMMENTS:
At this time, members of the public may address the Executive Committee regarding any off-agenda items within the subject matter jurisdiction of the Executive Committee provided that NO action may be taken on off-agenda items unless authorized by law. Comments shall be limited to three minutes per person and twenty minutes for all comments, unless different time limits are set by the Chairman subject to the approval of the Executive Committee.

MEMBER COMMENTS:

ADJOURNED:

NEXT MEETING:

Combined Commission and Executive Committee Meeting

December 11, 2015- 9:00a.m.

OC Community Services

1300 S. Grand Avenue, Building B

Conference Rooms A/B, 2nd floor

Santa Ana, CA 92705

Further Commission Information: www.ocpartnership.net
CALL TO ORDER/WELCOME: Scott Larson, Chair

ROLL CALL: Karen Roper, Executive Director

CONSENT CALENDAR:
All matters are approved by one motion unless pulled by a Commissioner for discussion or separate action. At this time, any member of the public may ask the Commission to be heard on the following items on the Consent Calendar:

NONE

DISCUSSION CALENDAR:

1. Continuum of Care Ad Hoc Committee – Scott Larson/Kim Goll/Sister Regina Fox
   2015 Continuum of Care Application
      A. Approve 2015 Ranking Policy and Process Recommendations
      B. Next Steps

2. Year-Round Emergency Shelter Update- Karen Roper

PUBLIC COMMENTS:
At this time, members of the public may address the Executive Committee regarding any off-agenda items within the subject matter jurisdiction of the Executive Committee provided that NO action may be taken on off-agenda items unless authorized by law. Comments shall be limited to three minutes per person and twenty minutes for all comments, unless different time limits are set by the Chairman subject to the approval of the Executive Committee.

MEMBER COMMENTS:

ADJOURNED:

NEXT MEETING: Special Meeting
November 3, 2015- 9:30a.m.
OC Community Services
1300 S. Grand Avenue, Building B
Conference Rooms A/B, 2nd floor
Santa Ana, CA 92705

Further Commission Information: www.ocpartnership.net
CALL TO ORDER/WELCOME: Scott Larson, Chair

Chair Larson called the meeting to order at 11:02 am. Reminded people that next meeting is also Special Meeting on November 3rd. October 23rd meeting cancelled. Item #2 was taken first.

ROLL CALL: Karen Roper, Executive Director

Present: Tom Burnham, Kim Goll, Larry Haynes (on the phone), and Scott Larson

Excused Absence: Barbara Jennings

CONSENT CALENDAR:

All matters are approved by one motion unless pulled by a Commissioner for discussion or separate action. At this time, any member of the public may ask the Commission to be heard on the following items on the Consent Calendar:

NONE

DISCUSSION CALENDAR:

1. Continuum of Care Ad Hoc Committee – Scott Larson/Kim Goll/Sister Regina Fox

   2015 Continuum of Care Application
      A. Approve 2015 Ranking Policy and Process Recommendations
      B. Next Steps

Chair Larson introduced the Item.

Juanita Preciado began by providing an overview of the 2015 CoC NOFA process, which started back in February when the County received the Grant Inventory Worksheet (GIW) from HUD. In April, the CoC Ad Hoc Committee approved the proposed changes to the LOI process and began at looking at possible funding options for Coordinated Entry.

Some preliminary recommendations on reallocation options were developed based on the information provided by HUD’s registration process, which were approved in May by the Commission to End Homelessness. One of those recommendations included creating an administrative fee to support HMIS and Coordinated Entry.

The LOI process was split into two parts. LOI/Part I was an overall review process, focusing on the agency and their administrative capacity. At the conclusion of LOI/Part I more than $1 million was identified for reallocation, the majority coming from Veteran’s First, who chose to not reapply for funding. The CoC Ad Hoc Committee met to consider further reallocation options by looking at preliminary performance measures and anticipating HUD’s guidelines in the NOFA.

Upon the release of the NOFA, many of the preliminary recommendations from the CoC Ad Hoc Committee were modified. The Orange County CoC has the opportunity to renew for $19.5 million during this funding cycle. The NOFA introduced a new tiering process, where Tier 1 is 85% of renewal amount and Tier 2 is the remaining 15% of renewal amount plus 15% of renewal amount for new bonus projects. In the past, Tier 1 used to be 95% and Tier 2 was 5%, which meant that the majority of projects had a higher likelihood of receiving renewal funding.

Additionally, the projects in Tier 2 are competing nationally, where as in the past they were looked at individually.
Tier 2 projects are being graded on a 100 point scale. Tier 2 projects will receive a baseline grading for the CoC, which may be up to 60 points, and the remaining 40 points are tied to the project. As a CoC, we expect to receive between 50 to 55 points for Tier 2 projects.

Discussions at the CoC Ad Hoc Committee have been focused on how to make Orange County CoC's application as competitive as possible for the renewal programs and the system as a whole. The NOFA has a system review part in the application that reviews how the CoC supports ending chronic homelessness, ending veteran homelessness, how it is being done, what is being done, whether or not we are doing a Point In Time (PIT) Count, if our programs follow a Housing First Model, and much more. We have found that while we have to report on these items on a system wide level, each project's Esnaps application has these components in the form of questions to be answered or statements to submit. There is increasing focus in transparency and providing supporting documentation by HUD.

Juanita Preciado then introduced the 2015 CoC Proposed Ranking Policy and Process and explained in detail the five sections it is comprised of.

- **Section I** outlines HUD requirements that will apply to the CoC application and ranking process. 2015 CoC NOFA has allowances for reallocation to create Permanent Supportive Housing (PSH) projects, creates supportive services only project (SSO) for Coordinated Entry, and create new permanent housing (PH) project for bonus project. This year HUD provided five different strategies, which the CoC must align itself with to prioritize populations.

- **Section II** outlines Orange County's CoC Policies related to reallocation, project ranking, and project tiers. These policies are aimed at preserving funding, funding coordinated entry, shifting resources to high performing programs, reallocation of unspent funds in renewal projects. This year due to limited information on project performance there was not further reallocation of transitional housing and domestic violence programs. Upon the release of LOI/Part II, two additional agencies recognized their projects would not be as competitive and voluntarily placed those project funds up for reallocation.

- **Section III** outlines the process and criteria for ranking renewal projects. Renewal projects will receive points based on their leverage, match, and various performance measures that have been determined by project type. This section includes details on who will be reviewing these renewal applications and what application components will be reviewed and scored.

- **Section IV** outlines the process and criteria for ranking new projects. The new projects may be PSH for chronically homelessness and Rapid Rehousing (RRH) for individuals and families. The Request For Proposal (RFP) for both the available reallocated funds and the bonus project are due Monday, October 19, 2015 at 12:00pm (noon). These will be reviewed by a non-conflicted panel.

- **Section V** outlines the policy and process for developing the final Project priority Listing. It also includes the appeal process a project must follow. Only projects place in Tier 2 have the right to appeal their ranking. Based on HUD's NOFA, projects must be notified of their ranking by November 5, 2015.

Chair Larson pointed out this is a dynamic process as we are constantly realigning our CoC to follow HUD's objectives and priorities. He addressed a previously posed question regarding the RFP not including funding for capital. Capital funding is one time and as such that funding is not renewable. Chair Larson reiterated the need to be strategic in our CoC.

Juanita Preciado further explained the Tier 1 and Tier 2 process from the NOFA. She explained that the likelihood of our projects falling clearly into Tier 1 or Tier 2 was highly unlikely and that there will be a project that straddles both tiers. In this case, the project must only submit one application, but understand that the project will be reviewed twice under the scrutiny of each tier's requirements. This translates to the possibility that the portion of the project that falls into Tier 2, may not be funded at which point HUD will evaluate whether the project is still viable if it only received the partial funding included in Tier 1.

Kim Goll recommended the item. Tom Burnham second. Larry Haynes abstained. The recommendation to approve the 2015 CoC Proposed Ranking and Policy Process passed.

2. **Year-Round Emergency Shelter Update- Karen Roper**

Karen Roper shared that the Community Forum scheduled on Wednesday, September 30, 2015 was very successful with over 630 individuals in attendance. There was about 65% of individuals in attendance speaking in favor of the proposed shelter/service center. She shared that it was great to see the faith-based community and others give value and merit to the idea of a permanent emergency shelter. There were some concerns expressed from the community as well.
Karen Roper shared that the proposed shelter management plan follows the best practices across which includes Coordinated Entry. She highlighted that the emergency shelter would be much different than the Armory. Karen Roper shared that the CEQA process is scheduled to conclude at the end of the month and has been out for the required 30 day public comment. Once the process is completed, staff will be working on writing the agenda item that is to go to the Board of Supervisors. As soon as there is confirmation on the meeting date, the information will be shared with the community. The agenda item will include findings on the environmental review process and due diligence process, city funding agreements, approval of shelter management/operations plan, and direction to OC Community Services staff to issue a Request for Proposal to select an operator.

PUBLIC COMMENTS:
Billy O'Connell, Executive Director of Colette's Children's Home, thanked the Executive Committee for all that they do. He mentioned he noticed that Orange County CoC is moving in the direction of HUD. He commented that transitional age youth, domestic violence, and substance abuse populations have a continued need for transitional housing. He shared that Colette's Children's Home has a proven track record of working with these populations and that together we must advocate to preserve the transitional housing funding. He stated that the end result of transitional housing is permanent housing, which is what HUD is looking for.

Linda Tang from the Kennedy Commission invited the Executive Committee and those in the audience to attend an event on Thursday, October 22, 2015. She shared she has been working with the Costa Mesa Affordable Housing Coalition to organize a protest against the closing of a 306 unit motel, where many low income families live, which will be turned into a new development. Linda Tang described the opportunity and a petition for affordable housing units within the new proposed development.

Helen Cameron from Jamboree Housing and HOMES advocated for capital development. Helen Cameron understands the concern behind applying for non-renewable projects, but notes that the community needs to take on capital investment as the current scattered site models have limitations. She noted that by acquiring property, then we have the opportunity to house a lot of people and offer wrap around services. Helen Cameron also noted the need to communicate more effectively in the community as some providers have never heard of coordinated entry.

MEMBER COMMENTS:
Chair Larson shared that the South County Homeless Round Table was very productive and well attended by South County providers. This meeting allowed for a lot of information to be shared and learned by those who are not too familiar with the ongoing issues. Chair Larson shared that the South County Homeless Round Table is meeting quarterly and is scheduled to meet again in January 2016.

Note: Karen Roper and OC Community Services provide staff support to this Roundtable and will be sending out future meeting notices.

Chair Larson shared that the Association of California Cities – Orange County (ACC-OC) will be meeting Tuesday, October 22, 2015. He mentioned that this is a very productive and informative meeting as cities listen to each other on how to effectively address issues on homelessness and work together.

Note: Karen Roper and OC Community Services provide staff support to this Task Force to ensure actions integrate not duplicate Commission initiatives.

Tom Burnham asked for an update on Supervisor Do's recommendation for an Executive Director position. In response to Tom Burnham's question, Karen Roper shared that further information in pending from the CEO's Office.

ADJOURNED:
Chair Larson adjourned the meeting at 11:47 am.

NEXT MEETING: Special Meeting
November 3, 2015- 9:30a.m.
OC Community Services
1300 S. Grand Avenue, Building B
Conference Rooms A/B, 2nd floor
Santa Ana, CA 92705

Further Commission Information: www.ocpartnership.net
CALL TO ORDER/WELCOME: Scott Larson, Chair

ROLL CALL: Karen Roper, Executive Director

CONSENT CALENDAR:
All matters are approved by one motion unless pulled by a Commissioner for discussion or separate action. At this time, any member of the public may ask the Commission to be heard on the following items on the Consent Calendar:

1. Approval of June 29, 2015 and October 16, 2015 Executive Committee Minutes

DISCUSSION CALENDAR:

2. Continuum of Care Ad Hoc Committee – Scott Larson/Kim Goll/Sister Regina Fox
   2015 Continuum of Care Application
   A. Approve Final 2015 Project Priority Listing
   B. CoC System Application Recommendations- commit to HUD:
      CoC has set a timeline to meet the goals of ending homelessness as defined in Opening Doors.
      1. End Veteran Homelessness by 2015
      2. End Chronic Homelessness by 2017
      3. End Family and Youth Homelessness by 2020
      4. Set a Path to End All Homelessness by 2020
   C. Next Steps

3. Coordinated Entry System Update – Karen Williams
4. Updates & Action Items for Implementing Groups & Sub-Committees – Group Chairs or Designees

A. Barbara Jennings, Implementing Group #2 (Improve Emergency Shelter/Transitional Housing)
   i. Year Round Emergency Shelter Update – Karen Roper
      a. North County Proposed Kraemer Site
      b. South County Homeless Roundtable

B. Tom Burnham, Advocacy/PR/ Fund Development Sub-Committee
   i. 2015 Action Plan Next Steps – Tom Burnham/Scott Larson
      a. Commission Member Opportunities/Ideas to Support Action Plan Goals
         1. Establishment of a minimum of one Year-Round Emergency Shelter/Multi-Service Center by December 31, 2015
         2. Secure gap funding to ensure successful implementation of HUD mandated Coordinated Assessment/Centralized Intake (CA/CI) by July 30, 2015
         3. Development of 200 Permanent Supportive Housing units for chronically homeless in 2015
         4. End veteran homelessness by the end of 2015

C. Larry Haynes, Implementing Group #1 (Outreach to Homeless/At-Risk of Homelessness)
   i. Prevention
   ii. Outreach

B. Kim Goll, Implementing Group #4 (Data/Social Policy/Systemic Change)

C. Vacant, Implementing Group #3 (Permanent Housing/Resources to Remain Housed)

5. Executive Director Updates – Karen Roper
   A. ACCOC Homeless Taskforce
   B. El Nino Planning for Homeless Populations
   C. Grand Jury Report Recommendations on Housing for Homeless AB 109 Offenders
   D. OC Community Services Affordable Housing Strategic Plan

PUBLIC COMMENTS:
At this time, members of the public may address the Executive Committee regarding any off-agenda items within the subject matter jurisdiction of the Executive Committee provided that NO action may be taken on off-agenda items unless authorized by law. Comments shall be limited to three minutes per person and twenty minutes for all comments, unless different time limits are set by the Chairman subject to the approval of the Executive Committee.

MEMBER COMMENTS:

ADJOURNED:

NEXT MEETING: Combined Commission and Executive Committee Meeting
December 11, 2015 – 9:00a.m.
OC Community Services
1300 S. Grand Avenue, Building B
Conference Rooms A/B, 2nd floor
Santa Ana, CA 92705

Further Commission Information: www.ocpartnership.net
2015 Proposed Ranking Policy and Process

2015 CoC PROPOSED RANKING POLICY AND PROCESS

2-1-1 ORANGE COUNTY
1505 E. 17th Street, Suite 108
Santa Ana, CA 92705
Phone: (714) 288-4007
Email: info@211oc.org
CoC’s Process for Reallocating
1F-5. Did the CoC use the reallocation process in the FY 2015 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)

Commission to End Homelessness Board – May – Agenda (page 2, Item 2):
http://ocpartnership.net/images/website/1064/files/2015_5-29_c2eh_agenda_final_2027.pdf

Commission to End Homelessness Board – May – Minutes (page 2, Item 2):
http://ocpartnership.net/images/website/1064/files/2015_5-29_c2eh_final_minutes_2112.pdf

Commission to End Homelessness Executive Committee – June – Agenda (page 1, Item 2):

Commission to End Homelessness Executive Committee – June – Minutes (page 1, Item 2):
http://ocpartnership.net/images/website/1064/files/2015_6-29_c2eh_ec_minutes_final_2268.pdf

Juanita will send supporting email attachments in a separate email.

Zulima Pelayo  |  Continuum of Care Coordinator  |  2-1-1 Orange County
(714) 589-2358 Direct Line  |  (714) 258-7852 Fax
zpelayo@211oc.org  |  www.211oc.org

Our mission: To help people find the help they need.
2015 Continuum of Care (CoC)
Ranking and Reallocation Process Recommendations

Background

On April 23, 2015 the CoC Ad Hoc Committee held a meeting with the Executive Directors of the HUD CoC funded providers to discuss the processed changes to the LOI process and draft recommendation of reallocation as part of the 2015 CoC grant application. Given the support for the proposed process and draft reallocation recommendations, the same was presented to the Executive Committee.

The Executive Committee of the Commission approved the following process and preliminary reallocation recommendations at the April 24, 2015 meeting.

I. Reallocation Policy Recommendations
Recommend that 2015 Continuum of Care (CoC) Funding cycle focus on the following options:
A. Reallocation from Agency Administrative Review – Projects under Agency that do not pass Part I Review
B. Reallocation of Unspent funds
C. Reallocation of Low Performing Transitional Housing (as in 2014 cycle) including Domestic Violence projects
D. Other Reallocation Options in NOFA (pending Department of Housing and Urban Development [HUD] NOFA release)

II. Letter of Intent (LOI) Renewal Process
Recommend the LOI process to be bifurcated into two parts: 1) Agency Administrative Review and 2) Project Application Submission
A. LOI Part I: Agency Administrative Review
   i. Agency Administrative Review – Includes the technical & presentation requirements (late submissions, incomplete), financial stability, HUD monitoring, CoC Participation, Homeless Management Information System (HMIS) Data Quality, unspent funds, etc.
   ii. Outcome of failed Administrative Review will constitute forfeiture of funds for reallocation.
   iii. Those successful in Part I will go to Part II

B. LOI Part II: Project Application Submission
Part II of the LOI will be finalized and released after HUD releases the NOFA which is anticipated in late May/early June.
   i. Project Performance
   ii. Subject to local CoC policy
   iii. Subject to HUD guidelines

III. Performance Data from Focus Strategies for Transitional Housing (TH)
Obtain comparison data from Focus Strategies for TH to be used in the same manner as in the 2014 funding cycle for the 2015 cycle.

On April 28, 2015 HUD posted the Co Program Registration Notice informing the CoCs of various options for planning grants, reallocation, etc. The notice provided information about policies being implemented for the FY 2015 CoC Program Competition and certain requirements that all applicants should consider.

On May 7, 2015 the Ad Hoc Committee met to review the 2015 Registration Notice information and options. At the May 29, 2015 the Ad Hoc recommended to the Commission program and reallocation options from the HUD Registration Notice. At the Commission meeting the following was approved.

2015 CoC Funding Cycle Registration Summary of Options, Information and Recommendations
Approved 10/16/2015
A. **Planning Grant 3%** - Collaborative Applicants may request CoC planning costs up to the **full 3 percent** or $1,250,000, whichever is less, of the FY 2015 Final Pro Rata Need (FPRN). Orange County CoC 3% is $586,095.
   - **Recommend that Orange County apply for full amount of Planning Grant for 2015 - Approved**

B. **Admin 10% Option** – Project Applicants can get the full 10% admin this year, when previously they could only get 7%. However, the additional admin has to come from another line item (except for first time renewals of old SHP or S+C Projects).
   - **Recommend that through the LOI process agencies wishing to increase to 10% administration be required to split the increase (50%/50%) to fund the Coordinated Entry (CE) system. This payment would be paid to 211OC as the CE administrator- Approved**
   
   **Or**
   - **Providers that select NOT TO increase their Admin line item, as allowed per the NOFA, would pay an equivalent of 1.5% of their total grant amount to 211OC to cover CE costs from other program funds - Approved**

C. **Reallocation Options:** HUD is going to allow projects created through re-allocation to include: permanent supportive housing for chronically homeless people; rapid re-housing for families and single adults; dedicated HMIS; and new SSO projects for Coordinated Entry. This could be particularly relevant for Orange County since it offers a possible funding source for CE.
   - **Recommend that at least 1 Reallocation be used to fund SSO for Coordinated Entry and it be placed in Tier 1 - Approved**
   - **Consider RRH and PSH for single adults; RRH newly an option for single adults. To be reviewed in conjunction with 2015 PIT numbers – Approved**

D. **High Performing Communities Designation Option** – This year HUD is rolling out the High Performing Communities (HPC) designation, which is required in 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.
   - **The Orange County CoC does not meet HPC designation. See attached handout.**

E. **Unified Funding Application Designation Option –**
   - **The Orange County CoC will not be applying as a UFA in 2015.**

---

**Attachment B**

Approved 10/16/2015
## 2015 Orange County CoC Renewals

<table>
<thead>
<tr>
<th>Performance Measures - pick ONE from below</th>
<th>Max. 80 Points</th>
<th>Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attachment 3b: Project Perf Renewal/Self Cert AND Attachment 3b</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) at least 80 percent of project participants either remained in permanent housing, or exited from transitional housing to permanent housing; (20 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) at least 20 percent or more of project participants have employment income (or at least 20 percent or more of project participants have other income sources such as SSI and/or SSDI for those who are not employable); (20 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>at least 54 percent of project participants increased their income from sources other than employment in a given operating year; (20 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) at least 56 percent of project participants obtained mainstream benefits (20 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Bed utilization - at least 90% (20 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100% = 20 points; 65% - 99% = 15 points; below 65% = 0 points</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Scoring Criteria

All 4 performance measures will receive 80 points. 3 of 4 performance measures will receive 60 points.

2 of 4 performance measures will receive 40 points. 0 or 1 of 4 performance measures will receive 0 points.

<table>
<thead>
<tr>
<th><strong>Project Entry from homelessness from HMIS and 2nd Qtr Universal Report AND Attachment 3b</strong></th>
<th>Max. 80 Points</th>
<th>Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) 100 Percent or more of project participants come from literally homeless or emergency shelter (100% = 40 points; 99% - 90% = 30 points; below 90 = 0 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) at least 90 percent Of Quarterly Data as posted on Orange County HMIS website met HUDs standards (100% = 40 points; 99% - 90% = 30 points; below 90 = 0 points)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Scoring Criteria

All 2 performance measures will receive 80 points. 1 of 2 performance measures will receive 40 points. 0 performance measures will receive 0 points.

<table>
<thead>
<tr>
<th><strong>System Wide Analytics and Projections (SWAPI) Tool AND Attachment 3b</strong></th>
<th>Max. 80 Points</th>
<th>Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. on Ranking from Focus Strategies Chart</td>
<td>-6.66 each subsequent ranked project</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Scoring Criteria

Maximum 80 points (based on Focus Strategies)

<table>
<thead>
<tr>
<th><strong>N/A - new renewal</strong></th>
<th>Max. 20 Points</th>
<th>Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Threshold Renewal - Applies to All Projects</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LOI - Part I</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fiscal Audit - 2 pts</td>
<td>No Findings = 2 pts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOI Part I - Agency Review</td>
<td>Conditions Letter Sent = 0 pts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CoC Strategic Participation - 2 pts</td>
<td>Max 2 pts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance &amp; participation</td>
<td>24 + Meetings = 2 pts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 - 23 Meetings = 1.5 pts</td>
<td>12 - 17 meetings = 1 pt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>less than 12 meetings = 0 pts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HMIS Review - 10 pts</td>
<td>LOI Part I - Agency Review</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### LOI - Part II

| Leverage & Match - 1 pt | 150%-199% = 1 pt | | |
| LOI - esnaps application- Q1 and Q1/2 - calculation | less than 150% = 0 pts | | |

**confirmation** in esnaps application for any changes

**Housing First - 5 pts**

Max 5 pts (currently in existence)

3 pts = planning

0 pts = no plan

### Total Performance Points (Max is 80 points)

<table>
<thead>
<tr>
<th><strong>Threshold Renewal Points (Max is 20 points)</strong></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Amount of Available Points</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Scored Points to Total Available</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reviewers:

Date:

Signature:

### 2015 Tie Breakers

Tie Breaker: Applicants receiving the highest scores in the following categories (in order) will be ranked higher: Performance Measures, Project Performance, HMIS Review, Housing First and CoC Strategic Participation. Tie Breaker will be based on the # of overall served.

Renewal: 11/6/2015
COMMISSION TO END HOMELESSNESS

Friday, May 29, 2015 9:00 – 11:00 am

City of Orange
Grijalva Park
368 N. Prospect Avenue, Bldg. B
Orange, CA

AGENDA

Board Member Names and Appointing Bodies

Andrew Do, Board of Supervisors
David Cavazos, City Managers Association
Tom Burnham, Orange County Business Council*
Max Gardner, H&CD Commission*
Tita Smith, City Selection Committee
Larry Haynes, HomeAid Orange County*
Kim Goll, OC Funders Roundtable*
Raul Quezada, Police Chiefs/Sheriffs Association
Carolyn McNerney, County Executive Office
Al Mijares, Orange County Department of Education

Dave Kiff, City Managers Association
Bill Balfour, Orange County Business Council
Scott Larson, H&CD Commission*
Kathryn McCullough, City Selection Committee
Barbara Jennings, HomeAid Orange County*
Sister Regina Fox, OC Funders Roundtable
Dan Stefano, OC Fire Chiefs Association
Cate Murphy, H&CD Commission
Mark Refowitz, Health Care Agency

*Members also on Executive Committee

The Commission to End Homelessness welcomes you to this meeting. This agenda contains a brief general description of each item to be considered. The Commission encourages your participation. If you wish to speak on an item contained in the agenda, please complete a Speaker Form identifying the item(s) and deposit it in the Speaker Form Return box located on the side of the podium. If you wish to speak on a matter which does not appear on the agenda, you may do so during the Public Comment period at the close of the meeting. Except as otherwise provided by law, no action shall be taken on any item not appearing in the agenda. When addressing the Commission, please state your name for the record. Please address the Commission as a whole through the Chair. Comments to individual Commissioners or staff are not permitted. Speakers will be limited to three (3) minutes. Power Point and video presentations must be requested prior to start of meeting.

CALL TO ORDER:
Scott Larson

PLEDGE OF ALLEGIANCE:
Cate Murphy

INVOCATION:
Cate Murphy

CHAIR’S COMMENTS:
Scott Larson
Memo to Board of Supervisors

ROLL CALL:
Karen Roper

PRESENTATION:
NONE
CONSENT CALENDAR:

All matters are approved by one motion unless pulled by a Commissioner for discussion or separate action. At this time, any member of the public may ask the Commission to be heard on the following items on the Consent Calendar:

1. Approval of March 27, 2015 Commission Minutes

DISCUSSION CALENDAR:

2. Continuum of Care Ad Hoc Committee update – Scott Larson/Kim Goll/Sister Regina Fox
   A. 2015 Continuum of Care Application Recommendations – Julia Bidwell/Juanita Preciado
   B. Update on 2015 CoC Application Process and Status

   A. Ad Hoc Committee Governance Structure Approval

   A. Implementation and Operational Plan Options
   B. Key Messages About Funding and Sustainability
   C. Commission Representatives at June 9/10 Board of Supervisors Budget Hearings

5. Implementing Group Items
   A. Barbara Jennings, Implementing Group #2 (Improve Emergency Shelter/Transitional Housing)
      Year Round Emergency Shelter Update – Karen Roper
   B. Tom Burnham, Advocacy/PR/ Fund Development Sub-Committee
      I. Meeting with ACCOC and VA
      II. Commission Member Opportunities/Ideas to Support Action Plan Goals
         a. Establishment of a minimum of one Year-Round Emergency Shelter/Multi-Service Center by December 31, 2015.
         b. Secure gap funding to ensure successful implementation of HUD mandated Coordinated Assessment/Centralized Intake (CA/CI) by July 30, 2015.
         c. Development of 200 Permanent Supportive Housing units for chronically homeless in 2015.
         d. End veteran homelessness by the end of 2015.
   C. Larry Haynes, Implementing Group #1 (Outreach to Homeless/At-Risk of Homelessness)
      i. Prevention
      ii. Outreach
   D. Kim Goll, Implementing Group #4 (Data/Social Policy/Systemic Change)
   E. Max Gardner, Implementing Group #3 (Permanent Housing/Resources to Remain Housed)
PUBLIC COMMENTS:
At this time, members of the public may address the Commission regarding any off-agenda items within the subject matter jurisdiction of the Commission provided that NO action may be taken on off-agenda items unless authorized by law. Comments shall be limited to three minutes per person and twenty minutes for all comments, unless different time limits are set by the Chairman subject to the approval of the Board.

MEMBER COMMENTS:

ADJOINED:

NEXT MEETING: July 31, 2015 9:00 am to 11:00 am

Location of Next Meeting:

County of Orange
1300 S. Grand Avenue, Bldg. B
Santa Ana, CA 92705
Conf. Rooms A/B/C, 2nd Floor

Further Commission Information: www.ocpartnership.net
The Commission to End Homelessness welcomes you to this meeting. This agenda contains a brief general description of each item to be considered. The Commission encourages your participation. If you wish to speak on an item contained in the agenda, please complete a Speaker Form identifying the item(s) and deposit it in the Speaker Form Return box located on the side of the podium. If you wish to speak on a matter which does not appear on the agenda, you may do so during the Public Comment period at the close of the meeting. Except as otherwise provided by law, no action shall be taken on any item not appearing in the agenda. When addressing the Commission, please state your name for the record. Please address the Commission as a whole through the Chair. Comments to individual Commissioners or staff are not permitted. Speakers will be limited to three (3) minutes. Power Point and video presentations must be requested prior to start of meeting.

CALL TO ORDER: Scott Larson

Chair Larson called the meeting to order at 9:10 am/Thank You to Tita Smith for hosting meeting

PLEDGE OF ALLEGIANCE: Cate Murphy

Cate Murphy led the Pledge of Allegiance.

INVOCATION: Cate Murphy

Cate Murphy gave the invocation.

CHAIR’S COMMENTS: Scott Larson

Scott Larson welcomed Supervisor Andrew Do.

Memo to Board of Supervisors

As requested by the Chair, Karen Roper provided an overview of the Memo the Commission requested to send to the Board of Supervisors. Per Commission direction, the memo covers the Commission recommendation on issuing a Request for Proposal for Year Round Emergency Shelter; Response to Board directive for Commission support at Year Round Emergency Shelter community meetings; Update on Annual Report; and, update on the 2015 Point in Time count homeless numbers.
ROLL CALL: Karen Roper


Absent: R. Fox, C. McInerney, A. Mijares, R. Quezada, M. Refowitz

CONSENT: NONE

CONSENT CALENDAR:
All matters are approved by one motion unless pulled by a Commissioner for discussion or separate action. At this time, any member of the public may ask the Commission to be heard on the following items on the Consent Calendar:

1. Approval of March 27, 2015 Commission Minutes

Chair Larson asked for a motion to approve minutes. Max Gardner made a motion to approve the minutes. Tita Smith seconded the motion. The motion passed.

DISCUSSION CALENDAR:

2. Continuum of Care Ad Hoc Committee update – Scott Larson/Kim Goll/Sister Regina Fox
   A. 2015 Continuum of Care Application Recommendations – Julia Bidwell/Juanita Preciado
   B. Update on 2015 CoC Application Process and Status

Juanita presented the following 2015 CoC Funding recommendations from Executive Committee meeting of April and CoC Ad Hoc Committee:

   • Planning Grant - Recommend that Orange County apply for full amount of Planning Grant for 2015.
   • 10% Admin Option for Providers –
     o Recommend that through the LOI process agencies wishing to increase to 10% administration be required to split the increase (50%/50%) to fund the Coordinated Entry (CE) system. This payment would be paid to 211OC as the CE administrator.
     o Providers that select NOT TO increase their Admin line item, as allowed per the NOFA, would pay an equivalent of 1.5% of their total grant amount to 211OC to cover CE costs from other program funds.
   • Reallocation –
     o Recommend that at least 1 Reallocation be used to fund SSO for Coordinated Entry and it be placed in Tier 1.
     o Consider RRH and PSH for single adults; RRH newly an option for single adults. To be reviewed in conjunction with 2015 PIT numbers.

Kathryn McCullough made a motion to approve recommendations. Cate Murphy seconded the motion. The motion passed.
Recusals: Tom Burnham, Larry Haynes and Barbara Jennings

Juanita also gave status on overall 2015 CoC funding process
   • Letter of Intent/Part I process complete. Thanked providers for their cooperation and responsiveness.
   • Part II of the LOI will be released once HUD NOFA is released. Final after NOFA

   A. Ad Hoc Committee Governance Structure Approval

Juanita Preciado reported that recommendations are 1st step in bringing Commission into alignment with HEARTH Act requirements. The recommendations included the following:

   • Create and acknowledge the four entities as required by the HEARTH Act.
     1. At Large Continuum of Care
     2. CoC Board (same as Commission)
     3. Committees
     4. Collaborative Applicant
   • Direct Governance Ad Hoc to revise Bylaws and draft Governance Charter and return to Commission for approval
   • Ensure Commission is representative of all subpopulations as described in HEARTH Act.
   • Ensure compliance with HEARTH Annually

Tom Burnham made a motion to approve. Larry Haynes seconded the motion. The motion passed.

MINUTES May 29, 2015 - 2 -
   A. Implementation and Operational Plan Options
   B. Key Messages About Funding and Sustainability
   C. Commission Representatives at June 9/10 Board of Supervisors Budget Hearings

Request to support Coordinated Entry will be going to Board of Supervisors on June 9 or 10, 2015 as part of the Board of Supervisors budget hearings.
   • David Cavazos made a motion to designate Chair Scott Larson to present to the Board of Supervisors. It was seconded by Kathryn McCullough. The motion passed.
   • Max Gardner mentioned the summary was missing the benefits of Coordinated Entry.
   • Tom Burnham wanted to reinforce that 211 has been looking for private resources in addition to request for public funding.
   • Tom Burnham thanked David Cavazos and City of Santa Ana for $22,000 in ESG funds for Coordinated Entry.

5. Implementing Group Items
   A. Barbara Jennings, Implementing Group #2 (Improve Emergency Shelter/Transitional Housing)

   Year Round Emergency Shelter Update – Karen Roper

Karen Roper reported that there is a potential site in Anaheim that may be utilized for Year Round Emergency Shelter/Multi-Service Center or other potential uses but stated that there is no final commitment yet. County is still negotiating options with the owner.

Karen gave the background on the proposed site in Anaheim that was suggested by the City of Anaheim.

On June 2nd the Board of Supervisors will consider approval of a Purchase and Sale Agreement and the start of 90 due diligence period with possible extensions.

Anaheim and Fullerton have committed $500,000 each to support Year Round Emergency Shelter.

Tita Smith stated that community meetings need to be organized, strategized and personalized.

There was discussion on revisiting the ability to RFP for an operator. Karen Roper discussed County requirements regarding this issue.

Commission discussed having the Commission members and providers at community meetings to lead.

Karen Roper confirmed that she has been meeting with City of Anaheim, City of Fullerton and CityNet.

Max Gardner indicated there needs to be clarity on what the space will be used for and how it will be operated—mitigating potential impacts.

Scott Larson mentioned that ideas could be fleshed out in detail at an Implementing Group #2 meeting.

Kathryn McCullough suggested involvement of schools and Chamber of Commerce.

Tom Burnham said to talk about this as a homeless multi-service center where people get triaged.

Bill Balfour commented that someone needs to own this and have a point person.

Barbara Jennings asked how long the due diligence/feasibility analysis period was and Karen confirmed it is estimated at 90-120 days.

Scott mentioned the June 2nd Board of Supervisors meeting when item will be heard and he indicated the meeting starts at 9:30a.m.
B. Tom Burnham, Advocacy/PR/ Fund Development Sub-Committee


I. Meeting with ACCOC and VA

II. Commission Member Opportunities/Ideas to Support Action Plan Goals

   a. Establishment of a minimum of one Year-Round Emergency Shelter/Multi-Service Center by December 31, 2015.

   b. Secure gap funding to ensure successful implementation of HUD mandated Coordinated Assessment/Centralized Intake (CA/CI) by July 30, 2015.

   c. Development of 200 Permanent Supportive Housing units for chronically homeless in 2015.

   d. End veteran homelessness by the end of 2015.

Tom Burnham reported that they are moving forward on plan including support of Multi-Service Center, Coordinated Entry and Permanent Supportive Housing.

C. Larry Haynes, Implementing Group #1 (Outreach to Homeless/At-Risk of Homelessness)

   i. Prevention

   ii. Outreach

   Larry Haynes –

   - Diversion to be incorporated into the groups
   - Current focus is working with Coordinated Entry
   - 211 and County Staff – Outreach Meeting June 11, 2015, 10:30 – 11:30

D. Kim Goll, Implementing Group #4 (Data/Social Policy/Systemic Change)

   Kim Goll reported:

   - Met on April 30th
   - Goal is to produce Annual Report by December
   - Would like to incorporate HUD’s System Performance Measures into IG work and also Annual Report
   - Other subcommittees also working on data
   - Trying to continue on Cost Analysis work started by Jennifer Lee Anderson

E. Max Gardner, Implementing Group #3 (Permanent Housing/Resources to Remain Housed)

   Max Gardner stated that A Community of Friends is developing 36 units in Fullerton and is going to City Council Tuesday night.

   Julia Bidwell talked about the County’s proposed Affordable Housing Strategic Plan. Plan will go to the Board of Supervisors for approval and includes recommendations for $4.6 million for permanent supportive housing. Additionally, two affordable housing developments are scheduled to get underway as part of the Rancho Mission Viejo development plan.

   Tita Smith – The City of Orange has approved 83 affordable housing units in Lemon Grove.

PUBLIC COMMENTS:

At this time, members of the public may address the Commission regarding any off-agenda items within the subject matter jurisdiction of the Commission provided that NO action may be taken on off-agenda items unless authorized by law. Comments shall be limited to three minutes per person and twenty minutes for all comments, unless different time limits are set by the Chairman subject to the approval of the Board.

MEMBER COMMENTS:

Scott Larson – Need to implement Bonus Grant by August 1st for 106 most chronically homeless.

ADJOURNED: Scott Larson adjourned the meeting in memory of two homeless individuals who have passed away recently.
NEXT MEETING: July 31, 2015  9:00 am to 11:00 am

Location of Next Meeting:

County of Orange
1300 S. Grand Avenue, Bldg. B
Santa Ana, CA 92705
Conf. Rooms A/B/C, 2nd Floor

Further Commission Information: www.ocpartnership.net
COMMISSION TO END HOMELESSNESS
EXECUTIVE COMMITTEE

MEETING AGENDA

Monday, June 29, 2015 9:00 am to 11:00 am
Note Special Meeting Date

OC Community Services
1300 S. Grand Avenue, Building B
Conference Room A/B, 2nd Floor
Santa Ana, CA 92705

Board Member Names and Appointment Affiliations

Scott Larson, H&CD Commission Chair of Executive Committee
Tom Burnham, Orange County Business Council Vice-Chair of Executive Committee
Larry Haynes, HomeAid Orange County Chair of Implementing Group #1
Barbara Jennings, H&CD Commission Chair of Implementing Group #2
Max Gardner, H&CD Commission Chair of Implementing Group #3
Kim Goll, OC Funders Roundtable Chair of Implementing Group #4

CALL TO ORDER/WELCOME: Scott Larson, Chair

ROLL CALL: Karen Roper, Executive Director

PRESENTATION: NONE

CONSENT CALENDAR:

All matters are approved by one motion unless pulled by a Commissioner for discussion or separate action. At this time, any member of the public may ask the Commission to be heard on the following items on the Consent Calendar:

1. Approval of April 24, 2015 Executive Committee Minutes

DISCUSSION CALENDAR:

2. Continuum of Care Ad Hoc Committee Update – Scott Larson/Kim Goll/Sister Regina Fox
   2015 Continuum of Care Application - Julia Bidwell/Juanita Preciado
   A. Letter of Intent Process/Recommendations
   B. Next Steps

   A. Recommended By-laws Changes
   B. Recommended Governance Charter

4. Point In Time Count Update – Karen Williams

5. Updates & Action Items for Implementing Groups & Sub-Committees – Group Chairs or Designees
   A. Barbara Jennings, Implementing Group #2 (Improve Emergency Shelter/Transitional Housing)
      i. Year Round Emergency Shelter Update – Scott Larson & Karen Roper
B. Tom Burnham, Advocacy/PR/ Fund Development Sub-Committee

   i. 2015 Action Plan Next Steps – Tom Burnham/Scott Larson
      a. Meeting with ACCOC and VA
   
      b. Commission Member Opportunities/Ideas to Support Action Plan Goals
         1. Establishment of a minimum of one Year-Round Emergency Shelter/Multi-Service Center by December 31, 2015
         2. Secure gap funding to ensure successful implementation of HUD mandated Coordinated Assessment/Centralized Intake (CA/CI) by July 30, 2015
         3. Development of 200 Permanent Supportive Housing units for chronically homeless in 2015
         4. End veteran homelessness by the end of 2015

C. Larry Haynes, Implementing Group #1 (Outreach to Homeless/At-Risk of Homelessness)
   
   i. Prevention
   ii. Outreach

D. Kim Goll, Implementing Group #4 (Data/Social Policy/Systemic Change)
   
   i. Coordinated Entry System – Karen Williams/Liz Rojas/Juanita Preciado
      a. Update (including Service Planning Areas)
      b. Implementation Policy Recommendations

E. Max Gardner, Implementing Group #3 (Permanent Housing/Resources to Remain Housed)

PUBLIC COMMENTS:
At this time, members of the public may address the Executive Committee regarding any off-agenda items within the subject matter jurisdiction of the Executive Committee provided that NO action may be taken on off-agenda items unless authorized by law. Comments shall be limited to three minutes per person and twenty minutes for all comments, unless different time limits are set by the Chairman subject to the approval of the Executive Committee.

MEMBER COMMENTS:

ADJOURNED:

NEXT MEETING: August 28, 2015
OC Community Services
1300 S. Grand Avenue, Building B
Conference Rooms A/B/C, 2nd floor
Santa Ana, CA 92705

Further Commission Information: www.ocpartnership.net
CALL TO ORDER/WELCOME: Scott Larson, Chair

Chair Larson called the meeting to order at 9:03 am.

ROLL CALL: Karen Roper, Executive Director

Present: Tom Burnham, Scott Larson, Max Gardner, and Larry Haynes (on the phone).
Excused Absence: Barbara Jennings and Kim Goll.

PRESENTATION: NONE

CONSENT CALENDAR:

1. Approval of April 24, 2015 Executive Committee Minutes

A motion was made by Tom Burnham to approve the consent calendar. Motion was seconded by Scott Larson. The motion passed.

DISCUSSION CALENDAR:

2. Continuum of Care Ad Hoc Committee Update – Scott Larson/Kim Goll/Sister Regina Fox

2015 Continuum of Care Application - Julia Bidwell/Juanita Preciado
A. Letter of Intent Process/Recommendations
B. Next Steps

Juanita Preciado provided an overview of where the 2015 Continuum of Care Application stands. Twenty agencies completed LOI/Part I. Veteran’s First was the only agency who did not submit an LOI/Part I and as a result those funds will be reallocated. Staff are in the process of finalizing unspent funds and drafting LOI/Part II and RFP, however, completion of these documents is dependent upon the HUD NOFA.

Scott Larson spoke on the effects of Veteran’s First decision to not submit LOI/Part I. He also touched upon the need for the Transitional Housing Performance Reports for additional reallocation decisions. There was much discussion regarding the lack of Transitional Housing Performance Reports for the 2015 Continuum of Care Application.

A. Recommended By-laws Changes
B. Recommended Governance Charter

Scott Larson introduced the item.

EXECUTIVE COMMITTEE MINUTES
Juanita Preciado provided a summary of the changes made to the By-laws. Upon approval from the Executive Committee, the changes to the By-laws will need to be approved by the Board of Supervisors. Some of the major changes in the By-laws, are as follow:
- Alignment with the HEARTH Act. The Commission to End Homelessness is the Continuum of Care Board and how to align the two bodies.

A motion was made by Tom Burnham to recommend the By-law changes. Motion was seconded by Max Gardner. The motion passed.

Juanita Preciado provided a summary of the Governance Charter which is applicable to the Continuum of Care. The requirement from HUD is to allow everyone who wants to participate a forum to participate. There will be meetings going forward.

A motion was made by Tom Burnham to recommend the Governance Charter. Motion was seconded by Scott Larson. The motion passed.

4. Point In Time Count Update – Karen Williams

Karen Williams shared that a full report will be presented at the Commission to End Homelessness Board meeting in July. She shared a briefing report which shows the summary of key findings from the 2013 PIT Count to the 2015 PIT Count. Overall there has been an increase in homelessness and Orange County’s results are very similar to the rest of the country. She hopes to do web-based training for 2017 PIT Count and incorporate a mobile application.

There was much discussion as to the increase in the 2015 estimate of homeless population and if the weather contributed significantly.

Tom Burnham noted that it is important to present this information carefully in order to maintain support for Emergency Shelter.

5. Updates & Action Items for Implementing Groups & Sub-Committees – Group Chairs or Designees

A. Barbara Jennings, Implementing Group #2 (Improve Emergency Shelter/Transitional Housing)
   1. Year Round Emergency Shelter Update – Scott Larson & Karen Roper

Scott Larson introduced the item.

Karen Roper provided an update on the budget hearing process. She complemented Scott Larson as he spoke before the Board of Supervisors and answered questions regarding Coordinated Entry. The main message transmitted to the Board was that Coordinated Entry is an anticipated part of the Emergency Shelter and will help address the most vulnerable and costly to the system. 2-1-1 Orange County was allocated $250,000 from County General Funds to help support Phase I of Coordinated Entry.

Karen Roper also provided an update on the due diligence period of the Kraemer acquisition. In preparation for the first community forum, post cards were sent out to those residing within a one mile radius of the site. The first community forum was a different format per Chairman Todd Spitzer. There were six table stations addressing community concerns such as public safety, services and transportation, shelter advisory board, commission to end homelessness, and real estate due diligence. Those in attendance were encouraged to write down comments and questions. The forum was attended by approximately 175 individuals.

B. Tom Burnham, Advocacy/PR/ Fund Development Sub-Committee
   1. 2015 Action Plan Next Steps – Tom Burnham/Scott Larson
      a. Meeting with ACCOC and VA
      b. Commission Member Opportunities/ Ideas to Support Action Plan Goals
         1. Establishment of a minimum of one Year-Round Emergency Shelter/Multi-Service Center by December 31, 2015
         2. Secure gap funding to ensure successful implementation of HUD mandated Coordinated Assessment/Centralized Intake (CA/CI) by July 30, 2015
         3. Development of 200 Permanent Supportive Housing units for chronically homeless in 2015
         4. End veteran homelessness by the end of 2015

EXECUTIVE COMMITTEE MINUTES
June 29, 2015
Tom Burnham is working with Karen Roper and staff on Action Plan implementation. Karen Roper volunteered to talk to Lacy Kelly of ACCOC in hopes to partner and reach out to cities to obtain their support of the Action Plan goals.

C. Larry Haynes, Implementing Group #1 (Outreach to Homeless/At-Risk of Homelessness)

   i. Prevention
   ii. Outreach

Larry Haynes stated that Implementation Group #1 – Prevention is working on refining the prescreening tool and continue working on providing prevention assistance.

Larry Haynes stated Implementation Group #1 – Outreach is working to support of Coordinated Entry.

D. Kim Goll, Implementing Group #4 (Data/Social Policy/Systemic Change)

   i. Coordinated Entry System – Karen Williams/Liz Rojas/Juanita Preciado
      a. Update (including Service Planning Areas)
      b. Implementation Policy Recommendations

Julia Bidwell reminded the Executive Committee that they function as the Policy Group for Coordinated Entry. She introduced the final policies to be implemented and summary of recommended actions. She also highlighted that prior to presentation to the Executive Committee; these policies were reviewed by providers.

Juanita Preciado commented that there has been tremendous work and effort into the development of the policies. She also noted that these policies are requirements by HUD and a lot of the wording comes directly from HUD released documents.

Liz Rojas shared that the policies were sent out to providers for feedback on June 8th and had to extend the feedback period deadline as there was no response initially. She mentioned that there will be a reply to providers noting whether and why not feedback was incorporated.

A motion was made by Tom Burnham to recommend the policies to the Commission to End Homelessness Board. The motion was seconded by Scott Larson. The motion passed.

Julia Bidwell introduced the established Service Planning Areas (SPAs) and notes that these follow the Health Care Agency service model.

E. Max Gardner, Implementing Group #3 (Permanent Housing/Resources to Remain Housed)

Max Gardner reported that he is working on next steps from his previous meeting.

PUBLIC COMMENTS:

Margie Wakeham, Families Forward, commented on Item 2. She stated that as there is no Emergency Shelter in the County at this time, Transitional Housing is serving that purpose of providing interim housing while permanent housing is found. She believes that eliminating transitional housing at this point would be unwise.

   • Scott Larson clarified that the point of the Transitional Housing Performance Reports is not to eliminate all Transitional Housing. He understands that HUD encourages Transitional Housing for various subpopulations.

Paul Cho, Illumination Foundation, commented on Item 2. He agrees that Transitional Housing is important, however he questions that Transitional Housing inventory is actually being used as an Emergency Shelter as there is such limited availability to it. He shared, that his agency is working on housing individuals from the Civic Center and it takes 60 to 90 days to find them permanent housing.

David Gillanders, Human Options, commented on Item 2. He mentioned that there has not been a large reallocation, and questions what would it be for. He stated that there is a struggle with infrastructure and instead of hiring consultants we should focus on mitigating costs by hiring staff to develop systems and expertise.

   • Juanita Preciado stated that there will be reallocation towards a Coordinated Entry System, but the amount is yet to be determined.

Margie Wakeham, Families Forward, commented on Item 5c. She shared that it might be best to have separate policies for families and the chronically homeless individuals as there are differences on what we should be doing with each populations.

   • Juanita Preciado noted that the Prioritization Policy is specific to Permanent Supportive Housing. She also shared that some programs have to look at restructuring and repurposing available resources.
   • Karen Roper stated that perhaps these policies be revisited and updated over time as needed by the system.
Helen Cameron, HOMES, Inc., commented on Item 5c. She notes that it is evident a lot is going on and there is a significant number of opportunities to participate. She believes there is a need to address some priorities in terms of communication and next steps to accomplish. She shared that as provider, it has not been clear to her what a right-sized system looks like, how much housing stock there is. She questions where there is funding for Permanent Supportive Housing as there is a need for investment in those programs.

David Gillanders, Human Options, commented that he has noted that encampments are getting bigger and bigger along the Santa Ana riverbed. He fears that these encampments will be broken up. He asks that we begin a strong dialogue with law enforcement to communicate our efforts.

Karen Roper shared that she will be meeting with Anaheim Police Chief. The goal is to convene as many police departments and the Orange County Sheriffs to discuss the North County model on how to work with the homeless population.

MEMBER COMMENTS:

ADJOURNED:

Meeting adjourned at 10:41 am.

NEXT MEETING:

August 28, 2015
OC Community Services
1300 S. Grand Avenue, Building B
Conference Rooms A/B/C, 2nd floor
Santa Ana, CA 92705

Further Commission Information: www.ocpartnership.net
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)\(^1\) and must comply with the conflict-of-interest requirements at § 578.95(b)\(^2\).

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 for 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 disbursal 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)(ii) of this section, provided that the recipient has satisfactorily met the threshold requirements of paragraph (d)(2)(ii) of this section.

(i) Threshold requirements. HUD will consider an exception only after the recipient has provided the following documentation:
(A) Disclosure of the nature of the conflict, accompanied by a written assurance, if the recipient is a government, that there has been public disclosure of the conflict and a description of how the public disclosure was made; and if the recipient is a private nonprofit organization, that the conflict has been disclosed in accordance with their written code of conduct or other conflict-of-interest policy; and

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

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

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

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

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

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

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

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

(G) Any other relevant considerations.
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

<table>
<thead>
<tr>
<th>Team</th>
<th>Contact Email</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS Program Assistant</td>
<td><a href="mailto:isamvelyan@ci.glendale.ca.us">isamvelyan@ci.glendale.ca.us</a></td>
<td>Requests for support related to data quality and management.</td>
</tr>
<tr>
<td>HMIS Administrator</td>
<td><a href="mailto:isamvelyan@ci.glendale.ca.us">isamvelyan@ci.glendale.ca.us</a></td>
<td>▪ General technical support for HMIS issues related to user access,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>troubleshooting, information requests, system functionality errors,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Requests for issues related to data quality, management and/or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>mandated reports, report failure, etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Requests for issues related mandated reports, report failure, etc.</td>
</tr>
</tbody>
</table>
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>
<thead>
<tr>
<th>Team</th>
<th>Contact Email</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS Program Assistant</td>
<td><a href="mailto:alansing@CityofPasadena.net">alansing@CityofPasadena.net</a></td>
<td>Requests for support related to data quality and management.</td>
</tr>
<tr>
<td>HMIS Administrator</td>
<td><a href="mailto:onazarian@CityofPasadena.net">onazarian@CityofPasadena.net</a></td>
<td>• General technical support for HMIS issues related to user access,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>troubleshooting, information requests, system functionality</td>
</tr>
<tr>
<td></td>
<td></td>
<td>errors, etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Requests for issues related to data quality, management and/or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>mandated reports, report failure, etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Requests for issues related mandated reports, report failure, etc.</td>
</tr>
</tbody>
</table>
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>
<th>Contact Email</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS Support</td>
<td><a href="mailto:HMISupport@lahsa.org">HMISupport@lahsa.org</a></td>
<td>General technical support for HMIS matters related to user access, troubleshooting, information requests, system functionality errors, etc.</td>
</tr>
<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>
<thead>
<tr>
<th>Team</th>
<th>Contact Email</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS Assistance and Training</td>
<td><a href="mailto:HMIS-helpdesk@211oc.org">HMIS-helpdesk@211oc.org</a></td>
<td>General technical support for HMIS issues related to user access, troubleshooting, information requests, system functionality errors, etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Requests for issues related to data quality, management and/or mandated reports, report failure, etc.</td>
</tr>
</tbody>
</table>

OC HMIS Website  

OC HMIS Training Website  

OC HMIS Version 5.5  
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
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).
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.
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></td>
<td>1280 by 800 pixels Screen Resolution</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></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Macintosh OS</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>10.4.11+ (Intel based)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Minimal Microsoft Requirements

<table>
<thead>
<tr>
<th>Windows</th>
<th>Mac</th>
</tr>
</thead>
<tbody>
<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).
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.
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.
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>
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 Training</td>
<td>This course focuses on ethics and confidentiality.</td>
<td>All new Users.</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 Training</td>
<td>Agency Administrators</td>
<td></td>
</tr>
<tr>
<td>Reporting Training</td>
<td>This course focuses on management reports.</td>
<td></td>
</tr>
</tbody>
</table>
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.
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:

Last updated on: 10/29/2015
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.

Procedure:

Last updated on: 10/29/2015
- 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

**Adsystech**: 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
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.
## 7. APPENDICES

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Document Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A</td>
<td>HMIS Participating Organization Agreement</td>
</tr>
<tr>
<td>Appendix B</td>
<td>HMIS User Agreement</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Consent to Share Protected Personal Information</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Privacy Notice</td>
</tr>
<tr>
<td>Appendix E</td>
<td>Note Regarding Collection of Personal Information</td>
</tr>
<tr>
<td>Appendix F</td>
<td>Revocation of Consent</td>
</tr>
<tr>
<td>Appendix G</td>
<td>Interagency Data Sharing Consent Form</td>
</tr>
<tr>
<td>Appendix H</td>
<td>Grievance Form</td>
</tr>
<tr>
<td>Appendix I</td>
<td>Client Rights Brochure</td>
</tr>
</tbody>
</table>
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 (spamming, 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
A copy of his or her consent form;
A copy of his or her HMIS records; and
A current list of participating organizations that have access to HMIS data.

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 access 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

______________________________________________
Organization Administrator/Authorized Representative (Print Name)

______________________________________________
User First and Last Name (Print Name)

___________________________  __________________
Organization Administrator/Authorized Representative
User First and Last Name (Print Name)

______________________________________________
Signature  Signature

______________________________________________
Date of 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  
GREATERT 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.
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
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.
Appendix E: Note Regarding Collection of Personal Information

GREEATER 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.
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
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.
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.

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

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.
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: ______________________________________________________________________
PHA Administrative Plan
Anaheim Housing Authority
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 completing a local transitional housing program and need assistance to secure permanent, affordable housing; or
   b. Completing 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. 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.

3. Any family that has been terminated from the City of Anaheim HCV program due to insufficient program funding.

4. Families who live, work, or have been hired to work in Anaheim (Residency preference).

State Required Priority: Veterans (including surviving spouses of veterans) and current members of the armed services will have priority within the preference categories listed above. To receive a veteran’s preference, the household must include a veteran, a surviving spouse of a veteran or current member of the armed forces. The veteran must be able to document a discharge status other than dishonorable.

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 the PHA’s fiscal year. ELI families are those with annual
Eligible Immigrants

Documents Required

All family members claiming eligible immigration status must declare their status in the same manner as U.S. citizens and nationals.

The documentation required for eligible noncitizens varies depending upon factors such as the date the person entered the U.S., the conditions under which eligible immigration status has been granted, age, and the date on which the family began receiving HUD-funded assistance. Exhibit 7-2 at the end of this chapter summarizes documents family members must provide.

PHA Verification [HCV GB, pp. 5-3 and 5-7]

For family members age 62 or older who claim to be eligible immigrants, proof of age is required in the manner described in 7-II.C. of this plan. No further verification of eligible immigration status is required.

For family members under the age of 62 who claim to be eligible immigrants, the PHA must verify immigration status with the United States Citizenship and Immigration Services (USCIS).

The PHA will follow all USCIS protocols for verification of eligible immigration status.

7-II.H. VERIFICATION OF PREFERENCE STATUS

The PHA must verify any preferences claimed by an applicant.

PHA Policy

Insufficient Funds - The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding. The PHA will verify this preference using the PHA’s termination records.

Residency Preference - To verify eligibility for a residency preference, the family must provide documentation definitively linking them to a job or place of residency in the City of Anaheim. Applicants living in the unincorporated areas of Anaheim do not qualify for the residency preference. A P.O. Box address cannot be used to establish residency.

Acceptable residency/employment documentation includes but is not limited to: a lease which identifies the applicant(s) as the lease holder, utility bill(s) in the applicant(s) name, an offer of employment on employer’s letterhead or other verifiable employer provided documentation. Applicant’s work site must be located in the City of Anaheim.

Displaced Preference - The PHA will verify this preference through written verification from the City department responsible or involved in the displacement action.

Veteran’s Preference - Applicant must submit a copy of their DD-214 or other official documentation from the armed services or the Veterans Affairs Administration. Discharge status must be legible and other than dishonorable.

Disability Preference (Project-Based Program only) – Preference in admission may be assigned to applicants qualifying for the support services available for a specific disabled population at a given project-based location. Verification will be accepted from a local support service provided or other qualified professional.
Homeless Set-aside - For verification of homelessness, the PHA will accept appropriate documentation listed under 24 CFR 582.301.

PART III: VERIFYING INCOME AND ASSETS

Chapter 6, Part I of this plan describes in detail the types of income that are included and excluded and how assets and income from assets are handled. Any assets and income reported by the family must be verified. This part provides PHA policies that supplement the general verification procedures specified in Part I of this chapter.

7-III.A. EARNED INCOME

Tips

PHA Policy

Unless tip income is included in a family member’s W-2 by the employer, persons who work in industries where tips are standard will be required to sign a certified estimate of tips received for the prior year and tips anticipated to be received in the coming year.

7-III.B. BUSINESS AND SELF EMPLOYMENT INCOME

PHA Policy

Business owners and self-employed persons will be required to provide:

- An audited financial statement for the previous fiscal year if an audit was conducted. If an audit was not conducted, a statement of income and expenses must be submitted and the business owner or self-employed person must certify to its accuracy.

- All schedules completed for filing federal and local taxes in the preceding year.

- If accelerated depreciation was used on the tax return or financial statement, an accountant's calculation of depreciation expense, computed using straight-line depreciation rules.

The PHA will provide a format for any person who is unable to provide such a statement to record income and expenses for the coming year. The business owner/self-employed person will be required to submit the information requested and to certify to its accuracy at all future reexaminations.

At any reexamination the PHA may request documents that support submitted financial statements such as manifests, appointment books, cash books, or bank statements.

If a family member has been self-employed less than three (3) months, the PHA will accept the family member's certified estimate of income and schedule an interim reexamination in three (3) months. If the family member has been self-employed for three (3) to twelve (12) months the PHA will require the family to provide documentation of income and expenses for this period and use that information to project income.
5.2 – GOALS AND OBJECTIVES

The following are Anaheim Housing Authority’s (AHA) goals and objectives for the next five years (2010-2014):

PHA Goal: Expand the supply of assisted housing
Objectives:
- Apply for additional rental vouchers
- Create additional affordable housing through new construction and rehabilitation

PHA Goal: Improve the quality of assisted housing
Objectives:
- Maintain high performer SEMAP Score
- Increase customer satisfaction
- Seek opportunities to refurbish low-income neighborhoods characterized by absentee landlords, substandard living conditions and high crime.

PHA Goal: Increase assisted housing choices
Objectives:
- Provide information on voucher mobility
- Conduct outreach efforts to potential voucher landlords
- Expand affordable housing opportunities for low/very low income households and the handicapped/disabled

PHA Goal: Promote self-sufficiency of assisted households
Objectives:
- Increase participation in the Section 8 Family Self-Sufficiency Program to the minimum program size.
- Provide or attract supportive services to assist FSS participants in meeting their FSS goals
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.

PHA Goal: Ensure equal housing opportunity in housing
Objectives:
- Undertake affirmative action measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability
- Undertake affirmative action measures to ensure accessible housing to persons with all varieties of disabilities.

PHA Goal: Expand the Continuum of Care to assist the homeless population in Anaheim through the following activities:
Objectives:
• Continue to provide assistance to emergency and transitional housing shelters with Emergency Shelter Grant (ESG) funds.
• Continue to set aside 91 Section 8 vouchers for the homeless
• Continue the One-Time Rental Assistance Payments Program (OTRAPP) to provide move-in costs (security deposits, utility hookup fees) to two population groups:
  o Homeless families who have sufficient income to pay the monthly rent for permanent housing, but lack the funds necessary to pay the “upfront” costs of renting (e.g., first and last month’s rent, security deposit, etc.) and
  o Families who are “at risk” of becoming homeless: they currently reside in permanent housing, but due to a one-time extenuating circumstance, such as a medical bill, they are unable to pay their rent. Their financial situation is such that by receiving one-time rental assistance, they are saved from possible homelessness.
• Continue to utilize the Project-Based Voucher option of Section 8 Housing Choice Voucher program to support affordable housing developments that provide services to the homeless.

Please see Section 10 (Attachment V) for a report on the progress AHA has made in meeting the goals and objectives described in the previous Five-Year Plan (2005-2009)
IMPLEMENTATION OF VAWA

The Anaheim Housing Authority (AHA) has prepared a policy for the implementation of the Violence Against Women Act (VAWA) of 2005. It has notified its tenants and owners of the new law and how it impacts Section 8 tenants and owners. AHA includes information about VAWA in its voucher briefing packets. AHA has amended its Administrative Plan to incorporate the requirements under VAWA and to state the policies and procedures it will utilize to implement VAWA.

The following is a description of programs and services available in the City of Anaheim to victims of abuse and violence:

AHA is a part of the Community Development Department of the City of Anaheim. The City receives Emergency Shelter Grant (ESG) funds, which are administered by the Community Development Department. The ESG Program improves the quality of existing emergency and transitional shelters, and increases the number of shelters for the homeless. Funds are distributed to nonprofit organizations to carry out these activities. Funds can be used for rehabilitation, essential services, homeless prevention activities, operating costs, and staff operating costs. In the current fiscal year (FY 2009-10), two domestic violence shelters have been awarded ESG funds:

**Interval House** operates seven shelters and outreach centers for women and children victims of domestic violence. Their core services include 1) emergency crisis hotline counseling 24 hours a day, seven days a week; 2) individual counseling sessions to domestic violence victims and their children; 3) group counseling sessions to domestic violence victims and their children; and 4) emergency and transitional shelter to domestic violence victims and their children. Their services are offered in 45 languages.

Interval House also provides domestic violence individual and group counseling and legal assistance services on-site at the City of Anaheim’s three Family Resource Centers

**Women’s Transitional Living Center (WTLC)** provides emergency and transitional shelter, as well as services, to women and children victims of domestic violence. They are the only shelter in the area that accepts clients with active substance abuse and/or mental health issues, and boys over the age of 13. WTLC provides a complete continuum of care for abuse victims, with services designed to help them become safe, healthy and independent. Current programs include: Safety Net Emergency Motel Shelter Program which provides food, shelter, clothing, transportation, translation services, and crisis/referral/resource/legal immigration assistance; 45/90-Day Emergency Shelter Program, which provides case management, counseling, educational
tenant has an increase in earned income, which results in an increase in their portion of
the rent, the tenant pays the increased rent amount to the landlord and the Housing
Authority “matches” this amount and holds it in an escrow account. In order to receive
the money held in the escrow account, a family must maintain employment and be off all
public assistance (except rental assistance) for at least 12 months, and complete the
goals outlined in their FSS Contract of Participation with the Housing Authority. Also,
the Housing Authority has an agreement with the Workforce Investment Act (WIA) Office
(now known as Anaheim Jobs) to provide career assessment services/testing for every
FSS participant. FSS graduates receive priority for assistance under the Section 8
Homeownership Program. As of June 30, 2009 there were 99 FSS Program participants.

Section 8 Project-Based Voucher (PBV) Program: This program links the Section 8
rental subsidy vouchers to properties in exchange for the owner’s agreement to rent some or
all of the housing units to Section 8 tenants. New construction units, rehabilitated units and
existing housing units qualify under this program. The Housing Authority has assisted 415
units under the PBV Program.

GOAL NUMBER 3: There is a need for shelter/services that prevents homelessness and
provides supportive housing alternatives/services for those individuals and households that have
become homeless. Services and housing should be provided within a continuum of care with the
goal of self-sufficiency. This strategy consists of the following objectives:

1. Prevent individuals and families from becoming homeless
2. Provide short-term (emergency) shelter and services for individuals and families in
   immediate need of shelter
3. Provide housing for individuals and families that require supportive services and interim
   (transitional) housing opportunities while they obtain life-skills to gain self-reliance

Objective 1: Prevent individuals and families from becoming homeless

One-Time Rental Assistance Payments Program (OTRAPP): The City uses a portion
of its ESG funds to operate OTRAPP, which serves two population groups:

- Homeless families residing in a shelter/motel who have sufficient income to pay
  the monthly rent for permanent housing, but lack the funds necessary to pay the
  “upfront” costs of renting (e.g., first and last month's rent, security deposit, etc.)

- Families who are "at risk" of being homeless. These families currently reside in
  permanent housing, but due to a one-time extenuating circumstance such as a
  medical bill, etc., they are unable to pay their rent. These families’ financial
  situation is such that by receiving one-time rental assistance, they are saved from
  possible homelessness.

This assistance is made in the form of a direct payment to the property owner, and
participants must show that they have adequate ongoing income to pay the rent after the
one-time rent payment is made by the City.
Anaheim Rental Assistance for Families in Transition Program: Under the American Recovery and Reinvestment Act of 2009, the City received a one-time appropriation of $2,046,908 in Homelessness Prevention and Rapid Re-Housing Program (HPRP) funds. City staff has established the Anaheim Rental Assistance for Families in Transition (RAFT) Program, which is funded with the City's HPRP funds. This program will focus on providing direct financial assistance to very low income families and individuals in the form of temporary rental subsidies and related rental housing expenses for up to 18 months. The City will assist families and individuals who live and/or work in Anaheim and to those families who are on the verge of becoming homeless or who have recently become homeless. The City anticipates that the Anaheim RAFT Program will assist approximately 100 rental households over a two-year period beginning October 1, 2009.

Homeless Set-Aside (91 Vouchers)
The Housing Authority has set aside 91 vouchers that are made available to very low-income homeless households.

Objective 2: Provide short-term (emergency) shelter and services for individuals and families in immediate need of shelter.

Emergency Shelter Grant (ESG) Program: The City's primary funding source to implement its comprehensive strategy to assist homeless persons or those who are "at risk" of homelessness is the ESG Program. The City provides ESG funds to nonprofit organizations that provide emergency shelter and supportive services to the homeless.

Objective 3: Provide housing for individuals and families that require supportive services and interim (transitional) housing opportunities while they obtain life-skills to gain self-reliance.

Emergency Shelter Grant (ESG) Program: The City provides ESG funds to transitional housing shelters that provide supportive services and shelter while homeless individuals obtain life-skills to gain self-reliance.

Continuum of Care Forum:
The City is a participant in the Orange County Continuum of Care Community Forum ("Forum"). The Forum is an entity comprised of public and private agencies, persons, or groups that want to contribute to the efforts to eliminate homelessness in Orange County. The Forum has an open membership and is structured in this manner to encourage broad and diverse participation in a setting that is both informative and participatory. The City works within this collaborative process to help identify needs and gaps in the housing/service needs of the region's homeless.

The City is also participating on a countywide committee to provide assistance with drafting a "10-Year Plan to End Homelessness in Orange County."
PHA Goal: Expand the continuum of care to assist the homeless population in Anaheim through the following activities.

Measures:
1) Continue to provide assistance to emergency and transitional housing shelters with Emergency Shelter Grant (ESG) funds
2) Continue to set-aside 91 Section 8 vouchers for the homeless
3) Continue the One-Time Rental Assistance Payments Program (OTRAPP) to provide move-in costs (security deposits, utility hookup fees) to two population groups:
   a) Homeless families who have sufficient income to pay the monthly rent for permanent housing, but lack the funds necessary to pay the “upfront” costs of renting (e.g., first and last month's rent, security deposit, etc.); and
   b) Families who are “at risk” of becoming homeless; they currently reside in permanent housing but due to a one-time extenuating circumstance, such as a medical bill, they are unable to pay their rent. Their financial situation is such that by receiving one-time rental assistance, they are saved from possible homelessness.

OTRAPP is an extremely successful program. This program is a very cost efficient homeless prevention program; it is much more economical to maintain a family in permanent housing than to provide the financial assistance and the wide range of services necessary to transition a family from homelessness to permanent housing. This program is funded with ESG funds.

Progress:

ESG funds were provided over the last five years to emergency/transitional shelters as follows:
   FY 2005: $220,735
   FY 2006: $219,514
   FY 2007: $219,436
   FY 2008: $219,957
   FY 2009: $219,436

AHA set aside 91 Section 8 vouchers for the homeless for all five years covered under the Five-Year PHA Plan. All 91 vouchers are under lease.

The OTRAPP Program continued to operate for all five years covered under the Five-Year PHA Plan. The program is funded with ESG funds as follows:

   FY 2005: $60,000
   FY 2006: $38,477
   FY 2007: $0
   FY 2008: $24,957
### Additional Information
Describe the following, as well as any additional information HUD has requested.

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.

**PHA Goal: Expand the Supply of Assisted Housing**
In FY 2013-2014 AHA leased 44 PBVs in one new project.

**PHA Goal: Improve Quality of Assisted Housing**
AHA continues to improve customer satisfaction through the use of the online waiting list application, a partner portal where landlords may view HAP payments and newsletters, electronic submissions of rent increases and the use of GoSection8 to provide a free listing service to owners.

**PHA Goal: Increase Assisted Housing Choices**
AHA provides information on voucher mobility in its briefing packet and renewed its mobility agreement with two other PHAs in Orange County. Additionally, in order to attract new landlords to the program, AHA contracts with GoSection8 to provide landlords a free listing service for their units and participated in a presentation to the Orange County Apartment Association.

**PHA Goal: Promote Self Sufficiency of Assisted Households**
During FY 2012-13, AHA increased the number of families who enrolled in FSS and those with escrow accounts.

**PHA Goal: Ensure Equal Housing Opportunity in Housing**
AHA provides information on fair housing and reasonable accommodation in its briefing packet. AHA maintains a 504 Coordinator and provides regular Fair Housing/Reasonable Accommodation training to its management team. During FY 2012-13, AHA implemented new reasonable accommodation procedures as well as a committee to determine reasonable accommodation decisions.

**PHA Goal: Expand the Continuum of Care to Assist the Homeless Population in Anaheim**
AHA continued in FY 2012-2013 to set aside 91 vouchers for homeless individuals and families, as well as supports several PBV sites that provide permanent, supportive housing to the homeless. AHA also participates in CoC meetings with OC Partnerships to maintain and increase service linkages throughout the County. Additionally, AHA continues to work on new ways to link its ESG grant with Section 8 vouchers to provide permanent, supportive housing to its homeless population.

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”

A significant amendment to the PHA Plan is defined as a change in program policy including changes to rent, admissions policies, organization of the waiting list or terminations. Exceptions to this definition will be made for changes that are adopted to reflect changes in HUD regulatory requirements or if such changes are adopted in response to a significant reduction in funding.

### Required Submission for HUD Field Office Review
In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.

(a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)

(b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)

(c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)

(d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)

(e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)

(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.

(g) Challenged Elements

(h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)

(i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)
PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

PHA Plan Element #1
- The HA will deny applicants who fail to attend or reschedule their eligibility screening appointments or return a mail-in application by the due date. The HA will allow a second opportunity to attend a screening appointment or return documents due to a disability or other circumstances beyond the family’s control.
- The HA will no longer allow families to add members to their application once the family has been selected from the preliminary waiting list. Exceptions to this policy are required live-in aide due to a disability or an addition due to birth, adoption or court-awarded custody.
- The HA will no longer deny an applicant who has been previously terminated from assisted housing more than five years before the eligibility screening.
- The HA may now use in-person screening or a mail-in application to determine eligibility.
- The HA will now have a preference for Anaheim-based homeless families who are either referred by local service providers because they are completing a transitional housing program or have completed the Homeless Assistance Pilot Program.

(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.

Copies of the 5-Year and Annual Plan, as well as the documents that address the PHA Plan elements, can be obtained at the Anaheim Housing Authority (AHA) office located at 201 S. Anaheim Blvd., Suite 203, Anaheim, CA 92805

- Eligibility, Selection and Admission Policies, Including Deconcentration and Wait List Procedures:
  AHA Administrative Plan
- Financial Resources:
- Rent Determination:
  AHA Administrative Plan
- Operations and Management:
  AHA Administrative Plan
- Grievance Procedures:
  AHA Administrative Plan
- Designated Housing for Elderly and Disabled Families:
  Not applicable - AHA has no public housing units
- Community Services and Self-Sufficiency:
  Not applicable - applies only to PHAs with public housing units
- Safety and Crime Prevention:
  Not applicable - applies only to PHAs with public housing units
- Pets:
  Not applicable - applies only to PHAs with public housing units.
- Civil Rights Certification:
  2010-2015 Consolidated Plan Document (CPD) and Orange County Fair Housing Plan 2010-2015 “Regional Analysis of Impediments to Fair Housing Choice”
- Fiscal Year Audit:
  See audit for fiscal year ending 6/30/2012
- Asset Management:
  Not applicable - applies only to PHAs with public housing units
- Violence Against Women Act (VAWA):
  PLEASE SEE ATTACHMENT 1 – “Implementation of Violence Against Women Act (VAWA)”
Garden Grove Housing Authority
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.
I. VERIFICATION OF WAITING LIST PREFERENCES

Local Preferences

First Preference – Residency

For families who live or have lived, work, or have been hired to work in the jurisdiction of the GGHA.

- In order to verify that an applicant is a resident, the GGHA will require at least one of the following documents: rent receipts, leases, utility bills, employer or agency records, school records, drivers licenses, voters registration records, credit reports, statement from household with whom the family is residing.

For families who have been hired to work in jurisdiction of the GGHA, a statement from the employer will be required.

Second Preference – U.S. Veteran Status

This preference is available to current member of the U.S. military armed forces, U.S. veterans, or surviving spouses of U.S. veterans.

The GGHA will require U.S. government documents that indicate that the applicant qualifies under the above definition.

Third Preference – Emergency Situations

The GGHA will require written verifications from appropriate agencies that can substantiate the emergency situations. See chapter 6 for a list of applicable emergency situations.

The following verification will be required these emergency situations:

Domestic Violence

1. Written verification from police, social service agency, court, clergy person, physician, and/or public or private facility giving shelter and/or counseling to victims.

2. The abuser will not be allowed to return to the household without a written request from the family and advance approval from the GGHA. The GGHA will require verification of the following:

   - That the family members involved have attended a counseling program (if requested by the GGHA).
• Statement from social worker, psychologist, or other professional familiar with the abuser that he/she has received counseling/treatment.

• Statement from local law enforcement agency that no complaints have been filed since the date of the preference approval.

Displacement by the City of Garden Grove Community Development Department Programs/Projects or displacement by natural disaster

1. Written verification/referral will be required from the appropriate agency.

Homeless Shelter referrals

1. Families/Individuals referred by a homeless shelter provider located in the City of Garden Grove. The agency must have entered into a Memorandum of Understanding (MOU) with the GGHA to continue to provide support services to the family or individual for a year to insure that they are successful in their transition to permanent housing.

Witness Protection Program

1. Written verification/referral will be required from the appropriate agency.
Orange County Housing Authority
DMC will refer eligible candidates to OCHA to be admitted to the NED HCV Program under the provision of targeted funding. Participants must meet applicable verification and eligibility requirements.

**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.

**Conversion of Multifamily Apartment Complex (OPT-OUT):**

HUD allocated funding to provide Housing Choice Voucher (HCV) tenant-based rental assistance for families residing in a HUD project-based subsidized multifamily apartment complex at the time HUD’s Subsidy Contract with the owner has expired. Participants are admitted under targeted funding provisions and must meet applicable verification and eligibility requirements.

**Other Targeted Funding Programs:**

HUD may also award OCHA funding for a specified category of families on the waiting list. OCHA will use this funding only to assist the families within the specified category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

For example, this targeted funding will specify a specific category, such as non-elderly disabled. OCHA will search the waiting list for applicants that meet these criteria and offer the opportunity to participate in the applicable special program or targeted funding program. Since such targeted program funds are only available to specific applicants, this will not compromise the position of other applicants on the waiting list.

**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. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits OCHA to establish other local preferences, at its discretion. The local preferences established are consistent with the OCHA PHA Plan.

For waiting list openings after 2005, OCHA will apply the following preferences to all pre-applicants, weighted in descending order:

Members
(living or working in OCHA’s jurisdiction)
1. Families transitioning from Shelter + Care
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

For the November 2005 waiting list, the preference categories defined in the March 27, 2007 Administrative Plan apply.

OCHA will apply the following preference requirements:

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.
Families Transitioning (Moving-up) From Shelter + Care:

Applicants who 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 O.C. Healthy Care Agency (OCHCA).

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.
- Length of employment is calculated separately for each individual and cannot be combined with another family member to qualify.

For November 2005 waiting list:

- Work at least 20 hours per week for 42 weeks in any one-year period from the date of pre-application.

For waiting list openings after 2005:

- 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.

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.
The family must provide a certification that identifies each family member as a U.S. citizen, a
U.S. national, an eligible noncitizen or an ineligible noncitizen and submit the documents
discussed below for each family member. [24 CFR 5.508(g)(5)]

U.S. Citizens and Nationals

HUD requires a declaration for each family member who claims to be a U.S. citizen or national.
The declaration must be signed personally by any family member 18 or older and by a guardian
for minors.

OCHA may request verification of the declaration by requiring presentation of a birth certificate,
United States passport, or other appropriate documentation.

Family members who claim U.S. citizenship or national status will not be required to provide
additional documentation unless OCHA receives information indicating that an individual’s
declaration may not be accurate.

Eligible Immigrants

Documents Required

All family members claiming eligible immigration status must declare their status in the same
manner as U.S. citizens and nationals.

The documentation required for eligible noncitizens varies depending upon factors such as the
date the person entered the U.S., the conditions under which eligible immigration status has been
granted, age, and the date on which the family began receiving HUD-funded assistance. Exhibit
7-2 at the end of this chapter summarizes documents family members must provide.

OCHA Verification [HCV GB, pp. 5-3 and 5-7]

For family members age 62 or older who claim to be eligible immigrants, proof of age is
required in the manner described in 7-II.C. of this plan. No further verification of eligible
immigration status is required.

For family members under the age of 62 who claim to be eligible immigrants, OCHA will verify
immigration status with the United States Citizenship and Immigration Services (USCIS).

OCHA will follow all USCIS protocols for verification of eligible immigration status.

7-II.H. VERIFICATION OF PREFERENCE STATUS

OCHA will verify any preferences claimed by an applicant.

Member Status (Residency)

OCHA will use leases, utility bills, employer records, school records, driver’s licenses, voter’s
registration records, Social Service Administrative records, or credit reports. For homeless
applicants, OCHA may also use proof of services, shelter stays, hotel stays, YMCA stays,
address used for receipt of benefits, law enforcement documentation, certification from persons
verifying temporary living assistance, or from witnesses other than friends or relatives verifying
where they spend the night or take showers.

Veteran Status

OCHA will use Form DD214 - Statement of Service issued by the Veterans Administration.
Chapter 20

SHELTER PLUS CARE PROGRAM

INTRODUCTION

The Shelter Plus Care (S+C) Program provides rental assistance in connection with supportive services. The program provides a variety of permanent housing choices, accompanied by a range of supportive services funded through other sources.

S+C assists hard to serve homeless individuals with disabilities and their families. These individuals primarily include those with serious mental illness, chronic problems with alcohol and/or drugs, and HIV/AIDS or related diseases.

Grants under the S+C Program are awarded through a national competition held annually. A notice of funding availability, published in the Federal Register, establishes submission dates for applications. S+C projects should be submitted through the community Continuum of Care system.

This chapter describes HUD regulations and OCHA policies related to S+C in one part:

Part I: Administration of S+C. This part details the program’s requirements.
PART I: ADMINISTRATION OF S+C

20-I.A. OVERVIEW

OCHA administers a S+C Certificate program to provide rental assistance in eligible housing units located within the geographic boundaries of Orange County, including the cities of Anaheim, Garden Grove and Santa Ana.

In 1997, OCHA entered into a Memorandum of Understanding (MOU) with the Orange County Health Care Agency (HCA) to provide the supportive services component of S+C. Through this collaborative partnership, OCHA and HCA have worked together in the implementation of S+C and in the preparation of program funding applications submitted annually through the Continuum of Care Homeless Assistance Programs competition.

In general, implementation of the S+C program follows the provisions contained in the chapters of this Administrative Plan, except for those areas defined as exceptions in the following sections.

20-I.B. FAIR HOUSING AND EQUAL OPPORTUNITY

Violence Against Women Act (VAWA): Provisions contained in the Violence Against Women Act are not applicable to the homeless assistance programs funded under the McKinney-Vento Act, which provides grant funding for homeless programs that are designed to assist a target population. OCHA will work in collaboration with the Supportive Service Provider for S+C, to address any issues relative to domestic violence that may arise on a case-by-case basis.

20-I.C. PROGRAM ELIGIBILITY

OCHA policy regarding definitions of family household members, program eligibility, and denial of assistance, contained in Chapter 3 of this Administrative Plan does not apply to the S+C Program.

To be eligible for participation in S+C, a person must be homeless and disabled with serious mental illness, and/or, have chronic alcohol and/or drug addictions, and/or, have HIV/AIDS and continue participating in a prescribed supportive services plan for the duration of program participation.

Eligible Households: Supportive Services Component

The Supportive Services Provider is responsible for:

- Performing outreach activities to identify homeless and disabled persons with specific disabilities.
- Certifying homelessness and disability of selected candidates and linking them with the appropriate supportive services.
- Preparing a documented referral that certifies client’s homelessness, disability(ies), chronic homelessness status, prior living situation, and participation in a service plan.

Eligible candidates selected by the supportive services provider are referred to OCHA for initial processing for potential eligibility to receive housing assistance.
Chapter 22

VETERANS AFFAIRS SUPPORTIVE HOUSING (VASH) PROGRAM

INTRODUCTION:
The Veterans Affairs Supportive Housing (VASH) program provides voucher assistance for homeless veterans receiving case management, health and other supportive services through the Veterans Affairs Medical Center (VAMC) located in Long Beach, California. OCHA has partnered with VAMC to administer HUD-VASH voucher assistance for eligible homeless veterans who have been selected by VAMC and referred to OCHA for HCV eligibility processing.

Part I: Administration of VASH. This part details the program’s requirements.
5.1 Mission. State the PHA’s Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA’s jurisdiction for the next five years:

Orange County Housing Authority (OCHA)’s Mission: OCHA’s mission is to provide safe, decent, and sanitary housing conditions for families with low-income, very-low income, and extremely low-income and to manage resources efficiently. OCHA promotes personal, economic and social upward mobility to provide families the opportunity to make the transition from subsidized to non-subsidized housing.

5.2 Goals and Objectives. Identify the PHA’s quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

(a) GOALS AND OBJECTIVES FOR THE NEXT FIVE YEARS: 2015 to 2019

OCHA goals:
- Apply for additional housing assistance funding and programs that may become available.
- Explore the use of Project-Based Housing Choice Vouchers or other housing funds to promote the construction or acquisition activities that will result in additional units or developments that will serve special needs populations.
- Ensure consistent quality of assisted housing services by maintaining high performer status in SEMAP scores.
- Promote Family Self-Sufficiency incentives and homeownership opportunities for HCV participants in partnership with local programs and related service providers.
- Expand assisted housing choices by conducting outreach efforts to increase the number of property owners and their participation in housing assistance programs.
- Identify and utilize technology to enhance operational effectiveness and efficiency in delivery of housing assistance services.

(b) STATEMENT AND PROGRESS OF MEETING GOALS AND OBJECTIVES OF LAST FIVE YEAR PLAN: 2010 to 2014:

Goal/Progress: Expand the supply of assisted housing by applying for additional rental vouchers when HUD funding becomes available. OCHA applied for and received additional housing vouchers from 2010-2014:

- In 2010, OCHA was awarded an additional 37 Housing Choice Vouchers designated for the Family Unification Program (FUP) to help reunite families whose children were separated from or at imminent risk of separation from their parent(s) and expanded the number of FUP Vouchers from 170 to 270.
- In January 2011, OCHA was selected to receive 50 Non-Elderly Disabled (NED) vouchers. NED is a joint effort of the Departments of HUD and Health and Human Services to assist non-elderly disabled individuals in transitioning from institutional to independent living by providing housing assistance with appropriate supportive services.
- Between 2010 and 2014, OCHA was awarded 510 HUD Veterans Affairs Supportive Housing (VASH) vouchers to provide permanent housing subsidies and case management services to homeless veterans with disabilities through a collaboration of HUD and the Department of Veteran Affairs. This expanded the number of homeless veterans that can be assisted by OCHA’s VASH program from 70 to 580.
- In December 2012, OCHA was awarded 268 Tenant Protection Vouchers to assist residents of a Section 202 senior housing project in Costa Mesa that was sold, thereby ending the affordable rent covenants and placing the low-income tenants at risk of displacement.
- OCHA was awarded over $2 million in new grant funding for five Shelter Plus Care (SPC) projects, in addition to over $6 million in grant funding that was allocated for 10 expiring projects which were renewed for an additional twelve months. This expanded the number of SPC projects from 10 to 15 since 2010.
5.2 Housing

**Goal/Progress:** To improve the quality of assisted housing by maintaining a high SEMAP rating in voucher management and program operations to more efficiently serve the needs of our clients.

OCHA was designated as a High Performer for last eight years with a score of 103%. We will continue to maintain high level of efficiency management of administering HCV and all targeted or special needs Voucher programs.

**Goal/Progress:** To increase assisted housing choices by providing clients with information regarding their options in seeking units located within and outside of OCHA’s jurisdiction, under the provisions of Mobility and Portability. Conduct outreach efforts to owners with rental properties to encourage their participation in the HCV program.

- **Portability:**
  During the period of 2010 to 2014, OCHA received over 1,150 requests from households that had received a HCV from another housing authority and desired to use the portability feature of their HCV to move into OCHA’s jurisdiction and receive housing assistance. By December 2014, OCHA was assisting 1,347 portability households and coordinating the reimbursement of housing assistance payments from more than 160 housing agencies in other localities.

- **Mobility:**
  The cities of Anaheim and Garden Grove each operate their own PHA within Orange County. In order to facilitate the transfer of tenants moving between jurisdictions and reduce the administrative burden of portability, OCHA and these two City housing authorities drafted a Memorandum of Understanding that established common procedures and streamlined transfer under a Mobility arrangement. As of December 2014, there were 1,969 tenants assisted by the Anaheim and Garden Grove PHAs living in OCHA’s jurisdiction and 715 tenants assisted by OCHA residing within the cities of Garden Grove and Anaheim.

  - Conduct Outreach efforts to owners with rental properties to encourage their participation in the HCV program.
    - Over the past five years, OCHA’s efforts included the following:
      - Participated in the trade show hosted annually by the Apartment Association of Orange County to recruit new landlords.
      - Conducted trainings and workshops with large apartment complexes such as the Irvine Company to streamline operations, reduce and eliminate barriers and enhance lease-up.
      - Enhanced the OCHA website for easier use and access to documents and forms etc. for both tenants and owners.
      - Implemented a HAPcheck portal to enable participating owners to access payment information at any time.
      - Implemented the use of iPads for Housing Quality Standards inspections to streamline processing and expedite notifications to owners and managers.

**Goal/Progress:** To promote self-sufficiency and asset development of assisted households by offering and coordinating supportive services options that focus on improving employability, and offer assistance to the elderly and disabled in obtaining and maintaining independence.

- OCHA’s Family Self-Sufficiency (FSS) program has assisted 277 families to achieve their goals and graduate. Another 188 households comprises the mandatory number that will need to graduate to achieve the total of 465 for this program.
- Currently, there are 308 active FSS participants. The number of active participants over the mandatory size is the result of OCHA operating a voluntary FSS program.
- 130 FSS participants have maintained a positive escrow balance, which, in aggregate, totaled over $461,277 in escrow funds.
- In 2014, a total of $91,347 in escrow funds was dispersed to seven graduating FSS households.
- In 2014, OCHA was one of the 18 nationwide PHAs selected to participate in the HUD National Study of the effectiveness of the FSS program.
- Three HCV households participated in OCHA’s Homeownership Voucher Program. Two of them were in partnership with Habitat for Humanity of Orange County and were also FSS participants.

**Goal/Progress:** To assure equal opportunity and further fair housing objectives, OCHA undertakes affirmative measures, initially at program briefings and again during annual re-certifications, to keep participant and applicant families informed of their civil rights regarding access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability. In addition, OCHA networks with over 180 community organizations and 31 participating cities to ensure awareness of and enforcement of fair housing laws. OCHA’s Annual Plan is also consistent with Orange County’s Consolidated Plan in furthering these objectives.

**OCHA will take reasonable specific steps to affirm further fair housing in all of its programs and operations.** These steps include, but are not limited to the following:

- OCHA includes a Fair Housing brochure in all briefing packets advising applicants on how to file a Fair Housing complaint.
6. Fair Housing Posters are printed in three languages, English, Spanish and Vietnamese and are placed in OCHA's lobby for distribution.
7. Comply with requirements of 24CFR Section 903.7(o) by Examining all OCHA programs and proposed programs.
8. Identify any impediments to fair housing choice within those programs.
9. Address those impediments in a reasonable fashion in view of the resources available.
10. Work with local jurisdictions to implement any of the jurisdiction’s initiatives to affirmatively further fair housing that requires OCHA’s involvement; and
11. Maintain records reflecting these analyses and actions.

OCHA will take the following proactive steps in addressing problem with persons with disabilities:

- When requested by an individual, assist program applicants and participants to gain access to support services available within the community, but do not require eligible applicant or participant to accept support services as a condition of continued participation in the program.
- Not deny persons who qualify for an HCV under this program other housing opportunities, or otherwise restrict access to OCHA programs to eligible applicants who choose not to participate.
- Provide housing search assistance when requested. Lists of available units that include accessible units for persons with disabilities are provided to participants. This list is updated weekly and is available in the Lobby. Upon request, a referral list may also be obtained by email, or by fax.
- In accordance with rent reasonableness requirements, approve higher rents to owners that provide accessible units with structural modifications for persons with disabilities.
- Provide technical assistance, through referrals to the Fair Housing Council of Orange County, to owners interested in making reasonable accommodations or units accessible to persons with disabilities.

PHA Plan Update
(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

OCHA has revised the following PHA Plan elements in the updated Administrative Plan since its last Annual Plan submission:

- **Program Administration:**
  - **Rent determination:**
    - Revised language: “OCHA will calculate and apply a utility allowance based upon the voucher size, for which the family is eligible, or the size of the unit rented by the family, whichever is lower”.
    - Revised language: “OCHA will establish payment standard amounts for areas within OCHA’s jurisdiction. The payment standard sets the maximum subsidy payment a family can receive from OCHA each month [24 CFR 982.505(a)]. Payment standards are based on fair market rents (FMRs) published annually by HUD. FMRs are set at a percentile within the rent distribution of standard quality rental housing units in each FMR area. For most jurisdictions, FMRs are set at the 40th percentile of rents in the market area. Unless HUD grants an exception, OCHA is required to establish a payment standard within a “basic range” established by HUD – between 90 and 110 percent of the published FMR for each unit size”.
    - Revised “OCHA’s comprehensive payment standard schedule includes all bedroom sizes, mobile home space rental single room occupancy/shared housing. In addition, OCHA has established multiple payment standard schedules for one, two and three-bedroom units to expand housing choices in distinct different market areas. The highest payment standards are designated as “Restricted” and are used in 13 designated “high rent” cities and adjacent unincorporated areas. Another set of payment standards will be applied for a “Central” group of cities that include Costa Mesa, Fountain Valley, Huntington Beach, and Yorba Linda. A different set of “basic” payment standards will apply to the remaining cities”.

- The amounts included in the “The Statement of Financial Resources” have been updated as follows:

<table>
<thead>
<tr>
<th>Statement of Financial Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>The financial resources anticipated to be available in 2015 for OCHA to administer HUD’s tenant-based rental assistance program:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Amount</strong></th>
<th><strong>Purpose</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Contributions for HCV Program</strong></td>
<td>$137,651,687</td>
</tr>
<tr>
<td><strong>FSS Coordinators</strong></td>
<td>$194,000</td>
</tr>
<tr>
<td><strong>Veterans Affairs Supportive Housing</strong></td>
<td>$1,181,836</td>
</tr>
</tbody>
</table>

(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.

Copies of OCHA’s 5-Year and Annual PHA Plan may be obtained online and at OCHA’s office located at:

**Address:**
Orange County Housing Authority
1770 North Broadway
Santa Ana, CA 92706

**OCHA Website:**
[www.ochousing.org](http://www.ochousing.org)
The Housing Choice Voucher (HCV) Program (CFFP). Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the Capital Fund Program Five-Year Action Plan, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five-year period). Large capital items must be included in the Five-Year Action Plan. Not Applicable

8.3 Capital Fund Financing Program (CFFP).

- Check if the PHA proposes to use any portion of its Capital Fund Program (CFFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
- Not Applicable

**Housing Needs:** Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

- Housing Needs: In 2014 Orange County was ranked the third largest county in California and the sixth largest nationwide, with a population of 3,104,680 residents, in 34 cities. OCHA’s jurisdictional population is comprised of 72% of the county’s total population, OCHA provides rental assistance to over 10,000 HCV participants residing within 31 cities and incorporated areas of Orange County.

Orange County covers 799 square miles of land including 42 miles of coastline and has a population density of 3,822 per square mile, and increase of 6% since 2000. Orange County’s population is projected to reach 3.4 million by 2035 which translates to 13% growth between 2015 and 2035, supported by a 12% growth in housing and 19% growth in employment in the same period. The average household size in Orange County is 3.0 persons, with variation among cities of 4.5 persons in Santa Ana, and 1.9 in Seal Beach, Orange County’s average household size is larger than California’s (2.93) and the United States (2.61).

Orange County continues to have the second highest Housing Wage needed within in California for rental housing. In 2014, the hourly wage to afford a one-bedroom unit rose to $25.23, equivalent to an annual income of $52,480, A minimum wage worker must work 126 hours per week to afford a one-bedroom unit at fair market rent in Orange County. Currently the unemployment rate in Orange County is 5.2%

Source: 2014 OC Community Indicators report

**Waiting List:** The Housing Choice Voucher waiting list was opened for two weeks in February 2012. During this time, over 50,000 applicants applied for housing assistance. This represents a 270% increase over the 18,000 applicants that applied for prior waiting list in November 2005. The following provides information about the applicants on the current waiting list who applied in 2012.

- **Type of Household:**
  - Elderly: 22%
  - Disabled: 19%
  - Families and Singles: 59%
  - Income below 30% AMI: 80%
  - Income from 31-50% of AMI: 20%

- **Ethnicity:**
  - Hispanic: 22%
  - Non-Hispanic: 78%

- **Race:**
  - White: 44%
  - Black/African-American: 23%
  - Asian: 26%
  - Native Hawaiian/Pacific Islander: 4%

The 2013 Point-in-Time (PIT) count estimates that approximately 4,300 people are homeless on any given night in Orange County, More than 12,700 people are homeless over the course of the year.
### Strategy for Addressing Housing Needs

Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note:** Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.

OCHA plans to pursue several key strategies to address housing needs in the coming year:

- Apply for additional HCV and other housing resources.
- Enhance outreach to property owners and managers to expand housing options available to assisted tenants.
- Explore the use of Project-based HCV vouchers and pursue partnerships to utilize private and/or other public funds to create additional affordable housing opportunities for special needs clients such as persons with mental illness, persons with disabilities, veterans and the homeless.
- Continue to develop homeownership opportunities for HCV and FSS participants.

### Additional Information

Describe the following, as well as any additional information HUD has requested.

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.

OCHA has made significant progress in meeting the mission and goals established for the 5-Year plan as detailed in section 5.2(b) for example OCHA expanded Housing Voucher resources as follows:

- The number of VASH Vouchers was increased from 75 to 580
- 280 Tenant Protection Vouchers were received
- 50 NED Vouchers were received

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/ modification”

OCHA Definition of “significant amendment” and “substantial deviation/modification” includes any change or modification to OCHA’s Administrative plan related to eligibility and selection including deconcentrating and waiting list procedures, as well as, any changes made to rent determination policies and grievance procedures, including informal hearing and review procedures that OCHA makes available to its residents and applicants.

OCHA has made the amendments as listed previously in sections 6.0 and 7.0. No further amendments were made.

### Required Submission for HUD Field Office Review

In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office.

(a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)

(b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only) N/A

(c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only) N/A

(d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only) N/A

(e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only) N/A

(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.

No comments made by RAB

(g) Challenged Elements: No Challenged elements

(h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only) N/A

(i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only) N/A

(j) VAWA policy
Santa Ana Housing Authority
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.

SAHA Policy

SAHA uses the following local preference system:

- **Live/Work Preference** -- Residency preference for families who live or work in the City of Santa Ana at the time of application (two pieces of proof must be provided, e.g. utility bills, bank statements, paycheck stubs, etc. at their eligibility interview appointment).

- **United States Veteran Preference** -- United States veterans or surviving spouses and dependent children of a United States veteran, or active military personnel, their spouse and their dependent children. Form DD 214 with an Honorable Discharge, or equivalent verification, must be provided at their eligibility interview appointment. Individual must have served a minimum of 90 days to qualify for the preference.

Local preferences will be numerically ranked, with number 1 being the highest preference, in the following order:

1. United States Veterans who live or work in the City of Santa Ana at the time of application
2. Live/Work Preference

Additionally, SAHA will offer priority to any family that has been terminated from its HCV program due to insufficient program funding.

SAHA will accept direct referrals to the HCV Program for the following target populations:

- **Graduates of Transitional Housing Preference** -- Graduates of transitional housing programs whose agency has entered into a MOU with SAHA to provide one year of support services to the participants after lease-up, not to exceed ten (10) vouchers per fiscal year.

- **Homeless individuals/families** that are referred by a local agency that provides services to the homeless and enters into an MOU with SAHA to provide services to support success in the HCV Program, not to exceed fifty (50) vouchers per fiscal year.
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% of the families admitted to the HCV program during the PHA’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, 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
The PHA system of preferences will select families based on local preferences according to date and time of application or by a random selection process (lottery) [24 CFR 982.207©]. 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 targeted funding or selection preference(s) for which they qualify, and in accordance with SAHA’s hierarchy of preferences. Within each targeted funding or preference category, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by SAHA or by assigned lottery number (score), if lottery was performed when placed on the wait 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.

4-III.D. NOTIFICATION OF SELECTION
When a family has been selected from the waiting list, the PHA must notify the family.

SAHA Policy
SAHA will notify the family by first class mail when it is selected from the waiting list. The notice will inform the family of the following:
granted, age, and the date on which the family began receiving HUD-funded assistance. Exhibit 7-2 at the end of this chapter summarizes documents family members must provide.

**PHA Verification** [HCV GB, pp. 5-3 and 5-7]

For family members age 62 or older who claim to be eligible immigrants, proof of age is required in the manner described in 7-II.C. of this plan. No further verification of eligible immigration status is required.

For family members under the age of 62 who claim to be eligible immigrants, the PHA must verify immigration status with the United States Citizenship and Immigration Services (USCIS). The PHA will follow all USCIS protocols for verification of eligible immigration status.

**7-II.H. VERIFICATION OF PREFERENCE STATUS**

The PHA must verify any preferences claimed by an applicant that determined placement on the waiting list.

**SAHA Policy**

- **Live/Work Preference:**
  - At least two pieces of verification must be provided at their eligibility interview appointment (e.g. utility bills, bank statements, paycheck stubs, etc.).

- **United States Veteran Preference:**
  - Form DD 214 with an Honorable Discharge, or equivalent verification, must be provided at their eligibility interview appointment. Individual must have served a minimum of 90 days to qualify for the preference.

Additionally, SAHA will offer priority to any family that has been terminated from its HCV program due to insufficient program funding. SAHA will verify this preference using termination records.

SAHA will accept direct referrals to the HCV Program for the following:

- **Graduates of Transitional Housing Preference:**
  - A referral from the transitional housing programs whose agency has entered into an MOU with SAHA to provide one year of support services to the participants after lease-up.

- **Homeless individuals/families:**
  - A referral from the local agency that provides services to the homeless and has entered into an MOU with SAHA to provide services to support success in the HCV Program.
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 Departments of Veterans Affairs and Housing and Urban Development (HUD), and Independent Agencies Appropriations Act, 2001, amended subsection (a) of SEC. 226. 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 106-888, 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 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
LA/OC HMIS Collaborative:  

Memorandum of Understanding

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, Adsystech, Inc. Participant representatives are responsible for obtaining the appropriate approvals from their respective decision-making bodies in order to maintain contracts with Adsystech, Inc.

B. Vendor Contracts
   The Participants will maintain individual contracts with Adsystech.

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 this MOU;
   3. Meet their financial obligations to Adsystech 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 purpose 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: Justine Samuelson
Title: Community Services Manager
Print Name: Just Samuelson

2-1-1 Orange County
Date: 11-5-2015
By: Amber Killinger
Title: Director, Data & Technology
Print Name: Amber Killinger

City of Pasadena
Date: 11-6-15
By: [Signature]
Title: Project Planner
Print Name: Anne Losin

Los Angeles Homeless Services Authority
Date: 11-6-15
By: [Signature]
Title: Executive Director
Print Name: Chris Galindo

Page 6 of 5
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.ii. 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)(iii)(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.”