

Part 1: Implementation Unit Structure and Capacity

Prompt 1: The Mission Esperanza Navigation Center Project is a joint effort between the City of Oroville (“City”) who will serve as the Project Applicant and the Oroville Rescue Mission (“ORM”), a 501(c)(3) entity. HOST (Housing, Outreach and Services Team of the ORM) will serve as the lead unit responsible for implementing direct services and housing options for the encampment participants through outreach and engagement, interim and long-term housing and supportive services.

The mission of the implementing unit is to stabilize people through interim shelter, moving them into permanent housing and implementing assistance programs to sustain their housing and promote improved health outcomes.

The Goals of the Project include:

- Assist individuals experiencing homelessness, with mental health issues and substance use disorders transition from living in unsafe encampments to living indoors in a safe and supportive environment
- Increase the local jurisdiction’s ability to alleviate the impacts of homelessness on the environment by facilitating increased opportunities for supportive services, sheltering/housing and encampment remediation
- Establish low barrier pathways to shelter and stability from the targeted encampment
- Establish a local crisis response system (multi-disciplinary team) that has the depth and capacity to coordinate services using trauma informed practices
- Provide voluntary, client-centered, trauma-informed services that puts the person on the path to housing, services and treatment

- Establish interim housing options for shelter-averse people
- Address encampments through collaboration from multiple sectors and systems; no single entity can or should have exclusive responsibility

The approach is client focused and grounded in the way the ORM applies our Values to the Project:

CONFIDENTIALITY AND SAFETY: It is vital to the success of our project that confidentiality and personal safety be respected at all times.

EQUALITY AND RESPECT: Respect is reflected in the way we treat our program participants, ourselves and members of our community.

INTEGRITY: Integrity is a personal and professional commitment to be accountable for our words and actions.

COMPASSION: Compassion is showing care and concern for all people despite difference in race, gender, religion, or culture.

INNOVATION: We strive to develop creative solutions that are responsive to the evolving needs of our residents.

The Goals and Values of the Project promote best practices for trauma-informed care, including understanding trauma and its effects, creating safe physical and emotional space, supporting client-choice and integrating trauma-informed care across service systems. These elements are known to increase participant success.

The Mission Esperanza Project will serve the geographic region of the City of Oroville which has a total area of approximately 12 miles. On the southern end of town

sits the prioritized encampment that is partially on city owned and partially on county owned land that encompasses approximately 150 acres of secluded land.

Prompt 2: To understand and evaluate the extent of homelessness in our community, both the project applicant and the implementing agency have a seat on the homeless Continuum of Care. In addition to the partnership with the City for the mobile shower/bathroom trailer, ORM maintains collaborative partnerships with the Haven of Hope for mobile laundry and shower facilities and Ampla Health for mobile medical services. The City partners with the County on encampment decommissioning where the boundaries of the encampment fall into both city/county jurisdictions.

Partnerships secured are with the Butte County Departments of Behavioral Health Services and Employment & Social Services, the Continuum of Care, Chico Housing Action Team, Caminar, Haven of Hope, Anthem and Ampla Health. Partnerships currently under development include the Oroville Hospital Discharge Planning team, the CalTrans encampment division, and the Butte County Community Action Agency for both food bank and housing placement services.

Prompt 3: The HOST Team for the Mission Esperanza Project includes partners that can provide a system-wide strategy for encampment decommissioning and homeless service provision. This design builds the capacity of existing staff by coordinating on all client-centered, low barrier services that the target population may need, including intensive outreach and engagement; comprehensive case management; progressive sheltering options; linkages to the CES/HMIS system; coordinated service provision through public and private systems; referrals to off-campus services; safe and stable environment.

Part 2 Prioritized Encampment Site and Population to be Served

Prompt 1: The prioritized encampment that the City is concentrating on is the abandoned railway along the Union Pacific railway corridor in southern Oroville. This encampment spreads across 150+ acres and is primarily secluded from the rest of the community or its neighbors, is relatively flat and open land with dry grass and a few trees. The site maintains residential neighbors to the east, the abandoned railway and train cars to the west, commercial businesses to the far north and unoccupied county land to the south. There are no structures and no access to water, sanitary facilities or utilities at the site and campers are exposed to the elements. Persons residing at this encampment are clustered in small groups of less than ten people and are somewhat spread out from one another; each encampment is their own “little community”, and a couple of these clusters are fairly-well disguised. The unsheltered have established make-shift villages where tarps tied with rope connect tents to create a living area. The living area is occupied with pallets, grocery carts, chairs, pieces of lumber and rocks to hold down the bottoms of the tarps, cookstoves, propane heaters, small BBQs, buckets for commodes and lots and lots of trash.

Prompt 2: Through a site inspection and a verbal survey conducted by a consulting team of three on December 17, 2021, the number of persons residing in the encampment number approximately 82; there may a couple of additional persons, but the surveyors were unable to coax them out of their tent for a conversation. This group of nomadic homeless will serve as the target population to be served through the Project. Of those persons surveyed, 75 of them are male and 7 are female; no children were observed. 71 of the 82 persons stated that there were non-Hispanic and 100% of

those surveyed spoke English, although it would appear that 2 of those individuals spoke English as a second language. 80 of the 82 persons presented as having a mental health issue or substance use disorder. 100% of the women claimed to have experienced partner abuse or domestic violence in the past.

Prompt 3: The prioritized encampment was chosen for resolution support because of environmental degradation associated with the encampment and the difficulty in remediating the site, high numbers of concentrated homeless at the site, and the frequency in which the homeless population migrates to this site, even after having been evicted. This site has been deemed the most unsafe, largest and most persistent encampment in the city as it poses the greatest threat to health, safety and the environment. The human waste, biohazardous waste, and amounts of trash left at the site ranked the highest in prioritizing the site, potential for human caused fires ranked second and the redundancy of unsheltered persons returning to the site time and time again were all considered highly impactful to the community at large and resulted in the site being prioritized over other sites.

Part 3 Core Service Delivery and Provision of Housing Options

Prompt 1:

Activity/Service Delivery	Outcome
<i>Homeless Outreach Team (HOST)</i>	

<ul style="list-style-type: none"> ✓ Outreach teams initiate engagement work with unsheltered persons using a trauma informed approach and harm reduction model ✓ Outreach teams build relationships, trust and rapport ✓ Identify the type/size of interim or permanent housing needs before moving persons from encampment ✓ Identify extent of client documentation needs-identification, verification of disability, length of time homeless, veteran status, etc. 	<ul style="list-style-type: none"> • Conduct vulnerability assessment, enter data into HMIS/CES • Completed assessment by the active disciplines (medical, mental, safety, housing) • Document individual housing and supportive service needs of program participants-Diversion, RRH, Interim Housing, Behavioral Health Services, medical/physical, financial • Connections to critical services • Estimation of housing needs (configuration of unit size) communicated to the Housing Team • Initial participant assessment and service planning, including analysis of housing readiness
<i>Continued Engagement</i>	
<ul style="list-style-type: none"> ✓ Comprehensive Outreach continues with engagement work ✓ Housing Team assesses housing readiness ✓ Case Manager assigned to program participants ✓ Facilitate COVID response-vaccinations, masks 	<ul style="list-style-type: none"> • Provide outreach, engagement and housing navigation support • Link participants directly to stabilization services • Primary communication with housing team and case manager • Prepare homeless verification, document collection and tag personal items • Prepare for relocation as the next step out of homelessness • Develop transportation plan for participants to move into Mission Esperanza's interim housing or to a permanent housing placement
<i>Housing Services Team (HOST)</i>	

<ul style="list-style-type: none"> ✓ Case managers complete HMIS enrollment and upload all documents ✓ Make referrals for client-centered services ✓ Utilize By-Name List to coordinate engagement and housing response for everyone ✓ Facilitation of health and hygiene interventions 	<ul style="list-style-type: none"> • Match available resources to the participant's needs • Ensure access to the type of shelter/housing that is most appropriate for the program participant • Verify disability status • Coordinate with justice system to clear criminal records • Ensure housing plan and placement strategy for every encampment resident • Coordinate supportive services/intervention measures necessary to house/stabilize the program participant • Launch case conferencing with outreach teams and service providers to ensure unmet needs are addressed • Monthly follow up on persons placed in permanent housing-18 months • Provides storage bin for personal belongings
<i>Housing Services Team</i>	
<ul style="list-style-type: none"> ✓ Manages the housing placement of program participants ✓ Provide regular life skills training to those in housing placement-cooking, cleaning and household basics 	<ul style="list-style-type: none"> • If not housing ready, stabilize at Mission Esperanza, in one of the shelter options • Housing search, referrals and application process complete • Landlord engagement and retention; referrals to partner housing • Basic skills attained that ensure housing stability • Incentivize landlords and property owners
<i>Administrative Services Team</i>	
<ul style="list-style-type: none"> ✓ Provides project oversight and administration ✓ Develop multiple shelter and housing options (pets included) 	<ul style="list-style-type: none"> • Project evaluation and assessment; quality assurance achieved • Compliance measures met • Financial sustainability • Inclusion of participants in decision making

Prompt 1 continued: Intensive Outreach will build rapport, use standardized assessment tools to document need and prioritize the housing response, and connect participants to the Coordinated Entry System through HMIS. HOST Team members will allow for ample time for comprehensive engagement and will prioritize those efforts on assessment of health and safety concerns and stabilization of the individual in preparation for relocation when they are ready. HOST Team members will facilitate the provision of services to address the immediate health and safety needs of persons at the encampment. HOST Team members will document outreach consistently to assess needs and interests in housing and/or services. Emergency shelter, street outreach and housing programs will implement low barriers to entry and service and provide access to safety, make service connections and partner directly with housing providers. For those that don't have the proper documentation and have other barriers to long-term housing, case managers will work to remedy those situations with the participant and place them in temporary housing in the interim. Continuum of Care partners will support the individual needs of the participants in coordination with requirements for housing related to the pandemic, through rapid rehousing or permanent housing placement, depending on the participants prioritization through the Coordinated Entry System. Low-barrier interim housing shall include congregate shelter and non-congregate shelter at Mission Esperanza and will allow for a modest number of tents for those just not ready for living indoors. This progressive and efficient service delivery model will facilitate varied opportunities for improved living arrangements that will encourage campers to relocate. For persons who opt for interim housing, case managers will continue to build on skills, improve health and mind through service provision and encourage the participant to

engage in longer-term care and housing. Case managers, through the Housing Services Team, will follow their participants while enrolled in the Project and then up to 18 months after they are placed in permanent housing to ensure sustainability.

The Project will also provide mobile medical services at Mission Esperanza, access to restrooms, showers and laundry services, as well as 3 meals a day, transportation to services, safe and secure sheltering options and trauma-informed care at all levels of the program (comprehensive wrap-around services).

The Life Skills Coordinator will work one-on-one with each program participant once they move into permanent housing to ensure that they have adequate skills to live independently (laundry, housekeeping, cleaning, etc.), and avoid eviction and recidivism.

Prompt 2: The Project estimates that it will serve approximately 80 persons identified through the Encampment in the first year of the project based on the initial conversations with the unsheltered at the site; it is anticipated that 20 of those individuals will move on to permanent housing options in the first year. The key approach to improving health outcomes for the unsheltered is to ensure that their housing situation is safe and stable. It is a goal of the Project to assist unsheltered persons in moving from unsafe encampments to housing, but we understand that long-term housing stability means that participants need to be housing ready and have the desire and capacity to be housed. Housing First will be our priority, but we realize that not everyone will be ready when the HOST team conducts their outreach efforts. Through the vulnerability assessment in the Coordinated Entry System, those with the highest need will be placed in available housing first and then wrap around services will be offered to support improved health outcomes.

The objectives for the HOST Team, and the continuous outreach to individuals living in the encampment by Project staff, is twofold: 1) enroll program participants in safer, healthier living arrangements through an array of progressive sheltering and housing options, homeless services, and mental health services; and 2) address immediate and persistent public health and safety issues that exist. Without access to water sanitation services, trash services and means for proper food storage, the vulnerable residents of encampments are at risk for illness and virus outbreak. Ensuring the safe relocation of unsheltered persons to sanitary, alternative living situations where they will also have access to public resources and services has the potential to improve their overall health and wellness by minimizing exposure and risk.

Prompt 3: Once unsheltered persons have been safely relocated, the city and county will decommission the tacit encampment. City and county biohazard cleanup teams will be dispelled to remediate the site, remove debris and restore the site to its original condition so that it is safe for future use. The site will be closed, and no trespassing signs will be posted. City and county code enforcement officers will continue to monitor the site after its closure and will contact the HOST Team at Mission Esperanza should the encampment reactivate with unsheltered persons. If reactivated, HOST Team members will conduct outreach to anyone that has settled in the previously cleared site.

Part 4 Coordination of Services and Housing Options

Prompt 1: The Mission Esperanza Navigation Center Project is a community-centric pathway to permanent housing that will also provide on-site meals, housing navigation, job search, support services, case management and health care services. To support the community-centric concept, the City is developing new partnerships with the County

Behavioral Health Services Department, the County Employment and Social Services Department, Ampla Health and Haven of Hope for supportive services such as healthcare, behavioral health, employment and job-related services, and hygiene services.

Prompt 2: These new partnerships with local providers will draw on years of knowledge and expertise when addressing the needs of the unsheltered at the encampment site and through the Mission Esperanza Project. These providers from the broader network of systems and supports are skilled in de-escalation techniques, trauma informed care and strengths-based problem solving; these skills will assist in mitigating any danger to the HOST Team and to the unsheltered while building a system of trust while providing necessary supportive services that will enable a path towards housing and improved health. These partners maintain a shared vision for the Project, are experienced in HMIS and have approved the CoC's release of information to collaborate on program participant needs.

Partnerships with the Chico Housing Action Team, the Veteran's Resource Center, the Butte County Housing Authority, Youth for Change and Caminar for permanent housing placement are currently underway and will provide a variety of living arrangement options for program participants. Using scattered sites through these providers will give each participant a choice in where they would like to live.

The Project will also coordinate with the local healthcare system to establish the service and referral plans for homeless patients being discharged from the hospital.

Prompt 3: New and enhanced partnerships are vital to the success of the Project, its participants, and the Housing First model. Partnerships will foster coordination of services, ensure no gaps in services, create a local crisis response system, identify risk and ensure that the providers of local services are able to engage in activities that will address immediate safety and health concerns while minimizing exposure and risk. The Housing First model is very complex and requires experienced, dedicated staff to coordinate all aspects-including outreach housing, healthcare, treatment, case management and long-term supports; without these partners, the model wouldn't be successful, and the risk would not be mitigated.

The City intends to partner with a local foundation, such as the North Valley Community Foundation, and the Continuum of Care, to develop a coordinated homeless outreach model that will align philanthropic and public resources to create a streamlined and sustainable system that will improve efficiencies, avoid duplication and is financially sustainable. This will provide resources to sustain outreach efforts long-term.

Prompt 4: Documenting the number, characteristics and needs of the unsheltered in the encampment will be initiated by the HOST Team and managed by the Case Manager through the HMIS/CES. HOST Team staff will obtain a release of information for the HMIS system from unsheltered persons and collect the required data elements and demographic data to establish a file in the system for that individual. Having this level of data will provide the Project with an understanding of the population at the site and their needs for supports and housing. information necessary to make plans and decisions as a system, such as do we have the right size and number of shelter beds, are we diverting persons that can be diverted, are we able to swiftly connect people to

permanent housing and how are we scaling our programs to ensure a smooth flow from homelessness and back into housing. The data provided by the participant will drive the decision on prioritization for immediate housing placement; for those high prioritization, alternative housing placement options will be recommended. Service providers and case managers can access the file to document services provided. Daily debriefs will ensure that all service providers have contributed data regarding services and outcomes to the Case Manager for the HMIS system (if they are not able to enter data themselves). The collected data will help the local officials and public entities understand better the characteristics and dynamics of homelessness, evaluate performance, and to make critical decisions about future programming and funding.

Part 5 Ensuring Dignity, Safety and Wellness

Prompt 1: We realize that there cannot be solutions to homelessness without actively involving and engaging with those with lived experience. In drafting the Mission Esperanza Project's scope of services, the call for inclusion in establishing solutions to homelessness was incredibly valuable. Persons consulted on the Project 's design included mission staff and program participants with lived experience, as well as Continuum of Care partners who were previously homeless.

To establish trust and autonomy, and to de-escalate the stress and trauma resulting from the crisis that people have experienced, the Project will ensure that the policies, values and expectations of staff reflect our commitment to promoting dignity and respect at all levels of the program. The Project has created explicit ways for program participants to participate in their development and updates, through consumer participation, organizational governance and regular feedback mechanisms.

One such mechanism includes a weekly debriefing platform where participants can provide candid feedback and input to evaluate progress and, if needed, reevaluate the timeline and services to ensure that solutions are person centered and that activities do not cause additional harm or trauma for person's experiencing homelessness. Monthly "house meetings" will be held with participants that are residing in either congregate or non-congregate shelter to discuss opportunities for shelter specific improvements.

Prompt 2: The Mission Esperanza Navigation Center has removed as many pre-conditions to entry as possible and will be responsive to the needs and concerns of the people that are seeking services, shelter and housing. This methodology exemplifies the Housing First model by limiting expectations and requirements for people seeking assistance, as well, it promotes a safe environment for all. The policies and procedures of the organization address disruptive and dangerous behaviors than rule compliance and case plans, offers an adaptive service delivery model, and coordinates with all local community-based services and the coordinated entry system. The program supports pets and personal belongings as well.

All Mission Esperanza staff and partners will be required to participate in trauma-informed care and cultural competency training, as well as on the provision of equal access to housing and services and meeting the unsheltered where they are.

Aside from state laws, the City of Oroville's municipal code addresses camping in City parks (9.04.030-city park use regulations) and development standards for emergency shelters (17.16.210); neither of which are relevant to this Project and what we hope to achieve. The concerns from the community are primarily due to the current location of

the encampment being in and around residential neighborhoods and the level of destruction and trash associated with an encampment.

The City does not currently have any encampment resolution plans for the prioritized site; however, it is likely that if the site continues to grow, occupants may be asked to relocate. As this process has taken place several times in the past, it is also anticipated that the unsheltered will migrate back to the site within a matter of days.

Prompt 3: Although the Project does not anticipate any conflicting intentions with respect to project activities, staff are currently in the process of developing the Project's Action Plan to navigate any conflicts and ensure that important elements are agreed upon in advance of implementation. The Action Plan will establish a shared purpose and intent for all stakeholders, including encampment residents, and will emphasize the safety of all parties involved and will focus on access to appropriate permanent housing. Additional elements of the Action Plan include:

- **Developing shared outcomes:** identification of expected outcomes for each state of the intervention and build consensus regarding how successful outcomes are being defined.
- **Timing:** ensure that there is adequate time to implement the comprehensive and effective strategy; articulate a timeline that connects people to housing options, attend to safety needs, respond to public attention, address other urgent issues that arise and recruits necessary partners.
- **Developing shared protocols:** in order to minimize chaos and confusion, the plan will clearly delineate the responsibilities for each identified strategy and incorporate those details into protocols agreed to amongst stakeholders.

- **Creation of a communications plan:** the communications strategy will inform stakeholders on how to interact with the media and respond to questions from community members. The City will take the lead role as primary media contact to ensure a consistent and prompt response.

Part 6 Personnel

Prompt 1: Outreach

- Outreach Coordinator (1.0 FTE)-the outreach coordinator develops and implements the outreach program to identify, build relationships with and assist homeless persons in connecting with housing and supportive services. The Coordinator holds functional supervision over the outreach worker classification and is responsible for team meetings, case conferencing, training, scheduling and proper administration of the assessment tool for HMIS/CES.
- Outreach Worker (2.0 FTE)-the outreach worker conducts outreach to those that are most vulnerable living on the streets. The outreach worker engages in conversations to build trust, encourage access to services and housing, facilitates data and demographic information for HMIS/CES and identifies appropriate referrals for services based on safety and prioritization.
- Intake Specialist (.50 FTE)-conducts intake and initial assessments and works closely with program participants to illuminate and address their housing barriers. This classification often partners with the outreach worker to conduct outreach intervention to connect and build rapport with unsheltered persons.

Housing

- Housing Navigator (1.0 FTE)-the navigator helps persons experiencing homelessness access and maintain housing. The navigator provides intensive case management to household through a Housing First, harm reduction, strengths-based model.
- Case Manager (2.0 FTE)-the case manager identifies households of greatest risk and determines a range of services to assist and support the household's skills to gain access to medical, behavioral health, housing, employment, social and other services essential to meeting basic needs.
- Shelter Monitor (2.0 FTE)-the shelter monitor provides supervision of shelter guests, assists with shelter programming, maintains shelter schedules, documents client activity and ensures a clean and safe environment for all. Shelter monitors will also hold some responsibility for shelter janitorial services.

Services

- Life Skills Coordinator (1.0 FTE)-the life skills coordinator is responsible for teaching a range of daily living and coping skills to persons placed in permanent housing, to ensure their well-being, ability to care for themselves, and housing sustainability.
- Transportation/Janitorial Services (1.0 FTE)-the transportation/janitorial services position is responsible for developing a transportation program to meet the needs of program participants and the organization. This position also holds some responsibility for shelter janitorial services when not scheduled to transport.

Administration

- Operations Director (.50 FTE)-the operations director will assist in managing overall operations including the budget, collaborating with city/county partners on the HMIS and CES systems, facilitating compliance measures, producing reports, developing policies, procedures and protocols, partnership agreements and all funding requirements.
- Shelter Administrator (.50 FTE)-the shelter administrator is responsible for implementing, evaluating and updating programming, policy and procedures, and protocols for the agency's 24/7 low barrier navigation center and emergency shelter.
- Executive Director/CEO (.50 FTE)-the executive director will develop business functions, institute practices, define procedures, provide support to staff and align programmatic goals with the Butte Countywide Continuum of Care.

Prompt 2: The ORM realizes staff characteristics contribute more to our participant's success than anything else so we place our hiring focus on personality traits and lived experience over other traits. Our key staff are diverse, all trained in cultural competency, civil rights, motivational interviewing, trauma informed care, ACEs, crisis response and mandated reporting. Below is a list of key staff for this Project and the list of additional skills that they will bring to the Project's success:

Housing Navigator: lived experience as a homeless DV survivor; DV trained, SUD trained; trainer of Strengthening Families Program; HMIS/CES trained; 3 years' experience in the field

Case Manager 1: racial equity trained, HMIS/CES trained; has served as case manager and night monitor for almost a year under Project Room Key

Case Manager 2: operations and management background; bi-lingual; 2 years' experience in the field

Shelter Administrator: sixteen years' experience in administration of shelter services; lead the local Project Roomkey sheltering program

Operations Director: food service management; trainer of trainers on safety, cultural competency, trauma informed care, crisis response and motivational interviewing. 2 years in the field

Executive Director: twenty-three years' experience in administration of shelter services

Part 7 Proposed Budget and Fiscal Planning

Prompt 1: The budget was developed using figures for existing personnel, supplies and other costs. To budget for new costs associated with the Project quotes were used for specific supplies and construction costs and for personnel, facility and operational costs where derived using information from local service provider organizations who shared what their budget is for the service/cost. The budget herein is to serve 80 persons annually; the budget can be scalable in increments of 20 persons.

Prompt 2: Leveraged funding for this project is limited as resources in Butte County are already stretched thin dealing with Camp Fire survivors and expansion of services as a result thereof. The Oroville Rescue Mission will leverage \$20,000 in local funding; behavioral health services and employment & social services will be provided in-kind; the City of Oroville will provide services in-kind to clean up and clear the decommissioned encampment; it is anticipated that the Project will apply for and receive CoC or County HHAP (state) round 3 funding in the amount of \$500,000 that will support the staffing

efforts of this project. The remaining budget costs will be supported directly through the ERF funding

Prompt 3: The Project will receive most supportive services (behavioral health, employment, social services, health care) in-kind from our public partners; activities included in the supportive services budget that are not funded in the CoC currently include outreach, case management, transportation, monitoring, life skills and housing navigation. Butte County, the City of Oroville nor the CoC have any resources currently available for such an endeavor. Partnering with the County for in-kind services and the application for future HHAP funding will make good use of available public dollars. Funds requested under the ERF will be used to fund the majority of the project.

Prompt 4: The Project Administrator with the City will ensure that the Project's Action Plan is followed; the plan includes a list of actions assigned to specific job classifications, sets a timeline for achieving the action, designates resources for each action (if applicable), and establishes a follow up and accountability process. The Action Plan dictates that all major procurement and construction efforts (community room, pallet shelters, vehicle purchase, construction and electrical) and implemented in the first 30 days of the project/completed in 90 days; quotes have been obtained. Minor operational and programmatic supplies have been priced out and should also be purchased within the first 30 days. Hiring, training and leasing efforts will occur in the first 90 days and once hiring is completed, maximum capacity can be reached. These actions will ensure allocated funds are expended by June 30, 2024.