



California Interagency Council on Homelessness

Homeless Housing, Assistance and Prevention Round 3 Application

Application Information

This Cognito platform is the submission portal for the Cal ICH HHAP-3 Application. You will be required to upload a full copy of the HHAP-3 Data Tables Template *and* enter information into the portal from specific parts of the HHAP-3 Local Homelessness Action Plan and Application Template as outlined below.

Please review the following HHAP-3 resources prior to beginning this application:

- [HHAP-3 Notice of Funding Availability \(NOFA\)](#)
- [HHAP-3 Local Homelessness Action Plan & Application Template](#) and
- [HHAP-3 Data Tables Template](#)

Application Submission for HHAP-3 Funding

Using the [HHAP-3 Local Homelessness Action Plan & Application Template](#) as a guide, applicants must provide the following information in the applicable form section (see *How to Navigate this Form*) to submit a complete application for HHAP-3 funding:

1. **Part I: Landscape Analysis of Needs, Demographics, And Funding:** the information required in this section will be provided in Tables 1, 2, and 3 of the HHAP-3 Data Tables Template file uploaded in the *Document Upload* section.
2. **Part II: Outcome Goals and Strategies for Achieving Those Goals:** the information required in this section will be provided in Tables 4 and 5 of the HHAP-3 Data Tables Template file uploaded in the *Document Upload* section, **AND** copy and pasted into the fields in the *Outcome Goals and Strategies* section of this application form.
3. **Part III: Narrative Responses:** the information required in this section will be provided by entering the responses to the narrative questions within the *Narrative Responses* section of this application form. Applicants are **NOT** required to upload a separate document with the responses to these narrative questions, though applicants may do so if they wish. The responses entered into this Cognito form will be considered the official responses to the required narrative questions.
4. **Part IV: HHAP-3 Funding Plans:** the information required in this section will be provided in Tables

6, 7 (as applicable), and 8 of the HHAP-3 Data Tables Template file uploaded in the *Document Upload* section.

5. **Evidence of meeting the requirement to agendize the information in Parts I and II at a meeting of the governing board** will be provided as a file upload in the *Document Upload* section.

How to Navigate this Form

This application form is divided into **five sections**. The actions you must take within each section are described below.

- **Applicant Information:** In this section, indicate (1) whether you will be submitting an individual or joint application, (2) list the eligible applicant jurisdiction(s), and (3) provide information about the Administrative Entity.
- **Document Upload:** In this section, upload (1) the completed HHAP-3 Data Tables Template as an Excel file, (2) evidence of meeting the requirement to agendize the local homelessness action plan and outcome goals at a regular meeting of the governing board where public comments may be received, and (3) any other supporting documentation you may wish to provide to support your application.
- **Outcome Goals and Strategies:** In this section, copy and paste your responses from Tables 4 and 5 of the completed HHAP-3 Data Tables Template.
- **Narrative Responses:** In this section, enter your responses from Part III of the HHAP-3 Local Homelessness Action Plan & Application Template.
- **Certification:** In this section, certify that the information is accurate and submit the application.

Prior to the submission deadline, you can save your progress in this application and come back to it later by clicking the save button. This will provide you with a link to the saved application, and there will be an option to email that link to the email address(es) of your choosing.

After submitting the application, you will not be able to make changes to your responses unless directed by Cal ICH staff.

I have reviewed the HHAP-3 NOFA and application template documents

Yes

I am a representative from an eligible CoC, Large City, and/or County

Yes

Applicant Information

List the eligible applicant(s) submitting this application for HHAP-3 funding below and check the corresponding box to indicate whether the applicant(s) is/are applying individually or jointly.

Eligible Applicant(s) and Individual or Joint Designation

Individual

This application represents the individual application for HHAP-3 funding on behalf of the following eligible applicant jurisdiction(s):

Eligible Applicant Name

Orange County

Administrative Entity Information

Funds awarded based on this application will be administered by the following Administrative Entity:

Administrative Entity

County of Orange

Contact Person

Natalie Dempster

Title

Data Integration Manager

Contact Person Phone Number

(949) 308-7423

Contact Person Email

ndempster@ochca.com

Document Upload

Upload the completed [HHAP-3 Data Tables Template](#) (in .xlsx format), evidence of meeting the requirement to agendaize the local homelessness action plan and outcome goals at a regular meeting of the governing body where public comments may be received (such as a Board agenda or meeting minutes), and any other supporting documentation.

HHAP-3 Data Tables

HHAP-3 Data Tables Template - County of Orange.xlsx

Governing Body Meeting Agenda or Minutes

AGENDA STAFF REPORT HHAP.pdf

Narrative Responses

Copy and paste your responses to Part III. Narrative Responses from the [HHAP-3 Local Homelessness Action Plan & Application Template](#) into the form below.

Question 1

A demonstration of how the jurisdiction has coordinated, and will continue to coordinate, with other jurisdictions, including the specific role of each applicant in relation to other applicants in the region.

Question 1 Response

Orange County, California, is the sixth largest county by population in the United States, and it includes seven major cities that are within the top 50 largest cities in California: Anaheim, Santa Ana, Irvine, Huntington Beach, Garden Grove, Fullerton, and Orange. Such a large and growing county requires a high level of coordination and cooperation among its jurisdictions – especially for the complex issue of homelessness.

The primary responsibility for inter-jurisdiction coordination of homeless services falls on the County of Orange's Office of Care Coordination. The Office of Care Coordination engages across Orange County working with cities and community-based organizations to strengthen regional capacity. The Office of Care Coordination coordinates public and private resources to meet the needs of the homeless population in Orange County and is responsible for:

1. **Care Coordination:** Works in collaboration with stakeholders to focus on regional policy and implementation strategies to promote an effective response to homelessness in Orange County; manages and oversees the Care Plus Program (CPP) to better coordinate care for clients accessing services across the County. This work is completed through a multi-disciplinary approach, which leverages stakeholder groups and their resources across the County to provide for the needs of those most vulnerable.
2. **County Contracted Shelters:** Provides and monitors emergency shelter to individuals focused on achieving housing and financial stability through supportive services.
3. **Grants and Contracts:** Supports the management of contracted homeless service programs provided through State and Federal Funding.
4. **Continuum of Care:** The Continuum of Care (CoC) Board is a locally designated decision-making body for CoC programs and funding. The CoC assists individuals and families at risk of or experiencing homelessness by providing services focused on achieving housing stability and permanent housing. The CoC has representation in the Commission to End Homelessness, which largely focusses on: homelessness policy for the County of Orange; providing direct service perspectives and input; and engaging leaders across multiple jurisdictions within the system of care. The County of Orange's Office of Care Coordination is the administrative entity for the Orange County CoC.
5. **Coordinated Entry System:** Helps connect people at-risk of or experiencing homelessness with housing providers and supportive service agencies across multiple jurisdictions. The County of Orange's Office of Care Coordination is the Coordinated Entry System lead for the Orange County CoC.
6. **Commission to End Homelessness:** The purpose of the Commission to End Homelessness is to work with the community and interested stakeholders to promote effective responses to homelessness within Orange County. Additionally, it is charged with acting as an advisory body to the Board of Supervisors and responsible for fostering regional leadership that promotes resource development to address homelessness within Orange County. There is representation from the cities, local nonprofits, affordable housing developers, local elected officials, ESG-entitlement jurisdictions, and the CoC Board that serve on the Commission to End Homelessness.

A demonstration of interjurisdictional coordination around homeless services can be seen by looking at the Emergency Shelter Grant program. The Orange County CoC coordinates with the five ESG-entitlement jurisdictions in Orange County (inclusive of the Cities of Anaheim, Garden Grove, Irvine, Santa Ana, and the County of Orange) for the planning and allocation of ESG and ESG-CV funding. This has included the

scheduling of multiple meetings to discuss the eligible activities to be funded by each jurisdiction and participation in the Coordinated Entry System planning and implementation process. The CoC provided the ESG and Consolidated Plan jurisdictions with data from the Point-In-Time (PIT) and Housing Inventory Count (HIC) to assist in the planning process and understanding of available homeless services resources operating within the jurisdiction. The CoC ensures local homelessness information is communicated by sharing a public online dashboard of HIC and PIT data and by responding to requests for specific data reports. The CoC Board membership includes representation from the ESG subrecipients and it encourages participation in the review and updating of the CoC policies and procedures. Additionally, all ESG recipient and sub-recipient organizations are active members of the CoC plenary and Coordinated Entry System committee; these organizations routinely participate in higher-level discussions regarding housing priorities impacting the homeless population in Orange County. The ESG recipient service data is maintained in the HMIS. It is also included in the system reports utilized by the CoC in the evaluation and report of the ESG subrecipient performance (measured against identified performance outcomes). To support this process, the CoC has been working to train all ESG subrecipients in the HMIS required data fields and has developed coordinated data collection systems that align the HMIS to (a) the internal contract monitoring system, and (b) sub-recipient data management systems, to ensure the capture of all relevant & required outcomes and outputs.

Examples like this can be seen across multiple municipal, county, state, and federal homeless funding streams, creating the critical intersection of always operating as one system of care to align with the United States Interagency Councils Opening Doors goal of making homelessness Rare, Brief, and non-reoccurring. This same level of collaboration can be seen across Orange County's HHAP jurisdictions.

Representative from the city sits on Continuum of Care Board: Albert Ramirez, City of Anaheim. Anaheim stakeholders invited to HHAP Community coordination meetings.

Representative from the city sits on Continuum of Care Board: Judson Brown, City of Santa Ana. Santa Ana stakeholders invited to HHAP Community coordination meetings.

The County of Orange's Office of Care Coordination have used this Homeless Action Planning process to lay the groundwork to develop a countywide plan to address homelessness that consolidates and builds upon current efforts of the County of Orange and the Orange County CoC. Employing the assistance of Homebase, this work will be split into two phases, with the first consisting of data collection, analysis, and stakeholder engagement to identify needs, gaps, and priorities, and to then inform the development of both the HAP and Strategic Plan. The second phase will leverage the HAP to expand on a strategic vision and priorities for the County's response to homelessness.

Question 2

A demonstration of the applicant's partnership with, or plans to use funding to increase partnership with:

- Local health care and managed care plans
- Public health systems
- Behavioral health
- Social services
- Justice entities
- People with lived experiences of homelessness
- Other (workforce system, services for older adults and people with disabilities, Child Welfare, education system)

Question 2 Response

Orange County has strong coordination among local health care and managed care plans. This partnership is also supported by CalOptima, which was created in 1993 as a County Organized Health System (COHS). CalOptima is a public agency and manages programs funded by the state and federal government. CalOptima is the single largest health insurer in Orange County, providing coverage for one in four residents through various programs.

The Office of Care Coordination is assisting CalOptima with technical assistance in support of the Housing and Homelessness Incentive Program (HHIP) and are coordinating with the HHAP cities to ensure the HHIP plan is fully comprehensive of the community's needs. Additionally, there is an initiative to begin street medicine for those experiencing unsheltered homelessness and Office of Care Coordination is playing a role in the design and implementation of that program.

Outside of intensive technical assistance engagements, coordination with health care partners occurs on the Continuum of Care Board with membership seats by Federally Qualified Health Centers (FQHC)s, including an at-large seat assigned with health care expertise currently filled by Soledad Rivera from Families Together of Orange County.

Families Together of Orange County is dedicated to helping our community overcome obstacles to obtaining quality healthcare. Families Together of Orange County serve as the bridge between the people within our community and the services they need to stay healthy. Offering an array of wellness, health, and medical services, Families Together of Orange County provide the tools to help empower a clients health needs. Finally, individuals who are ineligible for public healthcare programs are aided in accessing private healthcare through Covered California.

Additionally, there is a hospital representative seat on the Commission to End Homelessness, which acts as a liaison and subject matter expert on the healthcare system. The Office of Care Coordination regularly attends meetings with the Hospital Association of Southern California to provide updates and collaborate on how best to address the physical health needs of those experiencing homelessness.

The Office of Care Coordination has a strong partnership with the Social Services Agency (SSA) who oversees mainstream benefits, including application and eligibility processes. SSA provides presentations to the Orange County CoC to promote connections to mainstream benefits including Medi-Cal. The Orange County CoC receives information regarding mainstream benefits through emails and website updates. SSA coordinates directly with service providers to provide targeted outreach to people experiencing homelessness to reduce barriers to access and expedite the benefits application process.

Beyond Medi-Cal, the Office of Care Coordination coordinates access to Veteran's Affairs (VA) Healthcare Services at the main campus and satellite clinics for veterans at risk of homelessness or experiencing homelessness. The Office of Care Coordination works with Public Health Nurses who provide nursing case management to the homeless population to link them to health insurance and primary care, and to facilitate access to COVID-19 vaccines. The Office of Care Coordination collaborates with healthcare organizations including FQHCs, Health Care for the Homeless programs, Whole Person Care Program, and the County Organized Health System CalOptima to ensure participants access medical and mental health services.

The County of Orange's Care Plus Program offers enhanced care coordination for 'high utilizers' who have a history of touching multiple programs across the mainstream benefits, shelter, healthcare, and corrections systems who are experiencing homelessness in Orange County. A Multi-Disciplinary Team meets monthly to review cases and expedite eligibility and linkages to mainstream benefits, resulting in increased benefit enrollments.

The COVID-19 pandemic showed the importance of having strong public health coordination with the homelessness system. At the start of the pandemic, the Office of Care Coordination identified key areas for improvement and has worked to strengthen partnerships and improve readiness for future public health emergencies. The Office of Care Coordination has updated contact information and distribution list of

partner agencies and resources in the community, including new non-traditional partners and community-based organizations that have supported the emergency response. This supports the timely distribution of accurate and relevant information to the Orange County CoC during a future emergency, as well as the identification of partners who can assist in the response. These partners support the Office of Care Coordination in pinpointing subpopulations or high-risk individuals and families as well as the development of targeted approaches and interventions that best meet their needs. The Office of Care Coordination has established a better understanding of the key partners within the County of Orange's Emergency Operations Center and the State's Office of Emergency Services (CalOES) along with their roles and responsibilities related to public health emergencies. Additionally, the Office of Care Coordination has a better understanding of the flexibilities within state and federal programs that support an immediate response to a public health emergency by creating an immediate and temporary response as well as permanent housing solutions, through the alignment and leveraging of resources.

The County of Orange is currently working in partnership with Mind OC, a local nonprofit focused on strengthening the Behavioral Health System of Care, to continue the collaboration on the newly established behavioral health campus. The campus provides detox and crisis stabilization services. Local law enforcement will be able to take individuals to the campus for treatment instead of to emergency rooms or the jails. However, this one campus will not be sufficient. The need to have campuses throughout the county is justifiable based on demand. Therefore, the County of Orange will continue to work with its public and private partners to explore how and where to develop more campuses.

The Office of Care Coordination works closely with the County of Orange's Health Care Agency for the delivery of Mental Health and Recovery Services. Additionally, the Office of Care Coordination coordinates with the County of Orange Mental Health and Recovery Services (MHRS) Outreach and Engagement, which serves as the outreach team to the entire County. MHRS OC Links provides 24/7 access to a navigator of the behavioral health system to ensure individuals can find the right services at the right time based on their identified needs. MHRS provides MHSA funding as much and supportive services for permanent housing projects. MHRS also has representation on both of the Office of Care Coordination's governing bodies, the Continuum of Care and the Commission to End Homelessness.

Social Services are coordinated through the Orange County Social Services Agency (SSA), with oversight of: Abuse Reporting, Foster Care and Youth Services, Cash Aid, and CalFresh, Health Care Services, and Senior Care. The Office of Care Coordination has a strong partnership with the SSA who oversees mainstream benefits, including application and eligibility processes. SSA provides presentations to the Office of Care Coordination to promote connections to mainstream benefits including CalFresh, Meal Programs, CalWORKs, Medi-Cal, and General Relief. The Office of Care Coordination receives information regarding mainstream benefits through emails and website updates. SSA coordinates directly with service providers to provide targeted outreach to people experiencing homelessness to reduce barriers to access and expedite the benefits application process. Individuals who are ineligible for Medi-Cal are aided in accessing private healthcare through Covered California. The Office of Care Coordination coordinates access to VA Healthcare Services at the main campus and satellite clinics for homeless veterans. The Office of Care Coordination works with Public Health Nurses who provide nursing case management to the homeless population to link them to health insurance, primary care and facilitate access to COVID-19 vaccines. The Office of Care Coordination collaborates with healthcare organizations including FQHCs, Health Care for the Homeless programs, Whole Person Care Program and the County Organized Health System CalOptima to ensure participants access medical and mental health services.

The County of Orange's Care Plus Program offers enhanced care coordination for 'high utilizers' who have a history of touching multiple programs across the mainstream benefits, shelter, healthcare, and corrections systems who are experiencing homelessness in Orange County. A Multi-Disciplinary Team meets monthly to review cases and expedite eligibility and linkages to mainstream benefits, resulting in increased benefit enrollments and communications to community-based social and supportive services.

The Orange County Superior Court (Courts) is one of the most crucial institutions in the Community

Corrections System, as is its intersection with the homelessness response system. It spans both the juvenile and adult populations and works with all the stakeholders in the system. In 1995, the Orange County Collaborative Court was established to focus on specific populations of defendants, including those who are incompetent to stand trial, abusing drugs, homeless, and veterans. Since then, the Collaborative Court has become a national model for how to serve these populations and help get them to treatment. The Orange County Collaborative Court is made up of both the Juvenile Justice Courts and Criminal Collaborative Courts. The Criminal Collaborative Courts implement a co-located services model by co-locating the Mental Health Courts, Veteran and Military Courts, Homeless Courts, and Substance Abuse Courts. There are nine courts within the Criminal Collaborative Courts: Whatever It Takes (WIT) Court, Military Diversion, Veterans Treatment, Homeless Court, DUI Court, Drug Court, Opportunity Court, AI Court, and Recovery Court. Some of these courts require treatment plans, such as WIT, which implements a case management model where an interdepartmental team consisting of the Public Defender, District Attorney, Health Care Agency, Probation, and treatment service provider(s) engage in active case management of an individual so that he/she receives treatment. Each of these courts has eligibility criteria and is typically referred by the Public Defender with the mutual agreement from the District Attorney.

Additionally, the Office of Care Coordination is an integral stakeholder in the implementation of the OC Cares Strategy. OC Cares is charged with improving public safety on behalf of Orange County residents, through greater inter-agency community, coordination and collaboration regarding law enforcement and administration or justice issues. This will be accomplished by improving the utilization of resources and balance within the criminal justice system; synergy of ideas and expertise among criminal justice professionals; and public confidence in the Orange County Criminal Justice System. The Care Plus Program is establishing a corrections cohort to target those individuals that go in and out of the jail four or more times in one year.

The Orange County CoC has established a Lived Experience Advisory Committee to engage people with current or past lived experience of homelessness to provide feedback and recommendations on how to best improve policies and procedures of the CoC and also support in making funding recommendations. The CoC and the CoC-funded agencies have people with current or past lived experience of homelessness participate in its Board in compliance with the requirements of the HEARTH Act. Additionally, the Commission to End Homelessness consults with those with lived experience and has a member serving on the Commission to End Homelessness with past experience of homelessness. The Office of Care Coordination is in the planning stages to develop and implement a Youth Advisory Board (YAB) . Once established, the purpose of the YAB will be to have a group of transitional aged youth (TAY) , who have lived experience navigating our system, provide insight and feedback for the purposes of improvement. Ultimately, the YAB and the CoC will work together to implement a strategies to address TAY homelessness in Orange County.

Workforce: The Office of Care Coordination has a partnership with the Workforce Development Board to ensure that referrals for employment, education and training are facilitated and access to job search assistance, skills assessment, and job placement. The Office of Care Coordination also contracts with Chrysalis, a non-profit organizations tat provides individualized case management, an evolving job-readiness program, and by providing access to an array of supportive services to help participants overcome their barriers to reconnecting to the workforce. Chrysalis also operates an employment social enterprise offering participants time-limited, paid employment to help them prepare to reenter the workforce.

Services for Older Adults: The Orange County Social Service Agency (SSA) is the lead agency for issues with seniors in need of housing or facing housing instability. Their office coordinates Adult Protective Services (APS), In Home Support Services, as well as abuse reporting. In addition, the Orange County Coordinated Entry System prioritizes people with the longest length of homelessness to available housing resources and supportive services. Using dynamic prioritization and case conferencing, the Coordinated Entry System, identifies people in most need of assistance, including seniors age 65+ and persons with

chronic health conditions and existing pre-conditions, and ensures timely service delivery. The Office of Care Coordination has been working with SSA for the implementation of the Home Safe program to offer range of strategies to prevent homelessness and support ongoing housing stability for APS clients, including housing-related intensive case management, short-term housing related financial assistance, deep cleaning to maintain safe housing, eviction prevention, landlord mediation, and more.

People with Disabilities: The Orange County CoC has focused on developing the needed resources and infrastructure programming that will assist people in increasing non-employment cash income, including the implementation of SSI/SSDI Outreach, Access and recovery (SOAR) and State funded Housing and Disability Advocacy Program (HDAP) to assist individuals with disability who are at-risk of homelessness or experiencing homelessness in applying for disability benefits. The Orange County CoC received technical assistance from SAMHSA to implement SOAR, which has led to the majority of CoC agencies receiving SOAR training and having a SOAR Case Manager to help complete SSI/SSDI applications. The Orange County CoC hosted additional SOAR Course Review Sessions and additional trainings to ensure improved client's connection to SSI/SSDI. The Office of Care Coordination as CoC Lead Agency contracted with three homeless services providers for HDAP to coordinate a regional approach to assisting homeless individuals with a disability in applying for disability benefits and connecting them to immediate housing assistance, including emergency shelter and permanent housing options through a Housing First approach. The Office of Care Coordination works closely with the Veteran Service Office to determine what financial benefits homeless veterans are eligible for and completing the needed applications and submitting documentation to help veterans maximize their veteran benefits. This often includes reviews character of discharge and seeking upgrades to these. The Office of Care Coordination has a strong partnership with the Social Services Agency (SSA) who oversees mainstream resources available in the jurisdiction, including application and eligibility processes for General Relief and TANF. SSA provides presentations to the Office of Care Coordination on mainstream resources. SSA reduces barriers to access by co-locating their services at regional emergency shelters and other homeless service agencies in the three Service Planning Areas to conduct eligibility screenings and applications for homeless people

Child Welfare: The intersection of homeless services and child welfare is administrated through the Orange County Social Service Agency (SSA). The Continuum of Care Reform (CCR) was designed out of an understanding that children who must live apart from their biological parents do best when they are cared for in committed nurturing family homes. CCR, also known as AB 403, is a California legislative mandate designed to:

- Facilitate permanency for children in family-settings
- Reform group homes (currently referred to as Short-Term Residential Therapeutic Programs (STRTP)) and Foster Family Agencies (FFAs)
- Surround children, youth and families with needed services, resources and supports by strengthening collaboration and coordination among all service providers and County of Orange agencies, including but not limited to:
 - o Social Services Agency
 - o Health Care Agency
 - o Probation Department
 - o Orange County Department of Education

CCR supports children, youth and families across placement settings (from relatives to congregate care) in achieving permanency through:

- Increased engagement with children, youth and families
- Increased capacity for home-based family care
- Short-term, therapeutic, limited-use of congregate care
- Systemic and infrastructure changes, including but not limited to reimbursement rates, training, accreditation, accountability and performance, and mental health services.

Reliance on congregate care is limited to short-term, therapeutic interventions, which are just one part of a continuum of care available for children, youth and young adults.

The Office of Care Coordination also works with SSA in the implementation and operationalization of Bringing Families Home Program to reduce the number of families in the child welfare system experiencing or at risk of homelessness, to increase family reunification, and to prevent foster care placement. The Bringing Families Home program participates in the Orange County CoC's and makes referrals to the Coordinated Entry System as appropriate for additional connections to housing resources or supportive services.

The Orange County CoC coordinates with the local public housing authorities for the Family Unification Program, a housing choice voucher program that promotes family unification by providing housing assistance to families for whom the lack of adequate housing is a primary factor in the separation of children from their parents and reduces interactions with the Child Welfare System.

Education: The Orange County CoC has regular contact with the Orange County Department of Education (OCDE) to discuss the efforts to address homelessness in the Orange County CoC and provide opportunity for further education and collaboration on the issue of education and homelessness. OCDE Homeless Outreach to Promote Educational Success (HOPES) Collaborative is a member of the Orange County CoC and participates on the CoC Board in representations of Local Education Agencies (LEA) and state education agency (SEA) in public K-12th education and national agencies serving homeless families. Ongoing collaborative partnerships between LEAS, McKinney-Vento Liaisons and OCDE HOPES Collaborative with CoC funding housing and service provider agencies, Coordinated Entry System, family Access Point Agencies, and Family Solutions Collaborative (FSC) for housing education, access, services, and support. On the local level OCDE HOPES Collaborative provides technical assistance, education, and outreach to 28 school and 32 public charter schools In Orange County liaisons, school personnel, families, the community, service providers, and agencies on McKinney-Vento Homeless Education and housing assistance via the CoC and Coordinated Entry System. The FSC, a coalition of family service nonprofits, provides information, resources, and trainings on how to best connect families at risk of homelessness or experiencing homelessness and further support the work of OCDE HOPES Collaborative McKinney Vento Liaison Network to connect and access housing assistance. The FSC often meets with families at school during drop-off and pick-up times to facilitate access to services. At least 80 percent of the homeless service agencies serving families, households with minor children, collaborate with LEAs across 20 school districts and seven universities. Of these approximately one-third are formal partnerships in the form of Memorandum of Understanding (MOUs) and Letter of Agreements (LOAs).

Question 3

A description of specific actions the applicant will take to ensure racial and gender equity in service delivery, housing placements, and housing retention and changes to procurement or other means of affirming racial and ethnic groups that are overrepresented among residents experiencing homelessness have equitable access to housing and services.

Note: These actions should be aligned with the equity-focused Outcome Goals and related strategies described in previous Parts, but should not need to be limited to those strategies.

Question 3 Response

The County of Orange and Orange County CoC is committed to ensuring that racial and gender equity is a critical element to how homeless services are provided. This work can be seen in the approach to address homelessness as well as in the data outcomes.

The Orange County CoC's three-year Leadership Vision states the five key areas for the CoC Board to focus on by the end of 2024. One of these visions is to "Promote an Equitable and Just System of Care." With the assistance of equity consultants, C4 Innovations, the Orange County CoC has assessed the homelessness response system and implemented policies, procedures and practices rooted in deep understanding of historical, systemic inequities and injustices in housing and homeless services for people

of color and LGBTQ+ people to promote more equitable outcomes.

In addition, the Office of Care Coordination as the Collaborative Applicant coordinated and facilitated meetings and focus groups where organizations, community members, and individuals with current or experience of homelessness were able to discuss strategies and efforts to addressing shortcomings in having an equitable system of care. These meetings covered a broad range of topics, including system improvement and new approaches to addressing homelessness.

The County of Orange and Orange County CoC's next steps to ensure that racial and gender equity is a critical element to how homeless services are provided are:

- **Barrier Reduction:** Translating all system documents and materials into Spanish and other threshold languages, developing standardized process and procedures for supporting undocumented people, and expanding black, latinx, indigenous, and other people of color's representation within service providers leadership teams across the homeless system of care.
- **Systemwide Training:** Development of a two-year phased plan for racial equity training for all CoC stakeholders and service providers, and establishing a sustainable race equity task force
- **Messaging and Communication:** Develop a dashboard focused on racial equity outcomes and progress.

Outcome goals:

- 1a: Reducing the number of persons experiencing homelessness.
- 1b: Reducing the number of persons experiencing homelessness on a daily basis.
- 2: Reducing the number of persons who become homeless for the first time.
- 3: Increasing the number of people exiting homelessness into permanent housing.
- 4: Reducing the length of time persons remain homeless.
- 5: Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.
- 6: Increasing successful placements from street outreach.

Ideas for actions / strategies to ensure racial and gender equity:

- Increased prevention / diversion efforts for specific racial and gender groups.
 - o **Racial and gender equity:**
 - Those who are white, Black, or Native American / Alaskan Native experience disproportionately high rates of homelessness overall.
 - The number of people who are Hispanic who experience homelessness for the first time is steadily increasing, while it is either staying the same or decreasing for every other race and ethnic category.
 - White males experience high rates of unsheltered homelessness, and these unsheltered males are underserved in services.
 - o **Strategies:**
 - Need to increase prevention and diversion efforts targeting specific groups.
 - There is an identified need to develop diversion and prevention approaches to reduce both first-time and repeat homelessness.
 - There is an intention to focus on diversion and prevention program development specifically for high utilizer cohorts and transitional aged youth (TAY) populations.
 - o **Target goals:**
 - Applies to all goals (1-6).
 - o **Measures:**
 - Linkages (not just referrals) to supportive services.
 - Completion of supportive service, prevention, and diversion programs.
 - Outreach interventions.
 - Positive outreach exits.
- Increased exits to Permanent Housing for specific racial groups.

- o Racial and gender equity:
 - White families are overrepresented in access to RRH, PSH, and other PH.
 - Those who are Native American / Alaskan Native exit homelessness to permanent housing at much lower rates than other races (18% vs. 26%-36% for other races) and have the highest rates of exiting to homelessness.
- o Strategies:
 - Increase access to PH for BIPOC and Hispanic groups.
 - Continuance and expansion of RRH programs for individuals and TAY, including housing identification, rent and move-in assistance, and RRH case management services.
- o Target goals:
 - Outcome Goal 3.
- o Measures:
 - Overall exits to PH
 - RRH exits to PH
 - Reduced length of time homeless for groups with disproportionately longer times experiencing homelessness.
- o Racial and gender equity:
 - Compared to the average of 125 days, the following racial and gender groups have a greater number of days prior to move-in into RRH and PH programs:
 - women/girls (+10 days)
 - people who are Asian (+10 days)
 - people who are Black or African American (+13 days)
 - people who are Native Hawaiian or Pacific Islander (+4 days)
 - people who are Multiple Races (+20 days) [people who are Asian and Hispanic / Latino (+60 days); people who are Black and Hispanic / Latino (+34 days)].
- o Strategies:
 - Pairing housing choice vouchers with housing search and housing stabilization resources.
- o Target goals:
 - Outcome Goal 4.
- o Measures:
 - Length of time in program measure.
 - Reduced returns to homelessness after exiting to permanent housing for specific racial groups.
- o Racial and gender equity:
 - BIPOC individuals (American Indian or Alaskan Native; Black or African American; Multiple Races; American Indian / Alaskan Native and Hispanic / Latino) have higher rates of returns to homelessness (11%-16%) after exiting to permanent housing.
 - Rates of returns within 6 months are steadily increasing for those who are Black/African American and those who are white, while it is decreasing or staying the same for other racial and ethnic groups.
 - Those who are fleeing domestic violence (DV) also have higher rates of returns (16%), and females are the majority of those who seek homelessness services for DV.
- o Strategies:
 - Develop housing stabilization resources and build capacity in anticipation of further Homekey resources.
- o Target Goals:
 - Outcome Goal 5.
- o Measures:
 - Returns to homelessness within 12 months measure.
 - Overall strategies that apply to all of the above:
- o Continue to analyze Point In Time Count and Homeless Management Information System (HMIS) data to determine racial and ethnic disparities in service/shelter utilization, Coordinated Entry assessment, and housing placement through Coordinated Entry.
- o Launch outreach teams focused on bilingual, bicultural competency to serve historically under-outreached areas of the county with large Latinx and BIPOC populations.

- o Targeted outreach to areas with large groups of unsheltered homelessness.
- o Evaluating ways in which the County of Orange and Orange County CoC can expand the reach of funding to underserved and marginalized communities and non-traditional providers who can reach and serve disproportionately impacted communities.

Question 4

A description of how the applicant will make progress in preventing exits to homelessness from institutional settings, including plans to leverage funding from mainstream systems for evidence-based housing and housing-based solutions to homelessness.

Note: Such mainstream systems could include:

- Physical and behavioral health care systems and managed care plan organizations
- Public health system
- Criminal legal system and system for supporting re-entry from incarceration
- Child welfare system
- Affordable housing funders and providers
- Income support programs
- Education system
- Workforce and employment systems
- Other social services and human services systems

Question 4 Response

The County of Orange and Orange County CoC is committed to preventing homelessness from institutional settings before it starts. The County of Orange has conducted multiple frequent uses studies to identify areas where individuals and families are released directly into a homeless situation. One recent study focused on the criminal legal system; it was commissioned by the Orange County Sheriff's Department (OCSD).

The assessment identified that Orange County's jails and juvenile detention facilities are now, by default, its largest mental health institutions; but that these facilities, by their nature, were not designed to fulfil that function. To address this dilemma, the County of Orange developed a 2025 Vision for the Community Corrections System that will be achieved through its implementation plan, the Integrated Services Strategy. Between May 1, 2018, and April 31, 2019, 43,000 individuals entered the Orange County jails. Of those 43,000 individuals who self-reported or were diagnosed while in-custody:

- 21% had a mental illness
- 40% suffered from substance use disorder
- 10% had a co-occurring disorder

During that same timeframe, 1,193 individuals were booked into the County's Juvenile Hall. Of those who were 17 years of age or younger and self-reported or were diagnosed while in-custody:

- 82% of male youth and 87% of female youth were diagnosed with serious mental illness or serious emotional disturbance.
- 43% of male youth and 50% of female youth were diagnosed with substance use disorder.
- 42% of male youth and 50% of female youth were diagnosed with co-occurring disorders.
- Most of these percentages increased in the Transitional Age Youth (age 18-24 years) population:
 - o 68% of male youth and 96% of female youth were diagnosed with serious mental illness or serious

emotional disturbance.

- o 57% of male youth and 72% of female youth were diagnosed with substance use disorder.
- o 57% of male youth and 72% of female youth were diagnosed with co-occurring disorders.

Guided by the Five Pillars of Service designed to align with the major components of the Community Corrections System, the Integrated Services Strategy includes Action Items, Targets, and Outcomes that identify the specific steps the County of Orange are following to reshape the Community Corrections System to properly address the needs of an evolving in-custody population.

The Integrated Services 2025 Vision prioritizes outcomes and be guided by data-driven decisions and best practices and has now evolved into OC Cares. The County of Orange will work with community partners, including the Orange County CoC, to implement programs, services, and solutions that are measurable and meaningful. Through these efforts, the County of Orange hopes to strengthen the overarching System of Care and serve its most vulnerable residents, while improving the public safety of Orange County's 3.1 million residents.

OC Cares

The Office of Care Coordination is an integral stakeholder in the implementation of the OC Cares Strategy. OC Cares is charged with improving public safety on behalf of Orange County residents, through greater inter-agency community, coordination and collaboration regarding law enforcement and administration or justice issues.

This will be accomplished by improving the:

- Utilization of resources and balance within the criminal justice system
- Synergy of ideas and expertise among criminal justice professionals
- Public confidence in the Orange County Criminal Justice System.

By following the Integrated Services Strategy, Orange County's Community Corrections System will strive to have by 2025:

Pillar 1: Prevention

public that: (1) Understands the signs or symptoms of mental illness and/or substance use issues. (2) Interacts with individuals experiencing mental illness and/or substance use and connects them with County and/or community resources for help. (3) Has a single phone number and web portal to access for mental health crises or individuals who are mentally ill and/or experiencing homelessness. (4) Sufficient behavioral health support teams and training to ensure that OCSD, local law enforcement, and other first responders are prepared to respond to crises and can access resources to help individuals experiencing a mental health and/or substance use crisis. (5) A network of behavioral health campuses that local law enforcement and residents can access to seek help in treating those in a mental health and/or substance use crisis. (6) A screening application to be utilized by OCSD, local law enforcement and other first responders to perform a preliminary observation-based screening to see if individuals they encounter may have a mental illness or substance abuse issue and meet criteria to be diverted into treatment services rather than arrested.

Pillar 2: Courts

A comprehensive Courts program to: (1) Documented best practices and measurable data to effectively coordinate care between the Courts, Public Defender, District Attorney, OC Probation, OCSD, Health Care Agency (HCA), Social Services Agency (SSA), and other treatment providers for individuals in the court system who need treatment. Additionally, all entities will be able to use evidenced- based data to measure the effectiveness of the treatment programs and their effects on recidivism. (2) An expansion of the Adult and Juvenile Specialty Court system based on needs quantified by measurable data to ensure that the expansion addresses the highest service needs and maximizes impact. The expansion could increase capacity, sufficient detention areas, participation of County departments and community service providers, and/or on-site support services. (3) A collaboration between the Courts, Public Defender, District Attorney, OC Probation, OCSD and HCA to increase diversion options for adults and juveniles entering the court

system and do not pose a risk to the community.

Pillar 3: In-Custody

A comprehensive in-custody Behavioral Health program to: (1) Identify individuals upon intake at the Intake Release Center (IRC) who require specialized behavioral health services and stabilize them in designated jail housing modules. (2) Provide advanced and specialized behavioral health programming and treatments to include prevailing best practices and therapeutic programs. (3) Provide personalized discharge planning and linkage to community services by coordinating in-reach while the individual is still in custody to ensure continuity of services and treatments. (4) Provide 24/7 in-custody substance use treatment that will link to post-custody services and case management. (5) Specialized housing in County jails dedicated to targeted populations such as Veterans, and other groups identified by OCSD. Focused group programming and tailored services will be designed to meet each populations' unique needs. (6) Comprehensive programming that addresses criminogenic and behavioral issues through a network of support services aimed at reducing the risk to recidivate and increasing the chance of post-release employment and ability to secure housing. Priorities will be given to programs that will increase participation rates for in-custody populations, achieve sustained success post-custody, and lower the rate of return to custody. Data will be collected and analyzed on a consistent basis to determine performance.

Pillar 4: Reentry

A comprehensive reentry system accessible by all individuals released from County jails or state prisons. The system will include: (1) Adoption of a "No wrong door" approach to available services and resources by County staff and community partners/providers. Regardless of where an individual goes in the reentry system, he/she will be able to ascertain how to access services, including eligibility requirements, in a timely manner. (2) Coordination among County and community partners to ensure services meet the needs of the individuals being released, including emergency shelter and permanent housing. (3) Seamless and warm hand-off transition from in-custody to post-custody with no disruption in treatments, services and/or programming. (4) Enhanced outreach for individuals released after less than 45 days of incarceration to engage in services and programming not received while in custody.

Pillar 5: Juvenile and TAY

(1) For those juveniles and TAY who enter the Community Corrections System, there will be consistent mental health and/or substance use services to support the individual from pre-custody through post-custody. (2) A robust housing and placement system that includes transitional and permanent supportive housing and placement services in homes for youths experiencing substance use and/or mental health issues or are part of the Commercial Sexual Exploit of Children (CSEC) population. (3) A data integration platform and business processes that allows for effective care coordination of high utilizers of the County's Juvenile Justice System.

Question 5

Specific and quantifiable systems improvements that the applicant will take to improve the delivery of housing and services to people experiencing homelessness or at risk of homelessness, including, but not limited to, the following:

(I) Capacity building and workforce development for service providers within the jurisdiction, including removing barriers to contracting with culturally specific service providers and building the capacity of providers to administer culturally specific services.

(II) Strengthening the data quality of the recipient's Homeless Management Information System.

(III) Increasing capacity for pooling and aligning housing and services funding from existing, mainstream,

and new funding.

(IV) Improving homeless point-in-time counts.

(V) Improving coordinated entry systems to strengthen coordinated entry systems to eliminate racial bias, to create a youth-specific coordinated entry system or youth-specific coordinated entry access points, or to improve the coordinated entry assessment tool to ensure that it contemplates the specific needs of youth experiencing homelessness.

Question 5 Response

The Orange County CoC has an open invitation for new membership year-round. The Office of Care Coordination as the CoC Collaborative Applicant facilitates CoC engagement and participation from organizations, local governments and individuals that are seeking to get involved in the CoC and address homelessness in Orange County. Twice a year, the CoC actively solicits new membership at its CoC Board and Committee meetings and through email distribution lists reaching hundreds of organizations and individuals in the community. The process to join the CoC membership has been simplified to encourage participation from a diverse group of stakeholders, including public health, behavioral health and healthcare providers, employment organizations, affordable housing developers, and people with current or past lived experience of homelessness. The email distribution method ensures effective communication with individuals with disabilities and increases accessibility to the public who may not be able to attend the CoC Board and/or Committee meetings. Information on how to become a CoC member is also included in the webpage of the Orange County CoC where the public may access information meeting agendas and minutes and other relevant information of the CoC.

The Office of Care Coordination as the CoC Collaborative Applicant has conducted targeted outreach and worked with the Office of Population Health Equity to engage organizations serving culturally specific communities in Orange County. This included providing an overview of the CoC, as well as inviting them to participate in future meetings and complete the membership process to help address disparities and ensure equity such as the Racial Equity Framework.

The Office of Care Coordination works closely with People for Irvine Community Health dba 2-1-1 Orange County (211OC), the Homeless Management Information System (HMIS) Lead designated by the Orange County CoC. This includes ensuring an annual review of the HMIS Policies and Procedures, monthly meetings with HMIS users to provide training and increase HMIS functionality, as well as monthly meetings to review and discuss HMIS data at the project level.

All programs funded through all rounds of HHAP funds are required to use HMIS, unless the organization is a victim service provider and must utilize a comparable database. To support this process, the Orange County CoC has been working to train all HHAP recipients in the requirements of HMIS required data fields and has developed coordinated data collection systems that align HMIS to internal contract monitoring system, and sub-recipient data management systems to ensure the capture of all relevant & required outcomes and outputs.

Beyond this, the County of Orange and Orange County CoC has been active in improving the HMIS system. This includes combining racial equity tracking and data to ensure that all assignments meet our CoC's goals around "Promoting an Equitable, and Just System". To do this, the Orange County CoC have aligned with HUD's five goals in this area which are: (1) Envision and document an equitable system of care and establish measurable goals that advance the overall vision; (2) Identify meaningful measures that connect directly to the goals; (3) Consistently bring data forward for accountability, information, and action, at multiple tables and groups to solicit observations and feedback at different levels and backgrounds, comparing differences and cross-pollinating insights and incorporating provider and lived expertise on system functioning (i.e., qualitative data); (4) Measure by measure, identify how they will indicate success

(e.g., housing placements should increase over time), collaboratively draft action plans or policies in response to a measure trending in the opposite direction of success; and (5) Monitor progress and draft and implement action plans, adjusting as needed.

A key component to system coordination requires the pooling and alignment of homelessness housing and service funding given by private, local, state, and federal funds. This role falls primarily on the Office of Care Coordination . The Office of Care Coordination engages across Orange County working with cities and community-based organizations to strengthen regional capacity. The Office of Care Coordination coordinates public and private resources to meet the needs of the homeless population in Orange County and is responsible for Care Coordination. It works in collaboration with stakeholders to focus on regional policy and implementation strategies to promote an effective response to homelessness in Orange County.

The Office of Care Coordination does this by: (1) attempting to frame a common vision and framework for all funds used within the county, (2) being the central entity managing or coordinating homeless funding streams, (3) using its countywide view to encourage funders to pool resources that already exist within the community and where possible to create common funding streams, (4) where possible, creating a collaborative application process, (5) create alignment with existing or collaborative to monitor and evaluate performance, and (6) when possible, encourage funders to use a multi-year award cycle and align the timing of awards across funding streams.

HHAP funds are being coordinated in a way that ensures system wide distribution and usage of funds across all jurisdictions and subpopulations. The Office of Care Coordination presents funding priorities and funding recommendations to the Orange County CoC Board and the County of Orange Board of Supervisors.

Improving homeless point-in-time counts.

Orange County has a long history and strong methodology beyond the Point in Time Count. Managed by a diverse ad-hoc committee, they attempt to overcome the many challenges involved implementing within a community as diverse and as large as Orange County with nearly 80 square miles.

The Point in Time Count requires a significant level of advance planning and person power to carry out. Agency representatives, homeless and formerly homeless persons, and community volunteers are all essential to implement the unsheltered count. The 2022 Point In Time Count used a unique identifier to deduplicate individuals and all volunteers participating in the Count used an ArcGIS tool to ensure accuracy of information and location.

For the accuracy of the count, it is particularly important to have meaningful participation by currently and previously homeless persons. Homeless and formerly homeless people identified “hot spots” for the mapping team, tested and provided feedback for draft map areas and assisted in training volunteer counters. Additionally, during the count, many acted as guides for volunteers, helping teams traverse through their areas, and finding hidden areas where homeless people might be sleeping.

On the morning of the count, volunteers assembled at their assigned deployment center. At each site, staff organized volunteers into teams of at least three people, with additional volunteers and guides added to cover the areas with the largest numbers of expected homeless people. Teams were provided with a packet containing a map of their assigned sample area, driving directions to the area, data collection instruments, and a reminder sheet with count protocol. Each team was to drive to their designated area, conduct the count until they were finished with their area and return the paperwork to their deployment center. Upon return to the deployment centers, volunteers participated in a debrief of their experience, sharing information on issues or concerns they may have encountered in the field and providing feedback to organizers on their experiences and ability to conduct and complete the count and survey. The paperwork used by the count teams to record information on everyone counted and their ability to cover their area was then given to the consultants and researcher to complete the data analysis.

The Point In Time Count is not only used for statistical purposes, but also as a unique opportunity to engage and educate the community in collecting, analyzing, and understanding information supporting the goal of homelessness, allowing a unique opportunity to engage the community in better understanding the issue of homelessness.

The ad-hoc committee is exploring many ways to improve our homeless point in time count, including: (1) moving from a bi-annual count to an annual count, (2) exploring in 2022 ways to improve the youth count and capture information related to youth at-risk of homelessness, (3) collecting additional information regarding the circumstances that lead to homelessness, and (4) exploring adding a telephone survey to count families experiencing unsheltered homelessness.

The Orange County CoC worked with Homebase in Spring 2021 to evaluate the Coordinated Entry System and explored ways to reduce barriers to access. Aside from system workflows, one of the major barriers that Homebase identified, was the use of the VI-SPDAT. They noted that the VI-SPDAT contained numerous racial bias, as well as noting that the assessment was extremely time consuming. Since then, to be more inclusive, our CoC has eliminated the use of the VI-SPDAT. There is currently work being done by an Ad-Hoc group to determine the most equitable way to prioritize the most vulnerable population within our CoC. This process will continue to be monitored to determine that the updated process will represent all demographics in a more equitable way.

The Orange County CoC has explored ways to make the coordinated entry system more accessible to a youth specific population. Our goal with this process would be to: (1) Provide safety and support for youth in crisis, (2) get youth off the street as quickly as possible, (3) prevent homeless youth from becoming chronically homeless adults, and (4) prioritize young adults on vulnerability. To meet these goals, we have simplified our intake process to require only core HMIS elements. One challenge has been the lack of youth specific units available in our system, which is an area of needed funding going forward. For now, our CoC has established a TAY Registry that extracts active TAY from the Veteran Registry, Family CES and the Individual CES. During these meetings, TAY providers are able to case conference around specific participants since they typically are unable to discuss them during the regular CES meetings. In addition to this, it allows for our office to understand the housing needs for this population and occasionally we can provide additional targeted housing opportunities. It should also be noted that the creation of the TAY Registry also prompted our TAY serving agencies to join CES and serve as TAY-Specific CES Access Points. Since inception, our CoC has added Orangewood Foundation as a CES Access Point, as well as funding Covenant House's Emergency Shelter for TAY. All participants enrolled with Covenant House are also linked to CES immediately.

Question 6

Evidence of connection with the local homeless Coordinated Entry System.

Question 6 Response

All HHAP grantees are required to use Coordinated Entry as part of their policies and procedures, and are monitored on a regular basis. Independent evidence can be provided if needed.

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

- Dynamic prioritization
- Collaborative coordination
- Intentional resource utilization
- Equitable resource distribution
- Regional service planning area prioritization

CES LEAD

The County of Orange's Office of Care Coordination functions as the CES lead agency and is empowered by the Orange County Continuum of Care to manage the process of determining and updating the prioritization for all CoC funded permanent supportive housing (PSH) and CoC and ESG funded rapid rehousing (RRH) as well as any other housing and supportive service resources that must participate in CES as a funding source requirement and/or voluntarily participate in the CES. The Office of Care Coordination works collaboratively with the CES Steering Committee, a committee of the CoC Board, to develop and review CES policies and procedures every two years, at minimum.

PLANNING

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

ACCESS

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

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

Accessibility

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

ASSESSMENT

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

PRIORITIZATION

When the need for services is greater than resources available, CES utilizes an established prioritization schema approved by the CoC Board to connect individuals and families experiencing homelessness with available housing opportunities. Housing opportunities available through CES include Permanent Supportive Housing, Housing Choice Vouchers, Rapid Rehousing, and other housing opportunities as they become available. At minimum, all CoC and Emergency Solutions Grants (ESG) funded housing

opportunities will prioritize individuals with the most urgent and severe needs on the CES prioritization list who are eligible for the housing opportunity. Other housing resources will be encouraged, but not required, to participate in CES if privately or alternatively funded.

REFERRAL

Housing providers share available housing opportunities through HMIS or a comparable database selected . Housing opportunities are discussed weekly at the Housing Placement Match Meetings (HPMM) and matched to eligible individuals and families as prioritized by the prioritization schema. The meetings are attended by participating access points, referral partners and housing providers. All information shared at the HPMM is private and confidential. To attend the HPMM, attendees are required to review client privacy and confidentiality requirements and attest to complying with the privacy and confidentiality requirements. Upon referral to housing opportunities, access points will continue to support participants throughout the housing placement process and, ideally, for a month or more after housing placement to ensure housing stability is achieved.

PRIVACY AND DATA MANAGEMENT

CES, as an extension of HMIS, is required to comply with all HMIS policies and procedures. All agency staff participating in CES are required to sign and comply with all HMIS policies and procedures. During CES assessment, assessors are required to obtain participant consent to disclose their information. As needed, consent may be obtained verbally but, ideally, consent will be provided in writing or electronically. When participants consent to disclose their information, they enhance the ability of CES to assess needs and make appropriate housing referrals. If consent is not obtained, services will not be denied.

Certification

I certify that all information included in this Application is true and accurate to the best of my knowledge.

Yes

Table 1. Landscape Analysis of Needs and Demographics

	People Experiencing Homelessness	Source and Date Timeframe of Data
Population and Living Situations		
TOTAL # OF PEOPLE EXPERIENCING HOMELESSNESS	6,860	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of People Who are Sheltered (ES, TH, SH)	2,899	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of People Who are Unsheltered	3,961	Source: 2019 Point in Time Count Timeframe: January 22, 2019
Household Composition		
# of Households without Children	5,296	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of Households with At Least 1 Adult & 1 Child	466	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of Households with Only Children	14	Source: 2019 Point in Time Count Timeframe: January 22, 2019
Sub-Populations and Other Characteristics		
# of Adults Who are Experiencing Chronic Homelessness	2,501	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of Adults Who are Experiencing Significant Mental Illness	2,298	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of Adults Who are Experiencing Substance Abuse Disorders	1,830	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of Adults Who are Veterans	311	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of Adults with HIV/AIDS	106	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of Adults Who are Survivors of Domestic Violence	538	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of Unaccompanied Youth (under 25)	275	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of Parenting Youth (under 25)	not collected	not collected
# of People Who are Children of Parenting Youth	not collected	not collected
Gender Demographics		
# of Women/Girls	2,508	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of Men/Boys	4,338	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of People Who are Transgender	7	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of People Who are Gender Non-Conforming	7	Source: 2019 Point in Time Count Timeframe: January 22, 2019
Ethnicity and Race Demographics		
# of People Who are Hispanic/Latino	2,476	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of People Who are Non-Hispanic/Non-Latino	4,384	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of People Who are Black or African American	774	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of People Who are Asian	217	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of People Who are American Indian or Alaska Native	184	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of People Who are Native Hawaiian or Other Pacific Islander	99	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of People Who are White	4,978	Source: 2019 Point in Time Count Timeframe: January 22, 2019
# of People Who are Multiple Races	608	Source: 2019 Point in Time Count Timeframe: January 22, 2019

Table 2. Landscape Analysis of People Being Served

	Permanent Supportive Housing (PSH)	Rapid Rehousing (RRH)	Transitional Housing (TH)	Interim Housing or Emergency Shelter (IH / ES)	Diversion Services and Assistance (DIV)	Homelessness Prevention Services & Assistance (HP)	Outreach and Engagement Services (O/R)	Other: Other Permanent Housing (PH Housing Only, PH Housing with Services (No disability required), Services Only, and Other (Does not fall into a HUD project type ex. joint projects)	Source(s) and Timeframe of Data
Household Composition									
# of Households without Children	1558	582	106	2632	N/A	4490	2712	1430	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
# of Households with At Least 1 Adult & 1 Child	629	2218	381	468	N/A	9564	188	2231	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
# of Households with Only Children	0	0	24	174	N/A	38	22	14	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
Sub-Populations and Other Characteristics									
# of Adults Who are Experiencing Chronic Homelessness	831	276	10	1090	N/A	9	1270	600	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
# of Adults Who are Experiencing Significant Mental Illness	983	244	79	865	N/A	407	1169	607	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
# of Adults Who are Experiencing Substance Abuse Disorders	348	87	94	708	N/A	30	1111	241	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
# of Adults Who are Veterans	512	256	4	79	N/A	208	109	339	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
# of Adults with HIV/AIDS	41	2	1	136	N/A	34	46	37	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
# of Adults Who are Survivors of Domestic Violence	330	382	88	527	N/A	428	589	393	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
# of Unaccompanied Youth (under 25)	39	42	46	335	N/A	116	199	86	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
# of Parenting Youth (under 25)	15	66	14	10	N/A	93	1	36	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
# of People Who are Children of Parenting Youth	27	90	43	13	N/A	55	5	78	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
Gender Demographics									
# of Women/Girls	999	1458	308	1315	N/A	7675	1480	1914	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
# of Men/Boys	1174	1336	204	1929	N/A	6525	3194	1752	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
# of People Who are Transgender	7	2	0	21	N/A	3	14	4	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
# of People Who are Gender Non-Conforming	1	2	1	11	N/A	7	7	6	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
Ethnicity and Race Demographics									
# of People Who are Hispanic/Latino	592	1603	316	1344	N/A	6373	1797	1490	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
# of People Who are Non-Hispanic/Non-Latino	1562	1189	193	1833	N/A	6424	2180	2143	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
# of People Who are Black or African American	294	413	60	343	N/A	1053	345	381	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
# of People Who are Asian	88	63	12	101	N/A	1778	100	90	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
# of People Who are American Indian or Alaska Native	46	101	12	103	N/A	200	100	84	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
# of People Who are Native Hawaiian or Other Pacific Islander	19	42	2	30	N/A	117	41	62	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
# of People Who are White	1607	1954	397	2429	N/A	7435	3338	2669	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021
# of People Who are Multiple Races	82	174	27	103	N/A	397	77	132	Source: HMIS Timeframe: October 1, 2020 – September 30, 2021

Table 3. Landscape Analysis of State, Federal and Local Funding

Funding Program <i>(choose from drop down options)</i>	Fiscal Year <i>(select all that apply)</i>	Total Amount Invested Into Homelessness Interventions	Funding Source*	Intervention Types Supported with Funding <i>(select all that apply)</i>	Brief Description of Programming and Services Provided	Populations Served <i>(please x the appropriate population(s))</i>
Homekey (via HCD)	FY 2021-2022	\$56,845,000	State Agency	Non-Congregate Shelter/ Interim Housing	Utilize Homekey to purchase hotels or other buildings to provide Interim Housing with an exit strategy for all residents and/ or plan to convert housing in the near future.	ALL PEOPLE EXPERIENCING HOMELESSNESS TARGETED POPULATIONS <i>(please "x" all that apply)</i> People Exp Chronic Homelessness: Veterans, Parenting Youth People Exp Severe Mental Illness: People Exp HIV/ AIDS, Children of Parenting Youth People Exp Substance Abuse Disorders: Other <i>(please enter here)</i>
	FY 2022-2023			Permanent Supportive and Service-Enriched Housing		
	FY 2023-2024			Diversion and Homelessness Prevention		
	FY 2024-2025					
Emergency Solutions Grants - CV (ESG CV) - via HCD	FY 2021-2022	\$ 20,652,601.00	State Agency	Non-Congregate Shelter/ Interim Housing	State ESG supports the operations of emergency shelter programs and the provision of rapid rehousing services for individuals and families experiencing homelessness in Orange County who have been negatively impacted by the COVID-19 pandemic.	ALL PEOPLE EXPERIENCING HOMELESSNESS TARGETED POPULATIONS <i>(please "x" all that apply)</i> People Exp Chronic Homelessness: Veterans, Parenting Youth People Exp Severe Mental Illness: People Exp HIV/ AIDS, Children of Parenting Youth People Exp Substance Abuse Disorders: Other <i>(please enter here)</i>
	FY 2022-2023			Rental Assistance		
				Outreach and Engagement		
				Administrative Activities		
Emergency Solutions Grants (ESG) - via HCD	FY 2021-2022	\$ 2,551,978.00	State Agency	Non-Congregate Shelter/ Interim Housing	State ESG supports the operations of emergency shelter programs and the provision of rapid rehousing services for individuals and families experiencing homelessness in Orange County.	ALL PEOPLE EXPERIENCING HOMELESSNESS TARGETED POPULATIONS <i>(please "x" all that apply)</i> People Exp Chronic Homelessness: Veterans, Parenting Youth People Exp Severe Mental Illness: People Exp HIV/ AIDS, Children of Parenting Youth People Exp Substance Abuse Disorders: Other <i>(please enter here)</i>
	FY 2022-2023			Rental Assistance		
	FY 2023-2024			Outreach and Engagement		
				Administrative Activities		
Emergency Solutions Grants (ESG) - via HUD	FY 2021-2022	\$ 244,136.00	Federal Agency	Non-Congregate Shelter/ Interim Housing	Federal ESG supports the operations of the Cold Weather Emergency Shelter program and the provision of rapid rehousing services for individuals and families experiencing homelessness in Orange County.	ALL PEOPLE EXPERIENCING HOMELESSNESS TARGETED POPULATIONS <i>(please "x" all that apply)</i> People Exp Chronic Homelessness: Veterans, Parenting Youth People Exp Severe Mental Illness: People Exp HIV/ AIDS, Children of Parenting Youth People Exp Substance Abuse Disorders: Other <i>(please enter here)</i>
	FY 2022-2023			Rental Assistance		
Community Development Block Grant (CDBG) - via HCD	FY 2021-2022	\$ 227,168.00	State Agency	Non-Congregate Shelter/ Interim Housing	Federal CDBG supports the operations of the Cold Weather Emergency Shelter program for individuals and families experiencing homelessness in Orange County.	ALL PEOPLE EXPERIENCING HOMELESSNESS TARGETED POPULATIONS <i>(please "x" all that apply)</i> People Exp Chronic Homelessness: Veterans, Parenting Youth People Exp Severe Mental Illness: People Exp HIV/ AIDS, Children of Parenting Youth People Exp Substance Abuse Disorders: Other <i>(please enter here)</i>
Community Development Block Grant - CV (CDBG-CV) - via HCD	FY 2021-2022	\$ 5,710,773.00	State Agency	Non-Congregate Shelter/ Interim Housing	CDBG-CV1 funds of \$341,402 supported the unincorporated OC Small Business Relief Program. CDBG-CV3 funds of \$1,215,329 were allocated to an Emergency Rental Relief Program. Funds also supported two Homekey Programs in Stanton and the Alternative Sleeping Location in Laguna Beach.	ALL PEOPLE EXPERIENCING HOMELESSNESS TARGETED POPULATIONS <i>(please "x" all that apply)</i> People Exp Chronic Homelessness: Veterans, Parenting Youth People Exp Severe Mental Illness: People Exp HIV/ AIDS, Children of Parenting Youth People Exp Substance Abuse Disorders: Other (At-Risk of Homelessness), Unaccompanied Youth X
	FY 2022-2023			Diversion and Homelessness Prevention		
	FY 2023-2024					
No Place Like Home (NPLH) - via HCD	FY 2021-2022	\$ 11,798,084.00	State Agency	Permanent Supportive and Service-Enriched Housing	NPLH funding supports the development of five (5) affordable and supportive housing projects in Orange County.	ALL PEOPLE EXPERIENCING HOMELESSNESS TARGETED POPULATIONS <i>(please "x" all that apply)</i> People Exp Chronic Homelessness: Veterans, Parenting Youth People Exp Severe Mental Illness: People Exp HIV/ AIDS, Children of Parenting Youth People Exp Substance Abuse Disorders: Other <i>(please enter here)</i>
	FY 2022-2023					
Homeless Housing, Assistance and Prevention Program (HHAP) - via Cal ICH	FY 2021-2022	\$ 26,783,842.87	State Agency	Systems Support Activities	Diversion and Homelessness Prevention	ALL PEOPLE EXPERIENCING HOMELESSNESS TARGETED POPULATIONS <i>(please "x" all that apply)</i> People Exp Chronic Homelessness: Veterans, Parenting Youth People Exp Severe Mental Illness: People Exp HIV/ AIDS, Children of Parenting Youth People Exp Substance Abuse Disorders: Other <i>(please enter here)</i>
	FY 2022-2023			Administrative Activities	Outreach and Engagement	
	FY 2023-2024			Non-Congregate Shelter/ Interim Housing		
	FY 2024-2025			Rental Assistance		

Encampment Resolution Grants - via Cal ICH	FY 2022-2023	\$ 3,627,030.00	State Agency	Outreach and Engagement	ERF funding will allow for ongoing outreach support to meet the needs of those experiencing homelessness within Tolbert Park and also provide support to readily connect individuals to shelters, housing and supportive services in partnership with the City of Costa Mesa and OC Park.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)			
				X				People Exp Chronic Homelessness	Veterans	Parenting Youth	
								People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth	
								People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)	
Project Roomkey and Rehousing - via CDSS	FY 2021-2022	\$ 126,972.00	State Agency	Non-Congregate Shelter/ Interim Housing	Funding allows for the continuity of Project Roomkey program services and provides a needed resource to the System of Care as the County continues to address homelessness during the COVID-19 pandemic.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)			
								People Exp Chronic Homelessness	Veterans	Parenting Youth	
								People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth	
								People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)	
CalWORKs Housing Support Program (HSP) - via CDSS	FY 2021-2022	\$ 12,611,853.00	State Agency	Non-Congregate Shelter/ Interim Housing	HSP assists CalWORKs families who are homeless, or at risk of homelessness, in obtaining or maintaining permanent housing, and can provide temporary shelter, help with moving costs, short to medium term rental subsidies and wraparound case management.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)			
	FY 2022-2023							People Exp Chronic Homelessness	Veterans	Parenting Youth	
	FY 2023-2024							People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth	
								People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (At-Risk of Homelessness)	
Housing and Disability Advocacy Program (HDAP) - via CDSS	FY 2021-2022	\$ 9,056,263.00	State Agency	Outreach and Engagement	HDAP provides supportive services to eligible individuals experiencing homelessness in Orange County with the goal of increasing their income with disability benefits and accessing housing resources.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)			
	FY 2022-2023			X				People Exp Chronic Homelessness	Veterans	Parenting Youth	
	FY 2023-2024			X				People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth	
	FY 2024-2025			X				People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (People Exp Disabling Conditions)	
Bringing Families Home (BFH) - via CDSS	FY 2021-2022	\$ 3,609,346.00	State Agency	Outreach and Engagement	BFH funding provides supportive services and rapid rehousing interventions to families receiving child welfare services who are experiencing or at risk of homelessness in Orange County to prevent foster care placement and support reunification.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)			
	FY 2022-2023							People Exp Chronic Homelessness	Veterans	X	Parenting Youth
	FY 2023-2024							People Exp Severe Mental Illness	People Exp HIV/ AIDS	X	Children of Parenting Youth
								People Exp Substance Abuse Disorders	Unaccompanied Youth	X	Other (At-Risk of Homelessness)
Home Safe - via CDSS	FY 2022-2023	\$ 4,745,914.00	State Agency	Rental Assistance	Home Safe offers a range of strategies to prevent homelessness and support ongoing housing stability for APS clients, including housing-related intensive case management, short-term housing related financial assistance, deep cleaning to maintain housing, eviction prevention, landlord mediation and more.		ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)			
	FY 2023-2024							People Exp Chronic Homelessness	Veterans		Parenting Youth
	FY 2024-2025							People Exp Severe Mental Illness	People Exp HIV/ AIDS		Children of Parenting Youth
								People Exp Substance Abuse Disorders	Unaccompanied Youth		Other (please enter here)
Continuum of Care Program (CoC) - via HUD	FY 2021-2022	\$ 28,994,983.00	Federal Agency	Systems Support Activities	The 2020 Federal CoC NOFA awarded a total amount of \$28,994,983 for distribution of resources throughout the CA-602 CoC. Projects include Rapid Rehousing for target populations, Permanent Supportive Housing projects, CoC Strategic Planning and CES activities within the jurisdiction.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)			
	FY 2022-2023			X				People Exp Chronic Homelessness	X	Veterans	Parenting Youth
								People Exp Severe Mental Illness	People Exp HIV/ AIDS		Children of Parenting Youth
								People Exp Substance Abuse Disorders	Unaccompanied Youth	X	Other (Families, DV, Seniors)
Emergency Housing Vouchers (EHVs) - via HUD	FY 2021-2022	\$300,000,000	Federal Agency	Rental Assistance	EHV funding supports the County of Orange's implementation of the Emergency Housing Voucher program that provides individuals and families permanent housing through tenant-based housing choice vouchers for eligible households.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)			
				X				People Exp Chronic Homelessness	Veterans		Parenting Youth
				X				People Exp Severe Mental Illness	People Exp HIV/ AIDS		Children of Parenting Youth
								People Exp Substance Abuse Disorders	Unaccompanied Youth		Other (please enter here)
Family Unification Program Vouchers (FUP) - via HUD		\$1,094,265	Federal Agency	Rental Assistance	Households referred by SSA-reuniting families w/ children and foster youth		ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)			
								People Exp Chronic Homelessness	Veterans		Parenting Youth
								People Exp Severe Mental Illness	People Exp HIV/ AIDS		Children of Parenting Youth
								People Exp Substance Abuse Disorders	Unaccompanied Youth		Other (please enter here)

Emergency Rental Assistance (ERA) - via Treasury	FY 2021-2022	\$ 148,080,123.90	Federal Agency	Diversion and Homelessness Prevention	ERA funds help prevent evictions and ensure basic housing security for individuals and families impacted by the affordable housing challenges exacerbated by COVID-19. This includes those with high need, defined by the number of very low-income renter households paying more than 50 percent of income on rent or living in substandard or overcrowded conditions, rental market costs, and change in employment since	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	Rental Assistance			People Exp Chronic Homelessness			Veterans	Parenting Youth	
				People Exp Severe Mental Illness			People Exp HIV/ AIDS	Children of Parenting Youth	
							People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (At-Risk of Homelessness)
Housing Choice Vouchers (HCVs) - via HUD	FY 2021-2022	\$105,547,621	Federal Agency	Rental Assistance	Housing Choice Vouchers and Other Supportive Housing	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	Permanent Supportive and Service-Enriched Housing			People Exp Chronic Homelessness			Veterans	Parenting Youth	
				People Exp Severe Mental Illness			People Exp HIV/ AIDS	Children of Parenting Youth	
							People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)
Local General Fund	FY 2021-2022	\$ 16,514,397.00	Local Agency	Non-Congregate Shelter/ Interim Housing	County General Funds, Local Funds and Operating Reserves contribute to the System of Care through the provision of funds for emergency shelter operations and services.	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2022-2023			People Exp Chronic Homelessness			Veterans	Parenting Youth	
				People Exp Severe Mental Illness			People Exp HIV/ AIDS	Children of Parenting Youth	
							People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)
Local Housing Trust Fund	FY 2021-2022	\$ 9,215,360.00	State Agency	Permanent Supportive and Service-Enriched Housing	LHTF funds the development of supportive and supportive housing projects targeted for those experiencing homelessness and persons and families of extremely low, very low, and low income within Orange County.	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2022-2023			People Exp Chronic Homelessness			Veterans	Parenting Youth	
	FY 2023-2024			People Exp Severe Mental Illness			People Exp HIV/ AIDS	Children of Parenting Youth	
							People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)
Permanent Local Housing Allocation (PLHA) - via HCD	FY 2021-2022	\$ 7,632,984.00	State Agency	Non-Congregate Shelter/ Interim Housing	PLHA program funds prioritizes investments that increase the supply of housing to households who are at risk of homelessness or experiencing homelessness, that have income at or below 60 percent of the AML, adjusted for household size in Orange County.	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2022-2023			People Exp Chronic Homelessness			Veterans	Parenting Youth	
	FY 2023-2024			People Exp Severe Mental Illness			People Exp HIV/ AIDS	Children of Parenting Youth	
	FY 2024-2025			People Exp Substance Abuse Disorders			Unaccompanied Youth	Other (please enter here)	
HOME Program - via HUD	FY 2021-2022	\$ 1,384,427.00	Federal Agency		HOME Program funds are utilized for affordable housing development opportunities, including the development of up to 20 affordable rental housing units and up to 100 households with tenant-based rental assistance.	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
				People Exp Chronic Homelessness			Veterans	Parenting Youth	
				People Exp Severe Mental Illness			People Exp HIV/ AIDS	Children of Parenting Youth	
							People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)
Other (please enter funding source)	FY 2021-2022	\$ 2,500,000.00	Private Funder(s)		Cal Optima Intergovernmental Transfer Funds	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
				People Exp Chronic Homelessness			Veterans	Parenting Youth	
				People Exp Severe Mental Illness			People Exp HIV/ AIDS	Children of Parenting Youth	
							People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)

Table 4. Outcome Goals

Outcome Goal #1a: Reducing the number of persons experiencing homelessness.		
Baseline Data: Annual estimate of number of people accessing services who are experiencing homelessness	Outcome Goals July 1, 2021 - June 30, 2024	
	Decrease/Increase in # of People	Decrease/Increase as % Change from Baseline
11,740	-140	1.2% decrease
Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness		
Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	Describe the trackable data goal(s) related to this Outcome Goal:	
<p>Of those accessing services, 44% are women/girls, 56% are men/boys, 0.2% are transgender, and 0.1% identified as no single gender (compared to those experiencing unsheltered homelessness, men/boys are underserved in services). In total, 43% of those accessing services are Hispanic / Latino (with about 36% also identifying as White, meaning they are mixed ethnicity), and another 19% are BIPOC races. This means a total of 62% of those accessing services are people of color. The CoC Race Equity Data C4 Analysis demonstrated that white families are outpacing families of other races in access to RRH, PSH, and other PH. For example, while 67% of families that received no housing intervention were white, 91% of those who received PSH were white. On the other hand, Black or African American families were 17% of those who received no housing intervention and 0% of those who received PSH. Another 22% are adults experiencing a significant mental illness, and 14% are those experiencing a substance use disorder. The county Care Plus Program has enabled a targeted focus on high utilizers who have multiple and repeat touches within systems of care. The reentry population has been disproportionately impacted, with a corrections cohort of high utilizers cycling through jail and homeless services on a frequent and short stay basis.</p>	<p>Linkages (not just referrals) to supportive services and completion of programs</p>	

Outcome Goal #1b: Reducing the number of persons experiencing homelessness on a daily basis		
Baseline Data: Daily Estimate of # of people experiencing unsheltered homelessness	Outcome Goals July 1, 2021 - June 30, 2024	
	Reduction in # of People	Reduction as % Change from Baseline
3,961	-396	10% decrease
Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness		
Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	Describe the trackable data goal(s) related to this Outcome Goal:	
<p>Of those experiencing unsheltered homelessness, 29% were women/girls, 72% were men/boys, 0.1% were transgender and 0.1% were no single gender. Compared to the percentages of those accessing services, men/boys experience high rates of unsheltered homelessness. Compared to those accessing services, those who are white (78%) and those who are multiple races (13%) experience disproportionate rates of unsheltered homelessness. A total of 62% of those experiencing unsheltered homelessness were BIPOC (some were White and a BIPOC race or ethnicity; 34% were Hispanic / Latinx). A specific need has been identified for further regional coordination of outreach and engagement services to proactively locate people experiencing homelessness out in the community and connect them to shelter and supportive services. The regional coordination resource will support some of the most chronic individuals and families through their journey to enhance linkages and retention in supportive services.</p>	<p>outreach interventions, positive outreach exits</p>	

Outcome Goal #2: Reducing the number of persons who become homeless for the first time.

Baseline Data: Annual Estimate of # of people who become homeless for the first time	Outcome Goals July 1, 2021 - June 30, 2024	
	Reduction in # of People	Reduction as % Change from Baseline
5,584	-506	10% decrease

Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness

Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	Describe the trackable data goal(s) related to this Outcome Goal:
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55% of those who became homeless for the first time were men/boys, and 45% were women/girls. A total of 69% of those who became homeless for the first time were BIPOC (47% were Hispanic / Latino and 22% were BIPOC races). 16% of those who became homeless for the first time were those with a severe mental illness, and 11% were those with a substance use disorder. The CoC Race Equity Data C4 Analysis shows that people who are Black or Native American/Alaskan Native experience disproportionate rates of homelessness. Those who are white also experience disproportionate rates, while those who are Asian or other/Multi-Racial have lower rates of homelessness than their representation in the census. Hispanic and non-Hispanic representation is proportional according to the census. While this data does not tell us about rates of those who became homeless for the first time, they can tell us about who might be at higher risk of first-time homelessness, which helps to inform prevention efforts. This race equity analysis also showed that the number of people who are Hispanic who experience homelessness for the first time is steadily increasing, while it is either staying the same or decreasing for every other race and ethnic category. So while Hispanic representation in homelessness is proportional according to the census, the number of Hispanic individuals experiencing homelessness for the first time is rising, and it is likely that their representation in homelessness will soon become disproportionate to their representation in the census if this is not addressed. There is an identified need to develop diversion and prevention approaches to reduce both first-time and repeat homelessness. There is an intention to focus on diversion and prevention program development specifically for high utilizer cohorts and TAY populations.

Measure the success rate of diversion interventions

Outcome Goal #3: Increasing the number of people exiting homelessness into permanent housing.		
Baseline Data:	Outcome Goals July 1, 2021 - June 30, 2024	
Annual Estimate of # of people exiting homelessness into permanent housing	Increase in # of People	Increase as % Change from Baseline
2,901	522	18%
Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness		
Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	Describe the trackable data goal(s) related to this Outcome Goal:	
Adults with severe mental illness and substance use disorders are underrepresented among those who exit homelessness into permanent housing. The CoC Race Equity Data C4 Analysis shows that those who are Native American / Alaskan Native exit homelessness to permanent housing at much lower rates than other races (18% vs. 26%-36% for other races). On the other hand, Native American/Alaskan Native households have the highest rates of exiting to homelessness. Continuance and expansion of RRH programs for individuals and TAY, including housing identification, rent and move-in assistance, and RRH case management services.	Measure RRH exits to PH	

Outcome Goal #4: Reducing the length of time persons remain homeless.		
Baseline Data: Average length of time (in # of days) persons enrolled in street outreach, emergency shelter, transitional housing, safehaven projects and time prior to move-in for persons enrolled in rapid rehousing and permanent housing programs	Outcome Goals July 1, 2021 - June 30, 2024	
	Decrease in Average # of Days	Decrease as % Change from Baseline
125	6	5%
Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness		
Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	Describe the trackable data goal(s) related to this Outcome Goal:	
Compared to the average of 125 days, the following persons have a greater number of days prior to move-in into RRH and PH programs: households with Children (+35 days); children-only households (+10 days); women/girls (+10 days); people who are Asian (+10 days); people who are Black or African American (+13 days); people who are Native Hawaiian or Pacific Islander (+4 days); people who are Multiple Races (+20 days) [people who are Asian and Hipsanic / Latino (+60 days); and people who are Black and Hispanic / Latino (+34 days)]. Pairing housing choice vouchers with housing search and housing stabilization resources.	length of time in program measure	

Outcome Goal #5: Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.		
Baseline Data:	Outcome Goals July 1, 2021 - June 30, 2024	
% of people who return to homelessness after having exited homelessness to permanent housing	Decrease in % of People who return to Homelessness	Decrease as % Change from Baseline
9.78%	2%	2%
Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness		
Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	Describe the trackable data goal(s) related to this Outcome Goal:	
<p>Overall, BIPOC individuals (American Indian or Alaskan Native; Black or African American; Multiple Races; American Indian / Alaskan Native and Hispanic / Latino) have higher rates of returns to homelessness (11%-16%) after exiting to permanent housing. Those in adult-only households have higher rates of returns (12%); and those with severe mental illness (17%) or substance use disorder (14%) have higher rates. Finally, those who are fleeing domestic violence have higher rates of returns (16%), along with adults with HIV/AIDS (11%) and unaccompanied youth (11%). The CoC Race Equity Data shows that, with overall returns to homelessness, rates of returns within 6 months are steadily increasing for those who are Black/African American and those who are white, while it is decreasing or staying the same for other racial and ethnic groups. Develop housing stabilization resources and build capacity in anticipation of further Homekey resources.</p>	<p>Returns to homelessness within 12mth measure</p>	

Outcome Goal #6: Increasing successful placements from street outreach.		
Baseline Data: Annual # of people served in street outreach projects who exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations.	Outcome Goals July 1, 2021 - June 30, 2024	
	Increase in # of People Successfully Placed from Street Outreach	Increase as % of Baseline
174	52	30%
Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness		
Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	Describe the trackable data goal(s) related to this Outcome Goal:	
Of those served in street outreach who exit to ES, SH, TH, or PH destinations, 59% are white (non-Hispanic / non-Latino); 60% are men/boys; 100% are people in adult-only households; 41% are those with severe mental illness; and 15% are those with a substance use disorder. Improve regional street outreach and engagement coordination, specifically for people with disabling conditions experiencing homelessness, by leveraging HDAP services.	measure outreach interventions to those with disabling condition, positive outreach exits for those with disabling condition	

Table 5. Strategies to Achieve Outcome Goals

Strategy	Performance Measure to Be Impacted (Check all that apply)
Description	<input checked="" type="checkbox"/> 1. Reducing the number of persons experiencing homelessness. <input checked="" type="checkbox"/> 2. Reducing the number of persons who become homeless for the first time. <input type="checkbox"/> 3. Increasing the number of people exiting homelessness into permanent housing. <input type="checkbox"/> 4. Reducing the length of time persons remain homeless. <input type="checkbox"/> 5. Reducing the number of persons who return to homelessness after exiting homelessness into permanent housing. <input checked="" type="checkbox"/> 6. Increasing successful placements from street outreach. <input type="checkbox"/> Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.
Enhance regional coordination of outreach and engagement services to enhance linkages to supportive services. The Regional Street Outreach will provide comprehensive outreach to help engage and serve individuals experiencing unsheltered homelessness while also assisting communities in overall unsheltered homelessness conditions in their region. The street outreach services will identify, engage and assess individuals that need and qualify for comprehensive care coordination services.	
Timeframe	
June 2022 - June 2024	
Entities with Lead Responsibilities	
CoC and County	
Measurable Targets	
outreach interventions, positive outreach exits	

Strategy	Performance Measure to Be Impacted (Check all that apply)
<p>Description</p> <p>Explore opportunities to create and develop diversion and prevention resources; partner with corrections agencies to fulfil OC Cares recidivism reduction and diversion program development utilizing Care Plus Program enhanced care coordination for effective reentry. By allocating \$1 million to prevention/shelter diversion, we are ensuring providers have flexible funding to address those who may become homeless for the first time and/or reduce the length of time persons remain homeless. The strategy will be to reach out to those who are hispanic/latino to ensure we are preventing/diverting them from homelessness as that is the fastest rising demographic in our unsheltered population.</p>	<p><input checked="" type="checkbox"/> 1. Reducing the number of persons experiencing homelessness.</p> <p><input checked="" type="checkbox"/> 2. Reducing the number of persons who become homeless for the first time.</p> <p><input type="checkbox"/> 3. Increasing the number of people exiting homelessness into permanent housing.</p> <p><input type="checkbox"/> 4. Reducing the length of time persons remain homeless.</p> <p><input type="checkbox"/> 5. Reducing the number of persons who return to homelessness after exiting homelessness permanent housing.</p> <p><input type="checkbox"/> 6. Increasing successful placements from street outreach.</p> <p><input checked="" type="checkbox"/> Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.</p>
<p>Timeframe</p>	
<p>June 2022 - June 2024</p>	
<p>Entities with Lead Responsibilities</p>	
<p>County</p>	
<p>Measurable Targets</p>	
<p>Success rate of diversion interventions</p>	

Strategy	Performance Measure to Be Impacted (Check all that apply)
Description	<input type="checkbox"/> 1. Reducing the number of persons experiencing homelessness. <input type="checkbox"/> 2. Reducing the number of persons who become homeless for the first time. <input type="checkbox"/> 3. Increasing the number of people exiting homelessness into permanent housing. <input checked="" type="checkbox"/> 4. Reducing the length of time persons remain homeless. <input type="checkbox"/> 5. Reducing the number of persons who return to homelessness after exiting homelessness into permanent housing. <input type="checkbox"/> 6. Increasing successful placements from street outreach. <input checked="" type="checkbox"/> Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.
Continuance and expansion of RRH programs for individuals and TAY. Allocated \$3 million total to ensure the rapid re-housing funding programs continue to provide the needed services and also address transitional aged youth needs.	
Timeframe	
June 2022 - June 2024	
Entities with Lead Responsibilities	
CoC	
Measurable Targets	
RRH exits to PSH	

Strategy	Performance Measure to Be Impacted (Check all that apply)
<p>Description</p> <p>To ensure there is an increase in the number of people exiting homelessness into permanent housing, \$5 million has been allocated to the delivery of permanent housing and innovative solutions, and services coordination. There is a need to anticipate for future Homekey NOFAs and an identified need for resources to assist with housing searches and housing stabilization services. The navigation and housing stabilization services will be paired with housing choice vouchers, reducing the number of persons who return to homelessness after exiting homelessness and reducing the length of time persons remain homeless. By employing the housing navigation and stabilization services, those in need of housing will be more expeditiously paired with a unit and then will be supported to remain in that unit. Additionally, Orange County has shown great interest and been awarded Homekey program funding, which will assist in the development of permanent housing, therefore increasing the number of people exiting homelessness. Since there is a greater return to homelessness for BIPOC and multiple race individuals, the focus will continue on those individuals to ensure they remain housed and receive these needed services.</p>	<p><input type="checkbox"/> 1. Reducing the number of persons experiencing homelessness.</p> <p><input type="checkbox"/> 2. Reducing the number of persons who become homeless for the first time.</p> <p><input checked="" type="checkbox"/> 3. Increasing the number of people exiting homelessness into permanent housing.</p> <p><input type="checkbox"/> 4. Reducing the length of time persons remain homeless.</p> <p><input checked="" type="checkbox"/> 5. Reducing the number of persons who return to homelessness after exiting homelessness into permanent housing.</p> <p><input type="checkbox"/> 6. Increasing successful placements from street outreach.</p> <p><input checked="" type="checkbox"/> Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.</p>
<p>Timeframe</p>	
<p>June 2022 - June 2024</p>	
<p>Entities with Lead Responsibilities</p>	
<p>County and CoC</p>	
<p>Measurable Targets</p>	
<p>Length of time in program</p>	

Strategy	Performance Measure to Be Impacted
<p>Description</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 1. Reducing the number of persons experiencing homelessness. <input type="checkbox"/> 2. Reducing the number of persons who become homeless for the first time. <input type="checkbox"/> 3. Increasing the number of people exiting homelessness into permanent housing. <input type="checkbox"/> 4. Reducing the length of time persons remain homeless. <input type="checkbox"/> 5. Reducing the number of persons who return to homelessness after exiting homelessness into permanent housing. <input checked="" type="checkbox"/> 6. Increasing successful placements from street outreach. <input checked="" type="checkbox"/> Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.
<p>Improve regional street outreach and engagement coordination, specifically for people with disabling conditions experiencing homelessness, by leveraging HDAP services. The County has issued a RFP for both HDAP and outreach services. The funding from both HHAP Round 3 and HDAP will be leveraged to ensure there is an increase in successful placement from street outreach. There is a need to address those with disabilities experiencing homelessness, which the data indicates, so by combining these two funding streams they will align outcome goals and connect individuals to the most appropriate program/resource based on their identified needs.</p>	
<p>Timeframe</p>	
<p>June 2022 - June 2024</p>	
<p>Entities with Lead Responsibilities</p>	
<p>County</p>	
<p>Measurable Targets</p>	
<p>measure outreach interventions to those with disabling condition, positive outreach exits for those with disabling condition</p>	

Table 6. Funding Plans

Activity to be funded by HHAP 3 <i>(choose from drop down opt ons)</i>	Eligible Use Categories Used to Fund Activity										Total Funds Requested:	Description of Activity	
	1. Rapid rehousing	2. Operating subsidies	3. Street outreach	4. Services coordination	5. Systems support	6. Delivery of permanent housing	7. Prevention and diversion	8. Youth set aside	9. Shelter improvements to lower barriers and increase privacy	10. Administrative (up to 7%)			
Outreach and Engagement		\$ -	\$4,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	4,000,000.00	
Diversion and Homelessness Prevention	\$ -		\$ -	\$ -	\$ -	\$ -	\$1,000,000	\$ -	\$ -	\$ -	\$ -	1,000,000.00	
Rental Assistance	\$ -	\$ -		\$1,753,738.05	\$ -	\$1,000,000	\$ -	\$958,281.69	\$ -	\$ -	\$ -	3,712,019.74	
Systems Support Activities	\$ -	\$ -	\$ -		\$ 200,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	200,000.00	
Administrative Activities	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ 670,797.19	\$ -	670,797.19	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	
Totals:	\$ -	\$ -	\$ 4,000,000.00	\$ 1,753,738.05	\$ 200,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 958,281.69	\$ -	\$ 670,797.19	\$ -	9,582,816.93	

Explanation of How the Proposed Use of Funds Will Complement Existing local, state, and federal funds and equitably close the gaps identified in the Local Landscape Analysis

The County of Orange and Orange County CoC's next steps to ensure that racial and gender equity is a critical element to how homeless services are provided are:

- Barrier Reduction: Translating all system documents and materials into Spanish and other threshold languages, developing standardized process and procedures for supporting undocumented people, and expanding black, latinx, indigenous, and other people of color's representation within service providers leadership teams across the homeless system of care.
- Systemwide Training: Development of a two-year phased plan for racial equity training for all CoC stakeholders and service providers, and establishing a sustainable race equity task force
- Messaging and Communication: Develop a dashboard focused on racial equity outcomes and progress.

Table 7. Demonstrated Need

Complete ONLY if you are selected Non-Congregate Shelter / Interim Housing as an activity on the Funding Plans tab.

Demonstrated Need	
# of available shelter beds	2,529
# of people experiencing unsheltered homelessness in the homeless point-in-time count	3,961
Shelter vacancy rate (%) in the summer months	11.00%
Shelter vacancy rate (%) in the winter months	14%
% of exits from emergency shelters to permanent housing solutions	20.50%
Describe plan to connect residents to permanent housing.	
<p>The goal of the Coordinated Entry System is to effectively connect individuals and families experiencing homelessness or at-risk of homelessness to appropriate services and housing interventions to end homelessness in Orange County through:</p> <ul style="list-style-type: none"> •Dynamic prioritization •Collaborative coordination •Intentional resource utilization •Equitable resource distribution •Regional service planning area prioritization 	



**HOMELESS HOUSING, ASSISTANCE AND PREVENTION PROGRAM (HHAP) - Round 3
BUDGET TEMPLATE**

APPLICANT INFORMATION

CoC / Large City / County Name:	County of Orange	Applying Jointly? Y/N	N
Administrative Entity Name:	County of Orange	Total Allocation	\$9,582,816.93

HHAP FUNDING EXPENDITURE PLAN

ELIGIBLE USE CATEGORY	FY21/22	FY22/23	FY23/24	FY24/25	FY25/26	TOTAL	Initial	Remainder
Rapid rehousing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Rapid rehousing: youth set-aside</i>	\$ -	\$ 225,000.00	\$ 225,000.00	\$ 225,000.00	\$ 225,000.00	\$900,000	\$ -	\$ -
Operating subsidies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Operating subsidies: youth set-aside</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Street outreach	\$ -	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$4,000,000.00	\$ -	\$ -
<i>Street outreach: youth set-aside</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services coordination		\$ 438,434.51	\$ 438,434.51	\$ 438,434.52	\$ 438,434.51	\$1,753,738.05	\$ -	\$ -
<i>Services coordination: youth set-aside</i>	\$ -	\$ 14,570.42	\$ 14,570.42	\$ 14,570.42	\$ 14,570.43	\$58,281.69	\$ -	\$ -
Systems support	\$ -	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$200,000.00	\$ -	\$ -
<i>Systems support: youth set-aside</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Delivery of permanent housing	\$ -	\$ -	\$ -	\$ -	\$ -	\$1,000,000	\$ -	\$ -
<i>Delivery of permanent housing: youth set-aside</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Prevention and shelter diversion	\$ -	\$ 250,000.00	\$ 250,000.00	\$ 250,000.00	\$ 250,000.00	\$1,000,000	\$ -	\$ -
<i>Prevention and shelter diversion: youth set-aside</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Interim sheltering	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Interim sheltering: youth set-aside</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Shelter improvements to lower barriers and increase privacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Shelter improvements: youth set-aside</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administrative (up to 7%)	\$ -	\$ 167,699.30	\$ 167,699.30	\$ 167,699.30	\$ 167,699.29	\$670,797.19	\$ -	\$ -
TOTAL FUNDING ALLOCATION						\$ 9,582,816.93	\$ -	\$ -
	FY21/22	FY22/23	FY23/24	FY24/25	FY25/26	TOTAL		
Youth Set-Aside (at least 10%)	\$ -	\$ 239,570.42	\$ 239,570.42	\$ 239,570.42	\$ 239,570.43	\$958,281.69	\$ -	\$ -

COMMENTS: