An Assessment of Homeless Services in Orange County

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EXECUTIVE SUMMARY

Orange County represents a complex jurisdiction of interconnected systems impacted directly or indirectly by homelessness. Health care, criminal justice, child welfare, public transportation, economic and social, legislative and political systems all intersect with homelessness, with significant impacts in our local communities. This report represents a preliminary assessment of the key systems in place, with recommendations for next steps to provide the basis for an effective response to homelessness within Orange County. The solutions required are as diverse as the situation of homelessness is complex; it is a regional issue that requires strong collaboration, coordination, and leveraging of diverse resources.

There are opportunities within the County organization, each of the 34 Cities and within the broader community. Leadership, creativity and talent exists throughout our community, within private business, universities, philanthropies, professional and civic organizations and faith-based sectors. I am committed to this work and will seek investments and contributions from every stakeholder in the County as we work together to alleviate the crisis of homelessness in Orange County.

Regionally and across the state, our communities have experienced a visible increase in street homelessness, substance abuse, and a rise in petty crimes during the last 24 months. Law enforcement agencies and homeless service providers have increased alignment in an effort to proactively respond to exponentially rising calls for service to both systems to mitigate impacts locally. Although anecdotal, this notable increase may be attributed to legislative impacts from the realignment of state prison populations (AB 109) and Proposition 47, which reclassified nonviolent felonies as misdemeanors. However, it is important to acknowledge that there are many tributaries to homelessness.

The next required biennial Point In Time Count, scheduled for Saturday, January 28, 2017, is expected to confirm this increase. The Point In Time Count process also provides important opportunities for outreach to homeless people, education for community volunteers and engagement with cities and service providers to work collaboratively on this essential project, which is funded by the Federal Department of Housing and Urban Development (HUD).

A HUD competitive grant program overseen by a system known as the Continuum of Care is the primary resource for assisting those without permanent housing in Orange County. The intent is to provide transitional and permanent homes within a broader system of interconnected resources to prevent and end homelessness. OC Community Resources (OCCR) is the lead agency for the Orange County Continuum of Care. In 2009, the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act created a Continuum of Care governance structure to facilitate a coordinated response to the crisis of homelessness. In Orange County, the Continuum of Care has been overseen by a public/private partnership, creating an imbalance in lead responsibilities for the CoC. The leadership, accountability and oversight for the homeless services system of care has eroded during this period of HEARTH Act implementation. There is a tremendous amount of planning, development, system design and policy work ahead to fashion a new structure that properly aligns these component parts to maximize system effectiveness and strategic planning efforts to better serve the County of Orange well into the future. Among the recommendations later in the report is a comprehensive redesign of the Continuum of Care governance structure in Orange County to maximize system effectiveness and strategic planning efforts.

Key Findings

- Orange County has a large and diverse population, where services, housing availability and affordability, and other resource barriers exist due to a lack of regional and localized coordination.
- Countywide resource coordination is fragmented and not easily navigated by those experiencing homelessness.

- Committed stakeholders are not working across sectors and jurisdictions to produce shared outcomes.
- Specialized residential treatment facilities for acute mental health as well as detoxification units for substance abuse are limited in scope and unable to meet current needs.
- Legislative changes within the Criminal Justice/Corrections, health care and Continuum of Care systems have not been fully integrated and matched with the necessary resource development to effectively address needs.
- Homeless Information Management System (HMIS) Software used by the Continuum of Care to manage information and services is unable to meet the basic functional requirements of HUD, including identifying daily shelter bed availability for outreach teams, supporting virtual coordination of services and monitoring duplication of efforts.
- The existing inventory of emergency shelter, transitional housing and permanent housing resources is insufficient to meet current needs in the County.
- Of emergency shelter resources, 71% are for families, single mothers or pregnant women. The County of Orange has built a safety net for homeless females with children, and there are fewer resources for single men and women who are chronically homeless.

Recommendations

- Enhance the Continuum of Care system by hiring a manager to improve operational focus, restructuring the Continuum's governance including the Commission to End Homelessness, replace underperforming client management software, and improve system navigation to identify more successful options and plan for Unified Funding Agency designation.
- Improve regional coordination by creating Service Planning Areas for North, Central and South Orange County, engage in more regional outreach, formalize protocols across the county for responding to encampments and expand engagement and coordination with cities.
- Develop systemic navigation of services by diversifying the portfolio of resources available, address food insecurity by adopting a Restaurant Meals Program, implement a Social Security Administration program to increase access to financial assistance for homeless adults, enhance Animal Care services and promote an increase in monthly income and earning capacity.
- Increase emergency shelter, transitional and permanent housing solutions by adding emergency shelter and bridge housing beds, target assistance to homeless veterans, increase the effectiveness of available affordable housing resources, secure funding to allow continued funding of transitional housing, and encourage increased development of affordable housing units and options.
- Collaborate with partners to improve outcomes by implementing recommendations from the Stepping Up Initiative and the Whole Person Care Initiative, and develop intra-County departmental workgroups to manage specialized initiatives.

The Civic Center area has become the epicenter of the regional homeless crisis in Orange County; however, it is not the only location where homeless issues persist. Regional collaboration between County, City and community-based resources is imperative in providing solution-based approaches that successfully address homelessness. The County can partner with and facilitate the work of the 34 cities within the County through the implementation of regional Service Planning Areas.

Homelessness as a regional issue impacts all aspects of our economic and social fabric and can only be effectively addressed collectively. Because the County system of care is large and diverse, the County can act as a convener, which will be critical to ensure resources are having the maximum intended impact. There is no one solution nor one person who can affect this level of system response and transformation;

however, many of the ingredients to achieve the results we seek are present for our combined efforts and engagement in targeted strategies.

We have seen several successes recently to provide more options to connect those without permanent housing to the many services offered by the County. The Board of Supervisors approved development of Orange County's first multi-service center in Anaheim with financial assistance from the cities of Fullerton, Anaheim and Brea. The city councils of Anaheim, Brea, Buena Park, Fullerton, Orange and Placentia adopted resolutions in support. The center is expected to open next year. In addition to the County's cold-weather armory shelter program, in the cities of Fullerton and Santa Ana, the Board of Supervisors this month authorized the opening of The Courtyard, a transitional center at the former Santa Ana Transit Terminal. The former terminal, which the County purchased in June, was used this past winter to shelter those without permanent housing in the Civic Center from seasonal rains.

Thanks go to the Orange County Board of Supervisors for its leadership, and in particular Supervisor Andrew Do for his vision in articulating the need for the position of Director of Care Coordination. There really is no more effective way to respond to the complexities of homelessness than working across all of the dynamic systems within the County of Orange. We have reached a tipping point, whereby stakeholders are registering their concerns and their optimism in response to issues, but also because of the high-profile nature of this new position. It is this energy that fuels our momentum, each and every day, to respond to homelessness in new and creative ways.

Department directors across the County and their leadership teams and staff also must be acknowledged for their responsiveness and for their accommodation while the County transitions to a more coordinated approach to homelessness. There are so many positive and productive things happening in the County of Orange. I don't believe our system is broken; I do believe we need to be more intentional in our efforts, coordinate and leverage our resources better, and work in collective ways with the cities and community-based organizations to achieve the results that we seek.

The greatest asset in Orange County is the dedication and perseverance of the people doing this work, who are to be commended for their resilience and passion to solve homelessness. Overwhelmingly, these stakeholders have welcomed this new role and there is a sense of optimism that together, Orange County will become sustainable for all.

Susan Price, MSW

Director of Care Coordination

GLOSSARY

Chronically Homeless (Statutory Definition)
Chronically homeless is defined as an individual or family that is homeless and resides in a place not meant for human habitation, a safe haven or in an emergency shelter, and has been homeless and residing in such a place for at least one year or on at least four separate occasions in the last three years. The definition also requires that the individual or family has a head of household with a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability.

Continuum of Care (CoC)
Continuum of Care describes the annual competitive funding application process to the Federal Department of Housing and Urban Development (HUD), including all of the resources within a jurisdiction that provide services and housing to homeless populations, and/or the progression from street homelessness to stable permanent housing. Components include prevention, street outreach, a Coordinated Entry System (see below), emergency shelter, transitional housing and permanent housing placement through rapid rehousing and permanent supportive housing.

Coordinated Entry System (CES)
Coordinated entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed, referred and connected to housing and assistance based on their needs. The Coordinated Entry System allows resources to be better matched with individuals' needs.

Homeless (Statutory Definition)
The definition of homelessness contains four categories, including: (1) Individuals and families who lack a fixed, regular, and adequate nighttime residence, as defined; (2) individuals and families who will imminently lose their primary nighttime residence; (3) unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; and (4) individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act
The HEARTH Act amended and reauthorized the McKinney-Vento Homeless Assistance Act with substantial changes, including consolidating HUD's competitive grant programs and amending HUD's definition of homelessness and chronic homelessness. The HEARTH Act details the requirements for CoC governance, CoC planning requirements, CES, utilization of HMIS for evaluation of system performance, and Unified Funding Agency designation.

Homeless Management Information System (HMIS)
The Homeless Management Information System (HMIS) is a software system used to collect client-level data and information on the provisions of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management and reporting standards. HUD funds HMIS programs and requires Continuum of Care funded agencies to participate in order to track bed and unit occupancy, service utilization, submit performance and outcomes reports semi-annually.

Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)
This acuity tool is used within the Coordinated Entry System to target available resources to those in the greatest need, including those with frequent use of emergency medical services and those with dual diagnosis and tri-morbidity profiles. The VI-SPDAT defines tri-morbidity as co-occurring psychiatric, substance abuse and chronic medical conditions.

KEY FINDINGS

There are many resources available along the pathway to self-sufficiency; however, it is critically important to deploy resources in a systematic manner to have the greatest success. Those experiencing homelessness generally have faced tremendous barriers and rejection in successfully obtaining resources. The system of care must respond by re-creating how services are navigated to enhance places where people can access the system, assure small successes along the pathway to encourage continued participation with the outcome of stabilized housing, and increase income and improve overall health.

Below is brief synopsis of some key findings regarding services across Orange County geographically, with the jurisdiction of the County of Orange and specific to Orange County's Continuum of Care. More information about homelessness in Orange County can be found on page 17.

Findings Across Orange County
• Orange County has a large and diverse population, where services, housing availability and affordability, and other resource barriers exist due to lack of regional and localized coordination.
• Countywide resource coordination is fragmented and not easily navigated by those experiencing homelessness.
• Committed stakeholders are not working across sectors and jurisdictions to produce shared outcomes.
Findings Specific to County Government
• Specialized residential treatment facilities for acute mental health as well as detoxification units for substance abuse are limited in scope and unable to meet current needs.
• Legislative changes within the Criminal Justice/Corrections, health care and Continuum of Care systems have not been fully integrated and matched with necessary resource development to effectively address need.
Findings Specific to OC's Continuum of Care
• HMIS software utilized by the Continuum of Care is not able to meet the basic functional requirements of HUD for Coordinated Entry System implementation, including identifying daily shelter bed availability for outreach teams, supporting virtual coordination of services and monitoring duplication of efforts.
• The existing inventory of emergency shelter, transitional housing and permanent housing resources is insufficient to meet current needs in the County.
• Of emergency shelter resources, 71% are for families, single mothers or pregnant women. The County of Orange has built a safety net for homeless females with children, and there are few resources for single men and women who are chronically homeless.

RECOMMENDATIONS

To effectively end the cycle of homelessness for those in Orange County, the system of care must operate constructively by allowing people to move forward with swift yet incremental progress, and by ensuring dignity and respect for the needs of this most vulnerable population. The system response must consider both the rights and responsibilities of homeless people. At this critical juncture, the strategies must contain both immediate remedies related to basic needs and a longer range pathway with targeted resources to facilitate permanent housing.

Below is brief synopsis of key recommendations for improving the existing system to enhance successful outcomes for those experiencing homelessness and to better target the various public and private resources aimed to assist this population.

Enhance the Continuum of Care System
• Hire a Continuum of Care Manager to improve operational focus
• Re-structure Continuum of Care governance: CoC Board and the Commission to End Homelessness
• Change Homeless Management Information System software in 2017
• Build additional system capacity and technical assistance
• Mapping for System Navigation
• Promote data informed decisions and focus on system performance
• Plan for Unified Funding Agency status
Improve Regional System Coordination
• Operationalize Service Planning Areas for North, Central and South County
• Engage in regional county outreach
• Formalize countywide encampment response protocols
• Expand engagement and coordination opportunities with cities
Develop Systemic Navigation of Services
• Diversify portfolio of resource options/expand the toolbox
• Address food insecurity by adopting and implementing the Restaurant Meals Program
• Promote an increase in monthly income/earning capacity
• Implement the SOAR – SSI Advocacy Program
• Enhance Animal Care services
Emergency Shelter, Transitional and Permanent Housing Solutions
• Increase Emergency Shelter/Bridge Housing beds to meet regional needs
• End veterans homelessness in Orange County
• Increase effectiveness of PHA affordable housing resources
• Target resources to improve housing navigation
• Secure funding for continuance of de-funded transitional housing
• Generate more affordable housing development
Countywide Collaboration/ System Integration Focus Areas
• Stepping Up Initiative – Sheriff Department
• Whole Person Care Initiative – Health Care Agency
• County Executive Office
• Intra-County Departmental workgroups

Hire a Continuum of Care Manager to Improve Operational Focus

OC Community Resources (OCCR) is hiring a Continuum of Care Manager to take the lead with the HUD Continuum of Care programs, including the Continuum of Care Board, annual grant process, liaison with HUD and its funded projects, and direct client service coordination from outreach to housing. This position will also take lead on monitoring system coordination with Continuum of Care agencies/projects, utilization and performance with all providers, providing technical assistance, and responding to countywide constituent inquiries regarding access points for service. The recruitment is underway and the application period closed October 3, 2016.

Additional support staffing is recommended for system coordination, technical assistance, data and performance management. Currently, both 2-1-1 Orange County (211OC) and OCCR acknowledge that they do not have the existing staff resources to manage the volume of Continuum of Care responsibilities effectively.

Re-Structure Continuum of Care Governance: CoC Board and Commission to End Homelessness

The Commission to End Homelessness (Commission) initially created as an oversight body for the Ten-Year Plan to End Homelessness, also became the Continuum of Care Board to comply with the HEARTH Act. This dual role for the Commission must be re-evaluated and restructured to align with the requisite expertise of its membership and to better meet operational and functional requirements for the Continuum of Care system. At its meeting on September 23, 2016, the Commission discussed this item and an ad-hoc committee will be convened to define the roles and functional needs for the Continuum of Care Board. This re-evaluation will ensure a solid Continuum of Care governance structure to promote system-wide operational effectiveness, performance improvements and improve the Continuum of Care's response to local objectives.   Additionally, the Commission may better serve Orange County by maintaining a broader regional perspective related to policy, system integration and transformation, affordable housing development and diverse community engagement.

Change Homeless Management Information System software in 2017

The Orange County Continuum of Care system needs to change its HMIS software/vendor to facilitate the rebuilding of this system of care. In so doing, the existing beds will be better coordinated, prioritized for those who are homeless by HUD definition, and the Continuum of Care will begin to see forward momentum. The success of our overall efforts is built upon the HMIS platform; the Continuum of Care-funded agencies, by informal poll, unanimously agreed with this recommendation.

Build Additional System Capacity and Technical Assistance

Technical assistance, in-service trainings and cross-sector engagement strategies are key to promote systemic approaches in response to homelessness. Continuum of Care performance training is imperative to ensure system wide navigation of available resources is navigated efficiently to produce and sustain better outcomes as a system of care.

Mapping for System Navigation

The network of Continuum of Care providers must have a clear understanding of how the system of care flows. Street outreach teams know where the beds are available on any given day and that the residential programs provide linkages to self-sustaining income and benefits, remove barriers to housing and navigate with the client until they are permanently stable in housing. The resource toolbox, including the Homeward Bound family reunification program, emergency motel vouchers, move-in deposit assistance and transportation assistance should be uniformly available to providers regionally to ensure gaps in services are navigated by providers, rather than those experiencing homelessness.

Promote Data Informed Decisions and Focus on System Performance

Quarterly data reports to Continuum of Care and Emergency Solutions Grant (ESG) funded agencies and system performance reporting biannually, aligned with technical assistance, will promote greater visibility for outcome and performance data. 211OC was approved by the Commission to submit an HMIS expansion grant with reallocated CoC funds equal to $150,000, as part of the 2016 Continuum of Care competitive application. This additional funding will ensure Continuum of Care-funded agencies have greater access to performance data throughout the year, and support software transition.

Plan for Unified Funding Agency Status

Becoming a Unified Funding Agency (UFA) should be a long term goal for the Orange County Continuum of Care. The Continuum of Care Board should evaluate the benefits of this designation and make progress that incrementally leads to this designation. This change in structure would require the County to contract directly with HUD for the full Continuum of Care annual award and subcontract each of the service activities to the nonprofits that operate on behalf of the jurisdiction to meet the needs of homeless people. UFA designation ensures that system-wide decisions align with the vision of the lead agency, on behalf of all projects in the system, as vetted by the local Continuum of Care Board.

Improve Regional System Coordination

Orange County spans 799 square miles, comprised of 34 cities and large areas of unincorporated land under County jurisdiction. Eight cities have populations greater than 100,000, with more than half of cities with populations of 65,000 or fewer. County departmental resources are deployed in a manner to reach every segment of the County; however, there are opportunities to cross-pollinate County departmental services with community-based services, particularly within the smaller cities.

Operationalize Service Planning Areas for North, Central and South County

Several County departments have offices or staff deployed throughout the county, which provide a nexus with community based organizations for shared / mutual clientele, including:

- Sheriff – Homeless Liaison Officers positioned throughout the county
- Social Service Agency – 15 Family Resource Centers
- Probation offices for youth and adults
- Health Care Agency – clinical staff working with 12 municipal law enforcement agencies

Orange County is a diverse geographic area; therefore resource coordination must be implemented and targeted within designated Service Planning Areas (SPAs) to improve localized responses and investments within North, Central and South County sectors.

The Coordinated Entry System (CES) and HMIS should also operate in a delineated regional manner to support resource alignments by geographic sectors. Homeless people should be stabilized in the region where they originated, in an effort to strengthen their safety net resources and improve housing retention and stability.

Engage in Regional County Outreach

The Health Care Agency, its Behavioral Health Outreach and Engagement unit facilitates countywide street outreach network services and CES housing linkages, including support for OC Cities law enforcement homeless liaison teams. HCA is the only County Department that employs outreach staff and can facilitate CES placements for those identified and prioritized in the Whole Person Care Initiative, a strategy already in development and with the Stepping Up Initiative.

Formalize Countywide Encampment Response Protocols

Several County departments play key roles in the mitigation of street homelessness. Public Works and Parks are responsible for County public land maintenance. Law enforcement and street outreach services play a key role in providing both accountability in public spaces and linkages to resources for those experiencing homelessness. The Cities of Santa Ana, Orange, Anaheim and Fullerton are adjacent to flood control channels for the Santa Ana River corridor, and share MOU agreements with the County for response along the Santa Ana River and 380 miles of flood control channels. County Counsel plays an important role in the development of a comprehensive response to homelessness as well. Regular inter-jurisdictional meetings are planned, in an effort to coordinate a more effective response to homeless encampments in areas that are, in many cases, non-public spaces used for the maintenance of flood control infrastructure for the region.

Expand Engagement and Coordination Opportunities with Cities

The County, through the Director of Care Coordination, will expand engagement across Orange County, working with cities to strengthen regional capacity and foster integration in the following ways:

- Engage Cities for participation in the January 2017 Point In Time Count process.
- Collaborate with Housing Authorities and entitlement cities (ESG, HOME and CDBG).
- Facilitate inter-jurisdictional street outreach responses to hot spot locations.
- Convene a summit of city leadership on a regional homeless strategy through the Association of California Cities – Orange County.
- Integrate multi-city investments to a "solutions without borders" approach.
- Engage diverse stakeholders such as United Way, OC Community Foundation, Hilton Foundation, Community Solutions, housing developers, the Apartment Association of Orange County, universities, businesses and neighborhood associations to contribute to solutions.
- Create opportunities for development of affordable housing units across Orange County.

Develop Systemic Navigation of Services

There is a tremendous amount of resources operating within Orange County in both public and private sectors. It is both a goal and a priority to improve access, streamline service delivery, leverage agency resources and align efforts to increase successful housing placements that prioritize eligible homeless people.

Diversify Portfolio of Resource Options/Expand the Toolbox

Many homeless people have lost or had stolen their identification cards or birth certificates, which pose barriers to self-sufficiency. Processes for mainstream benefits are complicated with multiple forms and steps to obtain and retain benefits, often requiring these documents to secure resources.

- **Document Readiness** – Assembly Bill 1733 requires each local registrar of births or County Recorder to provide, without fee, a certified copy of a record of live birth to any person who can verify his or her status as a homeless person. The bill also authorizes the Department of Motor Vehicles to issue, without a fee, an original or replacement identification card to a person who can verify his or her status as a homeless person.
- **Legal Barriers** – Resources currently available include criminal record expungement, Legal Aid services, OC Bar Foundation pro-bono work, tenant rights, child support and assistance from the Orange County Collaborative Courts.
- **Prevention/Diversion** – These programs include assistance with Corrections, mental health, and substance abuse, targeting at-risk populations that could benefit from utility or gap rental assistance and/or move-in deposit assistance.
- **Homeward Bound Program** – This program is designed to help reunite homeless persons with extended family willing and able to provide ongoing social support to help them regain self-sufficiency. A homeless individual may be provided with a bus, train or plane ticket to make this reunification possible. This is a great program for homeless people who may have thought their families would not help them, and for families that may have been searching for a loved one who was unreachable due to homeless status.
- **Health Care Agency resources** for behavioral health, substance abuse treatment services and public health interventions are part of a vast system of resources that may be difficult to navigate without assistance, to understand what is available and how to access it.
- **Veterans Administration** – SSVF and VASH, VA center in Santa Ana, CoC housing for veterans who were other than honorably or dishonorably discharged.

Address Food Insecurity by Adopting and Implementing the Restaurant Meals Program

Implement the Restaurant Meals Program, which may increase applications for CalFresh while promoting access to healthier options and potential prevention of food-borne illnesses related to compromised access and storage of food supplies. Implementation, led by Social Service Agency (SSA) and recommended by Waste Not OC, is informed by the lessons learned from both San Diego and Los Angeles County programs which are currently operating successfully. The Restaurant Meals Program is recommended as one additional step in the process for homeless people to regain linkages to mainstream benefits along the pathway to self-reliance.

Promote an Increase in Monthly Income/Earning Capacity

Workforce development programs, Goodwill employment placement, vocational training programs and social enterprise opportunities should be made accessible and implemented with emphasis for serving homeless populations.

Systematic access and connections are needed to mainstream benefits, employment/vocational strategies, social enterprise models and SSI disability advocacy for clients eligible for disability payments yet unable to navigate the disability application process.

Implement the SOAR – SSI Advocacy Program

SSA and Child Support Services contract with an SSI outreach consultant group. However, the SSI/SSDI Outreach, Access, and Recovery (SOAR) program has not been implemented in Orange County to date. SOAR provides training for existing staff to increase access to the disability income benefit programs administered by the Social Security Administration for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder.

Enhance Animal Care Services

Low-cost vouchers for spay/neuter, vaccinations and pet food/supplies, as well as providing options such as community service hours for those whose animal required boarding due to hospitalization or the owner's incarceration could be a motivational engagement tool for the Collaborative Courts, to engage clients in community service and program participation efforts. This ancillary resource could be developed in tandem with community based donors and volunteers willing to work with homeless people and their pet family members.

Emergency Shelter, Transitional and Permanent Housing Solutions
Cultivate a strong and diverse Permanent Housing Inventory to meet the needs

Along the pathway to self-sufficiency, it is important that the system of care anticipate barriers to housing and address them as early as possible. Some common barriers include: Felonies, prior evictions, sex registrant status, vouchers that expire in 120 days or the unit fails housing habitability inspections, document readiness, move-in and utility deposit assistance, animals, requirements for ADA/mobility issues, accessibility of transit and other related special-needs circumstances.

Increase Emergency Shelter/Bridge Housing Beds to Meet Regional Needs

A minimum of 500 year-round beds (emergency/bridge) is needed to support the pathway to housing for homeless individuals living on the streets in Orange County:

- North: Kraemer Multi-Service Center –200 beds for single adults in 2017
- Central – Santa Ana – Transit Terminal temporary site at "The Courtyard," 200 – 300 beds
- South County location to be determined
- Specialized housing options are needed for those undergoing substance abuse treatment, mental health stabilization and domestic violence, as well as transitional age youth, and discharge planning beds for those existing hospitals, jails and foster youth placements.

End Veterans Homelessness in Orange County

The Orange County By-Name Registry list noted there are 478 homeless veterans as of September 22, 2016. Since 2015, 325 homeless veterans have been housed. The County has 694 VASH vouchers managed by the Orange County Housing Authority. Many supportive services for veterans and their families are operated by nonprofits; and the 1736 Family Crisis Center will operate a newly awarded rapid rehousing project to serve veterans with other than honorable and dishonorable discharge status, who are otherwise ineligible for veteran resources from the VA.

Increase Effectiveness of PHA Affordable Housing Resources

The County of Orange, Anaheim, Santa Ana and Garden Grove public housing authorities are making contributions to the portfolio of affordable housing resources for homeless populations. However,

barriers remain with identifying and securing units that will accept the Section 8 subsidy. Recipients of the voucher program have 120 days to find a unit in a market that is highly competitive. Below are some options to overcome barriers to securing units that accept housing program subsidies:

- Sign-on bonus for participating landlords
- Rental payments start when lease is signed, prior to completion of Housing Quality Standards (HQS) Inspection – no lapse in rental payments due to delays related to HUD requirements
- Financial assistance to make minor repairs to meet compliance with HQS
- 24/7 access to case management to intervene if client has tenant related issues.
- Relocation assistance to prevent formal evictions
- Retain the move in deposit for repairs when one client moves out and the unit is made available for another referral from CES.

Target Resources to Improve Housing Navigation

Housing navigation includes various components that primarily focus on conducting landlord recruitment and retention services for obtaining housing. This is accomplished by continuously doing community outreach to recruit and retain landlords; providing assistance to landlords who engage with the CoC and accept subsidy payment; and creating incentives (or a safety net) for landlords. Currently, a number of individual agencies have housing navigators who maintain their own housing resources and relationships. However implementation of a countywide landlord resource list would be beneficial especially for clients who have criminal histories or those that have a Section 8, VASH, or Shelter Plus Care voucher subsidy and are having trouble securing housing. Landlords who engage with housing navigators may be offered financial assistance in making minor repairs to the dwelling units so they may meet Housing Quality Standards (HQS); housing navigators would be tasked with cultivating strong landlord engagement strategies, securing units with diverse entry criteria to meet the specialized needs of those waiting on the CES for permanent housing placement.

Secure Funding for Continuance of De-Funded Transitional Housing

Transitional housing programs that were defunded during the FY 2015 Continuum of Care program competition and involve owners of the buildings from which their programs operated should be presented with options to repurpose their building and create more options for the Continuum of Care. There should be opportunities created for bridge housing to facilitate transitions into permanent housing. The Director of Care Coordination is working with providers to negotiate linkages with other systems of care that may support these housing units remaining in operation to meet housing needs where funding is available to sustain them.

Generate More Affordable Housing Development

OCCR is the County department responsible for coordinating the development of affordable housing. OCCR maintains an inventory of existing units, facilitates funding opportunities and ensures development of resources that reach eligible homeless populations, including seniors, disabled, youth exiting foster care and veterans. OCCR currently has the following projects in development:

- Mental Health Services Act (MHSA) funds 250 units of Affordable Housing within broader Affordable Housing Developments countywide.
- No Place Like Home for Counties ($200 million non-competitive for Counties)
- Affordable Housing Development NOFA was released for $8 million to create permanent supportive housing for those at or below 30% area median income (AMI).

- Veterans – Affordable Housing Development NOFA released in 2014 – 30 Project Based Veterans Affairs Supportive Housing (VASH) Vouchers for the development of permanent supportive housing for Veterans. Three projects applied for the 30 vouchers for development throughout Orange County and are in various stages of financing and development.

In an effort to address the shortages of available small units for the available subsidy programs, motel acquisition and rehabilitation projects are ideal. Many cities within Orange County have blighted or nuisance properties that could be converted to special needs housing. Some great examples:

- Renovation of existing housing stock – The Guest House motel conversion in Santa Ana
- Potters Lane in Midway City – metal shipping containers were used to create housing for veterans

> ## Countywide Collaboration / System Integration Focus Areas
> Effectively addressing the systems that intersect most frequently with homelessness will have the greatest impact on our collective success: Housing, health care and the criminal justice system. Additionally, the Whole Person Care Initiative, Stepping Up Initiative and CoC system transformation goals articulated within this report will collectively improve outcomes to reduce homelessness in Orange County, in addition to being cost-effective strategies that improve overall system functionality.

Stepping Up Initiative – Sheriff Department

The Stepping Up Initiative is a national initiative working to reduce the number of individuals with a mental health diagnosis that are cycling through county jails. As part of the Stepping Up Initiative, co-chaired by Sheriff Sandra Hutchens and Supervisor Todd Spitzer, the County will be working toward implementing an effective jail diversion program that will target resources to persons with serious mental illness and/or substance abuse. This effort will reduce the reliance on the criminal justice system to resolve mental health issues and redirect that effort toward treatment in a clinical environment that allows for sustainable recovery and a reduction in recidivism.

The objectives of the Stepping Up Initiative for Orange County include:

- Determining a standardized definition of mental Illness
- Completing asset mapping for community based outreach, services and treatment
- Integrating corrections, mental health and community-based resources
- Integrating with the Collaborative Courts model for diversion
- Expanding outpatient services and intensive care treatment services
- Improving data collection and analysis

Whole Person Care Initiative – Health Care Agency

The County of Orange submitted a proposal to the California Department of Health Care Services for the Whole Person Care Initiative (WPCI) aimed at reducing emergency room utilization and rapidly rehousing Orange County's chronically homeless and severely mentally ill patients. The initiative would establish an emergency room (ER) data-connect system to track homeless patients who access the ER for services and link them to care navigators and housing resources within the community. Prioritizing high utilizers of the Emergency Medical System (EMS) is a key component of the HUD Continuum of Care priorities. The Hospital Association of Southern California will collaborate on appropriate discharge planning protocols

with the CoC system. WPCI will be linked to outcomes which could include reduced institutionalization, promotion of stable housing or other elements that improve the overall health of this specialized population. Orange County's proposal, approved by the Board of Supervisors, focuses on a more holistic approach to targeting the impacts of homelessness and promoting mental and physical wellness. The Director of Care Coordination is the chair for the Whole Person Care Steering Committee, recently formed in anticipation of the funding award and implementation of this five-year pilot program.

County Executive Office (CEO)

The Director of Care Coordination works across all County departments and maintains direct connections with CEO Communications, Legislative Affairs and Budget to coordinate effectively toward communicating our improved response to homelessness. This position must build a team to effectively coordinate across all sectors and is requesting two full time administrative manager positions.

Public Information Office

Effort is needed to work with the County and its funded partners to improve the public perception of our work to address homelessness by promoting success stories, documenting highlights of progress, and offering education about our key partners, street outreach, housing our veterans and seniors, and reporting 211OC data from HMIS and the 211 call center. Engaging the public in outcomes/performance is also important to share with the broader community.

Legislative Tracking

Track legislative priorities at the State and Federal level for additional resources, policy changes and impact on County priorities.[1]

Budget and Finance

Continue to monitor and evaluate policy priorities, opportunities for cost avoidance, and budget allocation priorities to improve efficient responses and outcomes in addressing homelessness.

Intra-County Departmental Workgroups

These intra-County workgroups include:
- Mapping service integration and coordination across County departments
- Regional leveraging and enhancing resource capacity across systems
- Inter-agency and inter-jurisdictional encampment response protocols
- Whole Person Care Initiative through HCA's behavioral health unit and substance abuse treatment services
- Stepping Up Initiative with inclusion of criminal justice/corrections, Probation Department, OCSD, HCA and the Collaborative Courts

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[1] Appendix A – State Legislation on Homelessness & Affordable Housing 2016

ORANGE COUNTY HOMELESSNESS AT A GLANCE

BY INDIVIDUAL - Based on a 40hr/week

HOUSING INCOME

	Minimum Wage	SSI Only	GR/CalFresh

FEDERAL POVERTY LINE — $11,880

$52,956 $20,800 $11,676 $6,588

MEDIAN INCOME = $75,998

BY REGION

Los Angeles County (41,174)

San Diego County (8,752)

San Francisco County (6,775)

Santa Clara County (6,556)
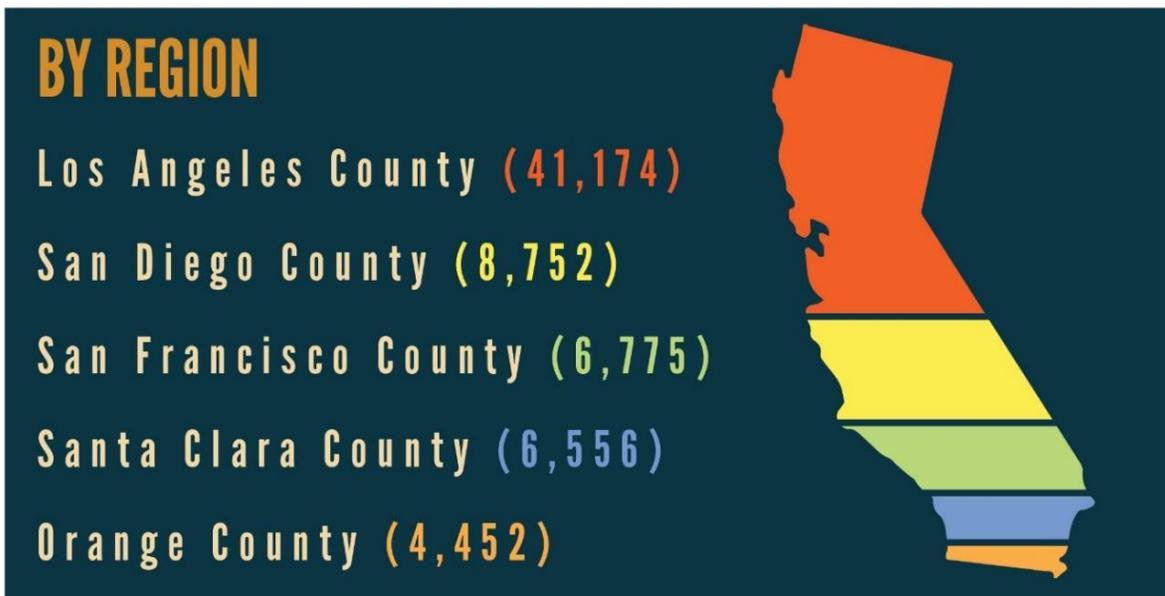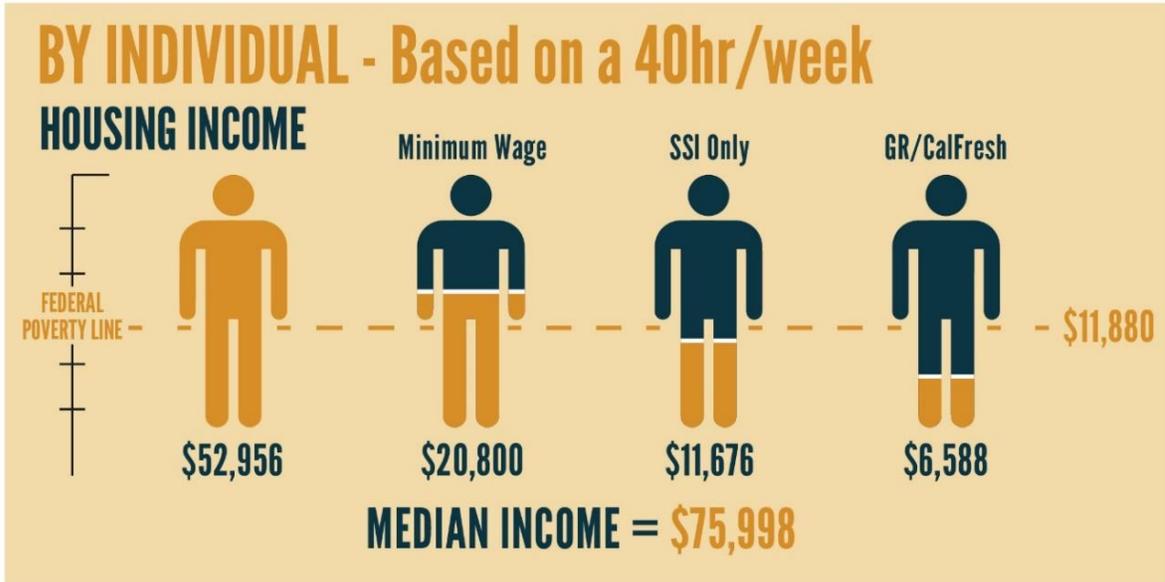
Orange County (4,452)

THE ECONOMICS OF AFFORDABLE HOUSING IN ORANGE COUNTY

HOW MUCH IS A ONE-BEDROOM APARTMENT?
Fair Market Rate (FMR) of SoCal Counties are:

San Bernadino/Riverside	Los Angeles	San Diego	Orange
$945	$1153	$1153	$1324

Actual Rate: $1239 | $1416 | $1577 | $1736

WHO CAN AFFORD TO LIVE IN THE OC?

An hourly wage of **$25.46** is required to afford a one bedroom apartment

64% OF JOBS PAY LOWER THAN HOUSING WAGE

MINIMUM WAGE **$10/HR**

22% LIVE BELOW POVERTY LINE IN OC

102 HOURS OF MINIMUM WAGE TO AFFORD HOUSING

Demographics

The State of California's total population accounts for 12% of the nation's population. California's homeless population per the 2015 Point In Time (PIT) Count[2] revealed 115,738 individuals to be homeless on any given night, which accounts for a disproportionate 21% of the nation's homeless population. This makes California the state with the highest percentage of people experiencing homelessness in the U.S. The 2015 PIT Count and Survey for Orange County[3] found a total of 4,452 individuals to be homeless on any given night, making it the fifth highest Continuum of Care in California.

	Continuum of Care	2015 PIT	2015 Total Population[4]	% of Homeless Population
1	Los Angeles City & County CoC	41,174	10,170,292	.40 %
2	San Diego City and County CoC	8,742	3,299,521	.26 %
3	San Francisco CoC	6,775	864,816	.78 %
4	San Jose, Santa Clara City & County CoC	6,556	1,781,642	.37 %
5	Orange County CoC	4,452	3,165,203	.14 %

Population Breakdown - The vast majority of the unsheltered population are single adults; 99.8% of people are in households without children.

	Family	Unaccompanied Youth	Individuals	Total
Sheltered	1373	13	865	2251
Unsheltered	6	2	2193	2201
Total	1379	15	3058	4452

Gender of Unsheltered Homeless Individuals - Unduplicated

Female	516
Male	1677
Total Unsheltered	2193

Sub Populations of Homeless Individuals – Duplicated Numbers

	Chronically Homeless	Veterans	Youth	Seriously Mentally Ill	Chronic Substance Abuse	HIV/AIDS	Domestic Violence	Total
Sheltered	111	91	172	167	164	25	452	1182
Unsheltered	447	356	54	308	294	56	322	1390
Total	558	447	226	475	458	81	774	2572

[2] 2007-2015 PIT Counts by CoC - https://www.hudexchange.info/resources/documents/2007-2015-PIT-Counts-by-CoC.xlsx
[3] 2015 Orange County Homeless Count & Survey Report - http://ochmis.org/wp-content/uploads/2012/10/211OC-2015_FINAL-PITReport_FUNDERS-8-5-2015.pdf
[4] United States Census Bureau - http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

Income Data

The population of Orange County in 2015 was 3,165,203. The poverty rate is 22%, which translates to 696,345 individuals living in poverty who are at risk for homelessness.

In 2016, the hourly wage needed to afford a median-priced one-bedroom unit (Housing Wage) was $25.46, equivalent to an annual income of $52,956. Of jobs available in Orange County, 64% pay less than the Housing Wage. Wages are not keeping pace with housing costs. Due to increases in the California minimum wage over the past two years, the number of hours per week that a minimum wage worker must work to afford a median-priced one-bedroom unit in Orange County has declined from 126 hours per week in 2014, when minimum wage was $8 per hour, to 102 hours per week in 2016, with minimum wage now at $10 per hour[5].

Benefits Data

Below are the most common mainstream benefits for which unsheltered homeless individuals are eligible:

Social Service Agency Benefits:

- As of October 1, 2016, the maximum General Relief amount available for a homeless individual with no other income is $355. This is a $5 increase from last fiscal year.
- CalFresh (SNAP/food stamps) benefits range from $16 to $194 per month, with a homeless person with limited income qualifying for the maximum amount of $194.

Social Security Administration Disability Benefits:

- Supplemental Security Income (SSI) for a single individual is $889; however, if a person is homeless and does not have cooking facilities, the amount is increased by $84 for a total of $973. It is important to note that recipients who qualify for SSI are ineligible to receive CalFresh benefits.

Housing Data

The rental market in Orange County is not generally accessible for those experiencing homelessness in the region. The chart below is a regional comparison of the 2016 Fair Market Rent[6], established by HUD and shows Orange County to have the highest rental market rates for the region.

Unit Size	San Bernardino and Riverside Counties	Los Angeles County	San Diego County	Orange County[7]
Zero Bedroom	$798	$947	$1,040	$1,161
One Bedroom	$945	$1,153	$1,153	$1,324
Two Bedroom	$1,187	$1,490	$1,499	$1,672
Three Bedroom	$1,672	$2,009	$2,167	$2,327
Four Bedroom	$2,056	$2,227	$2,329	$2,532

Housing Choice Vouchers (HCV), most commonly referred to as Section 8 vouchers; Project Based Vouchers (PBV); Veterans Affairs Supportive Housing (VASH), most commonly referred to as Section 8 for Veterans; and Continuum of Care subsidy programs are funded based on these rental rates.

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[5] Orange County 2016 Community Indicators - http://ocgov.com/civicax/filebank/blobdload.aspx?BlobID=55530
[6] FY 2016 Fair Market Rents - https://www.huduser.gov/portal/datasets/fmr/fmr_il_history.html
[7] The Orange County Housing Authority (OCHA) is able to apply "Higher Cost Payment Standards" in several cities where the FMR is not representative of the areas rental market.

Public Housing Authorities

With the elimination of redevelopment agencies in California, Public Housing Authorities (PHA) have become great partners in the development of affordable housing resources for special needs populations. This is achieved by amending the Administrative Plan with HUD to provide set-aside Section 8 vouchers for homeless populations and project-based vouchers for housing developments, including the VASH Section 8 program for veterans. Within Orange County, there are four Public Housing Authorities: County of Orange and the Cities of Anaheim, Santa Ana and Garden Grove. Between them, there are almost 90,000 people on the waiting lists with just over 21,000 leased Section 8 households county-wide. The County of Orange received 694 VASH Section 8 vouchers for homeless veterans and Anaheim recently received 20 VASH vouchers. These housing resources for veterans are coordinated with the Veterans Administration (VA) Healthcare System in Long Beach and via the Community Resource and Referral Center (CRRC) in Santa Ana.

Housing Authority	County of Orange	Santa Ana	Anaheim	Garden Grove	TOTAL
Section 8 Vouchers	10,692	2,700	6,458	2,337	22,187
% Finding Housing	78%	36%	66%	77%	
VASH	694	N/A	20	N/A	714
Set Aside vouchers for homeless populations	110 per year	80 per year	20% new enrolled	10% to COC agencies	
Project Based	400	100	725	50	1,275
HOME Tenant Based Rental Assistance	yes	yes	yes	none	
Other	600/494 CoC rental units		Live/Work Preference		
Current Wait List	43,000	4,736	26,000	16,000	89,736

The Orange County Continuum of Care and Housing Authority operate housing subsidy programs that seek zero- or one-bedroom housing units for those served. With a vacancy at the very low rate of 3.3% and affordability low, working families are renting the zero/one-bedroom housing stock at a fast rate, increasing competition for available and appropriate units to subsidize for one-person households. Voucher holders must secure a unit within 120 days, which is challenging in this competitive marketplace. Housing navigators and landlord incentive programs are needed to overcome the barriers in both housing stock availability and affordability.

Scope of Homelessness
Orange County

	2013 Point in Time Result		2015 Point in Time Result	
Unsheltered	1,678	39%	2,201	49%
Sheltered (Emergency Shelter and Transitional Housing)	2,573	61%	2,251	51%
	Total: 4,251		Total: 4,452	

Santa Ana Civic Center

A survey of individuals who are homeless in the Civic Center area of Santa Ana was administered in August 2015 and August 2016. The survey revealed a 14% increase in the homeless population.

|	Surveys
August 2015	406
August 2016	461

The Orange County Civic Center Homeless Survey 2016[8] found that 42% of the homeless residents in the Civic Center have resided there for less than 12 months and 43% for 1 to 5 years; 57% of those surveyed gave their last permanent residence as Santa Ana; and 61% of participants responded that their nearest relative lives in Orange County.

Orange County Continuum of Care Housing Inventory Count

The Housing Inventory Count (HIC) report provides a comprehensive inventory of all housing that is dedicated to serving homeless and formerly homeless individuals and families within the Continuum of Care. This includes emergency shelter, transitional housing, rapid rehousing and permanent supportive housing programs that are HUD-funded and non-HUD funded. Below is a summary of the 2016 Orange County Continuum of Care Housing Inventory Chart[9].

	Individuals	Families	Seasonal	Total year around	
Emergency	276	330	493	606	**Shelter Total:**
Transitional	279	694		973	1,579
Permanent – Rapid Rehousing	117	617		734	**Permanent Housing Total:**
Permanent – Permanent Supportive Housing	1,507	908		2,415	3,149

Shelter Beds

Emergency Shelter Beds — 276 Individuals, 330 Family

Transitional Housing Beds — 279 Individuals, 694 Family
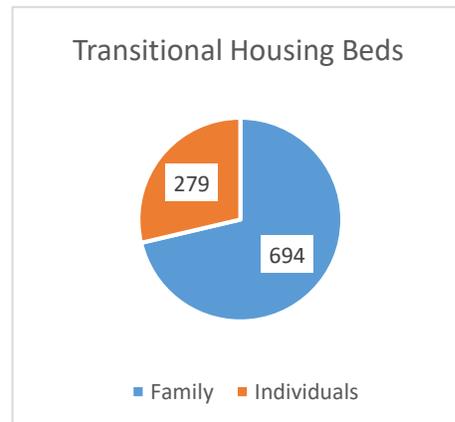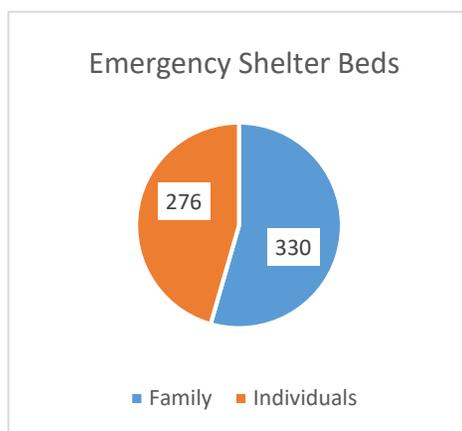
[8] Orange County Civic Center Homeless Survey 2016 - http://ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=58117
[9] Data provided by 2-1-1 Orange County, Homeless Information Management System Lead Agency

The majority of emergency and transitional shelter resources are designated for homeless families, single mothers and pregnant women, or for subpopulations such as victims of domestic violence, those with HIV/AIDS and veterans.

Of the available beds, 23% are able to provide shelter for the populations most visible and prevalent in Orange County – the chronically homeless. Chronically homeless individuals[10] are those with a disability who have been living homeless continuously for at least 12 months or on at least four separate occasions in the last three years. The chronic homeless population often has co-occurring disorders such as substance use, serious mental illness, chronic physical health issues, developmental disability, post-traumatic stress disorder and/or cognitive impairments resulting from brain injury, often related to military service.

Emergency Shelter Beds Available

Recuperative Care, 12
Domestic Violence, 44
Youth, 24
Single Female, 16
Single Male, 49
Single Adults, 142
Single Male or Female, 77
Family, 408
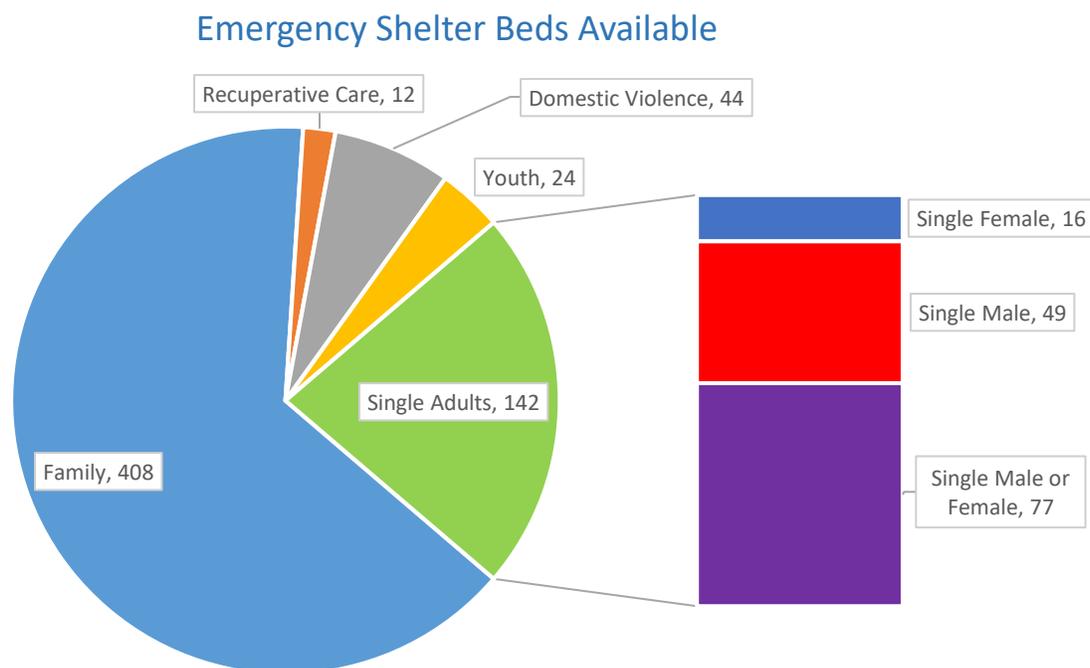
The homeless population represents a high-risk group with significant acute and chronic health conditions, co-occurring substance abuse and/or mental health conditions. In 2015, there were 181 reported deaths among the homeless population, according to the Orange County Sheriff-Coroner (OCSD), primarily related to untreated health conditions, substance abuse and mental health disabling factors.

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) serves to target available resources to those in the greatest need. The Coordinated Entry System (CES) is intended to better target limited resources using this acuity tool in conjunction with local priorities and matched resources. Some individuals have been part of the CES for over a year, and have been unable to secure permanent housing due to specific barriers to housing that have yet to be overcome, including criminal and eviction histories and sex offender registrants. A diverse portfolio of housing options must be cultivated over time in an effort to match units to those within the CES queue, within the goal of less than

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[10] Department of Housing and Urban Development - Defining "Chronically Homeless" Final Rule - https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf

90 days.   As a point of caution, the CES and VI-SPDAT processes must be evaluated in an ongoing manner to ensure that the CES process itself does not become a barrier to permanent housing access and resource allocation objectives within the context of meeting regional coordination and local priorities.

Outreach and Engagement – Hot Spot Locations

Santa Ana Civic Center

The conditions in the Civic Center area of Santa Ana are of great concern to all. While some may advocate to protect the rights of those experiencing homelessness to remain where they are, others are working hard to end their homelessness. Homelessness should be considered a temporary condition, a space that people move through on their way to self-sufficiency. The historical lack of year-round shelter resources may have compounded the volume of need, year over year, to the current entrenched encampment conditions. While advocacy rises to hold others accountable for solutions, those experiencing homelessness have given in to active substance abuse, untreated physical and mental health conditions and a general disbelief that solutions are available. The County departments, nonprofit agencies, community and faith-based organizations have all contributed resources to meet immediate and basic needs. Both OCSD and Santa Ana Police Department (SAPD) have increased personnel for public safety, the Health Care Agency (HCA) provides daily weekday clinical outreach and Social Services Agency (SSA) connects eligible people to public benefits on Thursdays with its Mobile Response Vehicle (MRV). Homeless Court, Child Support Services and Orange County Veterans Services provide resources in close proximity to promote access to basic service engagement.

It is important that the system of care move forward constructively and with swift yet incremental progress, ensuring dignity and respect for the needs of this most vulnerable population. The system response must consider both the rights and responsibilities of homeless people. At this critical juncture, the strategies must contain both immediate remedies related to basic needs and a longer range pathway with targeted resources to lend a way up and out of the Civic Center. In response to the growing population at the Civic Center, portable restrooms have been installed to address public health and sharps containers will be provided to mitigate the Orange County Clean Needle Exchange Program (OCNEP). The Santa Ana Transit Terminal (now called The Courtyard) has been transformed into a transitional center to provide an immediate respite for the homeless people at the Civic Center, meeting basic needs and providing intermediate shelter as a pathway out of the Civic Center. Planning among several County departments and nonprofit partner agencies with specialized experience in motivational engagement with chronically homeless populations will be employed. The Courtyard will be a 24 hours/ 7 days a week transitional center with emergency shelter beds and enhanced services designed to meet people where they are – a client centered approach. Targeted housing resources from both HCA and the Continuum of Care will be prioritized via the CES lead by 2-1-1 Orange County (211OC). Incremental progress is being made, as people move from the Civic Center to permanent housing placements; however it may take time for this progress to be noticeable.

Santa Ana River / Flood Control Channels

The Santa Ana River and flood control channels have also experienced an increase in homeless encampments, visible along the freeways and under bridges, especially near Angel Stadium in Anaheim and the Honda Center. Additionally, smaller encampments have become a significant nuisance for homeowners living along 380 miles of flood control channels. Jurisdictional authority, security and maintenance has been an ongoing operational issue, given the rise in homelessness.

Several cities in Orange County are mitigating impacts within areas with high density homeless populations (referred to as "hot spot" locations) in parks, along the coast and in transit terminals, impacting local businesses and neighborhoods. The multi-jurisdictional response to the Talbert Nature Preserve is one example of strong collaboration to mitigate a significant homeless encampment, with regional resources provided by the County in conjunction with the Cities of Huntington Beach and Costa Mesa, their police and fire departments and (HCA) outreach services. Encampment responses must incorporate both legal and compassionate responses, whereby land maintenance crews coordinate with both law enforcement and street outreach to maintain County infrastructure and link homeless people to available resources. Environmental prevention/mitigation efforts are also employed to address the repeated breaches of maintenance service roads along the flood control channels.

Interdepartmental and jurisdictional outreach service responses are led by the HCA Behavioral Health Outreach and Engagement teams within the Civic Center, the Santa Ana flood control channels and other hot spots countywide. This team has demonstrated the capacity and expertise to facilitate County responses to encampment locations, deploys in conjunction with city efforts and engages with the expansive nonprofit street outreach network to improve linkages to housing and services via the CES.
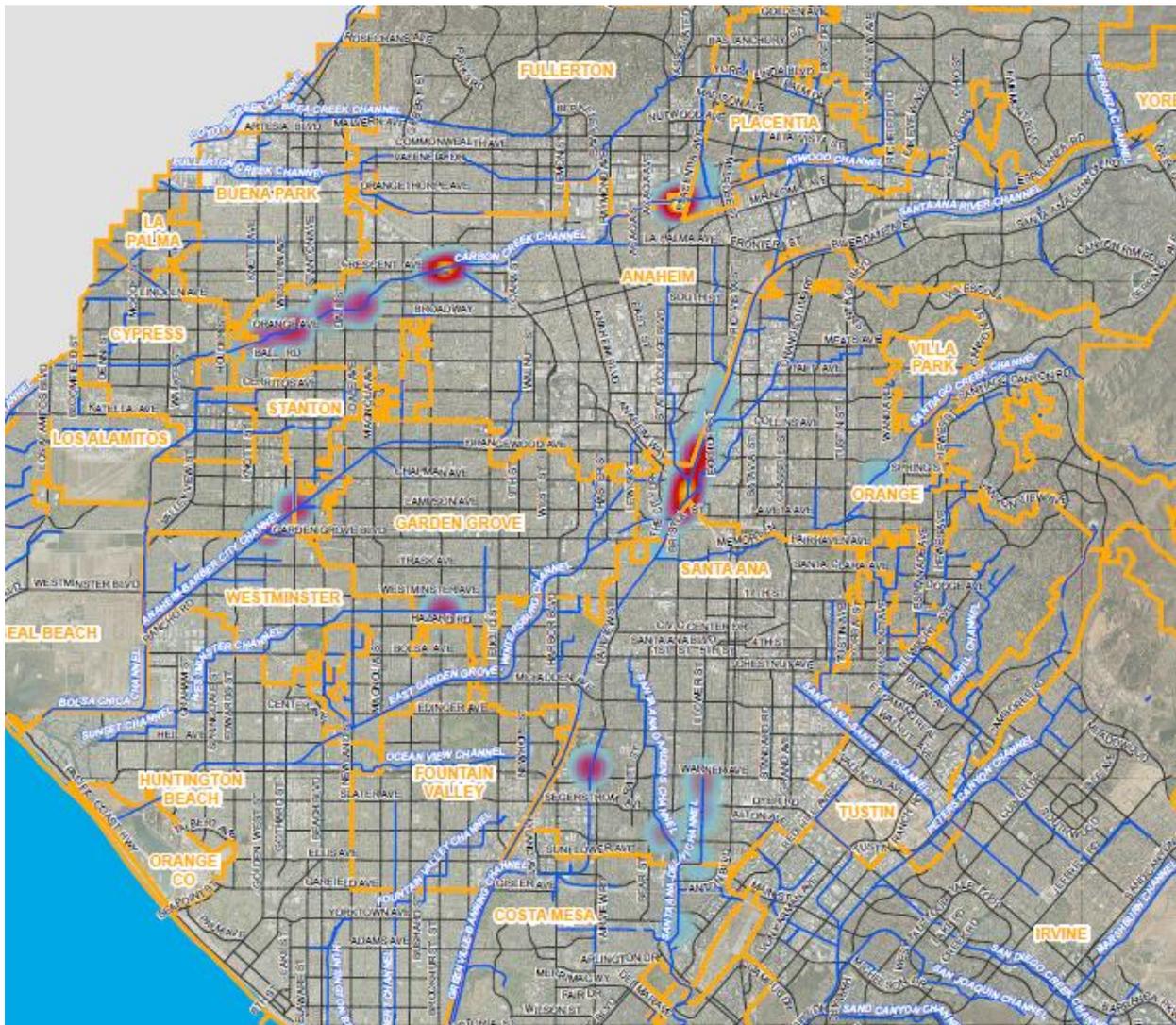
HOMELESS RESOURCES IN ORANGE COUNTY
Key County Departments Intersecting with Homelessness
OC Community Resources (OCCR)
There are two divisions – Housing and Community Development/Homeless Prevention and OC Community Services in OCCR that administer programs available to the homeless.

- Housing and Community Development operates the Orange County Housing Authority, which includes the Housing Choice Voucher (HCV), Project Based Voucher (PBV), Veterans Affairs Supportive Housing (VASH), Tenant Based Rental Assistance (TBRA), and Continuum of Care rental assistance programs; and manages affordable housing development and Federal housing community development funding.
- Homeless Prevention manages Emergency Solutions Grant (ESG) coordination, cold weather armory programs, The Courtyard, the future Kraemer Center, and serves as lead agency for the Orange County Continuum of Care and staff to the Continuum of Care Board/Commission to End Homelessness (Commission).
- OC Community Services manages the Veterans Services Office, Office on Aging, and Community Investment Division/Workforce Development.

Health Care Agency (HCA)
HCA has several programs that serve the Orange County homeless community:

- Comprehensive Health Assessment Team - Homeless (CHAT- H) – public health nurses conduct an in-depth assessment and provide targeted nursing care management for Orange County individuals and families who are in housing crises and have a health or health access need.
  - Can provide medical triage and immediate medical attention for outpatient services, thus reducing the number of emergency room visits.
- Behavioral Health Services – Outreach and Engagement Team – provides mental health prevention services to unserved and underserved populations who have had life experiences that make them vulnerable to behavioral health conditions, but are hard to reach in traditional ways.
  - A natural partner to CES, they work with the homeless population and are able to provide disability verification to connect individuals to permanent supportive housing and Shelter Plus Care opportunities.
- Psychiatric Evaluation Response Teams (PERT) – provide emergency assessment and referral for individuals with mental illness who come to the attention of law enforcement. PERT pairs licensed mental health clinicians with uniformed law enforcement officers to evaluate situations, assess the individual's mental health conditions and needs, and if appropriate transport to a hospital or treatment center.
  - Currently are established with 12 Orange County city police departments.
- Under the Mental Health Service Act (MHSA), Orange County operates Full Service Partnerships (FSP) to expand mental health services and support for subpopulations such as transitional age youth and children. The FSP program target serious emotional disturbance, serious mental illness, and youth who have come under the purview of Juvenile Courts in partnership with Collaborative Courts.
- The crisis stabilization program provides timely crisis stabilization services and divert consumers from hospital emergency departments. Crisis stabilization services includes psychiatric evaluation,

medication services, counseling and education, referrals and assistance with linkage to continuing care resources for adults, with appropriate modification for children, as applicable, regardless of insurance status.

- o The goals of this service include increasing capacity for and provision of timely and comprehensive psychiatric crisis stabilization services, reduction of disposition time for persons presenting in psychiatric crisis to emergency rooms of local hospitals, and reduction of hospital emergency room and inpatient psychiatric hospitalization in situations when a lower level of care is appropriate.
- Public Health: Disease Control & Epidemiology Division is responsible for monitoring the incident of reportable communicable disease in the community, preventing communicable diseases and promoting disease prevention. Diseases most commonly found in the homeless population include STDs, HIV and AIDS, Hepatitis, West Nile Virus, and Tuberculosis reportable conditions.
- Public Health: Environmental Health is responsible for food safety, prevention of food-borne illness and addressing food insecurity through programs such as Waste Not OC.

Social Services Agency (SSA)

SSA divides their services into three categories:

- Children & Family Services – Includes the Child Abuse Registry, adoption information, and foster care services and information. SSA supports 15 Family Resource Centers across the County with the support of Families and Communities Together (FaCT), which is public/private partnership working to strengthen prevention and intervention services designed to reduce the risk of child abuse and neglect and thus promote stronger families. The Family Resource Centers facilitate connection to mainstream public benefits, a great conduit for regional service planning area efforts.
- Family Self-Sufficiency – Includes CalWORKS, CalFresh, General Relief and employment services.
- Adult Services, Aid Programs and Public Health insurance – Includes Adult Protective Services, In-Home Support Services (IHSS), General Relief, Cash Assistance Program for Immigrants (CAPI), CalFresh Program, Medi-Cal, Medical Safety Net, and Medicare.

Additionally, SSA is considering a proposal to implement a Restaurant Meals Program (RMP) to address food insecurity and nutrition by allowing CalFresh recipients who are homeless, disabled and seniors to redeem prepared meals from restaurants. Currently, the Cash Assistance portion can already be redeemed at restaurants. The Counties of Los Angeles and San Diego have successfully implemented this RMP component.

Child Support Services

Child Support Services' Community Resource Center offers onsite services such as genetic testing to establish paternity, workshops to provide guidance in completing forms, a representative from the Family Law Facilitator's office to assist families with legal matters, and orientation workshops to learn more about the child support program and services offered.

This department also assists families with self-sufficiency resources to ensure parental capacity to provide for their children. The team has created an impressive model of support, breaking down barriers for families to ultimately provide improved care for their children, rebuilding the strength of families. This is a great prevention model, in some cases breaking the cycle of homelessness.

Probation

The intersection between homelessness and the criminal justice system is significant, with both challenges and opportunities to mitigate community-based impacts. AB 109 (adopted in October 2011) provides local coordination of jail populations. AB 109 funding allocations are made by the Community Corrections Partnership (CCP), which is comprised of the County Probation Officer, Sheriff, District Attorney and Public Defender, as well as representatives from HCA and municipal police departments, working to establish residential sober living resources for this specialized population.

Proposition 47 (adopted in November 2014) reduced certain property and drug related offenses from felonies to misdemeanors, with offenders therefore no longer supervised by the Probation Department. An estimated 3,000 to 4,000 individuals were released from custody under Prop. 47 in Orange County. Whether this is a significant contributing factor to street homelessness has yet to be quantified, however, a question was added to the Orange County Civic Center Homeless Survey 2016, conducted on August 23, to begin to quantify this anecdotal tributary to homelessness. According to the survey, 10% (35) individuals said they were incarcerated before moving to the Civic Center. The 2017 Point In Time Count planning committee will incorporate a question on the count survey related to Prop. 47 and homelessness.

Sheriff's Department

The Sheriff's Department interacts in multiple ways with homeless individuals and groups in Orange County, including through regional Homeless Liaison Officers, coordination with city police departments along the Santa Ana River flood control channels, through the Coroner Division for quantifiable data on deaths among homeless persons, by acting as a regional leader in planning for the Stepping Up Initiative (a national effort to reduce the number of inmates with mental illness in jails), AB 109 program implementation and serving as a valued public safety liaison to the social services system of care.

Public Defender

The Public Defender is an integral partner with the Orange County Community Collaborative Courts, a national best practice model and a space where cross-sector collaboration is most evident. Currently other jurisdictions seek to emulate this model, which has had great success with populations that have extensive contact with the criminal justice system. The criminal justice/legal system is often an overwhelming experience for those who are homeless, representing frequent negative contacts, yet the Collaborative Courts have become the remedy for these very same issues. This innovative partnership is likely the most creative and effective method of representing the justice system well for Orange County. The Collaborative Courts engage 450 participants annually. The Public Defender's office also assists with expungement of criminal records, assistance in obtaining identification and birth certificates, and assisting people with overcoming complex legal barriers to self-sufficiency.

OC Public Works

This department is on the front lines responding to constituent calls for service to mitigate the impacts of encampments in public spaces and maintaining County infrastructure, including the Santa Ana River flood control and its smaller channels. OC Public Works also is coordinating current Civic Center construction projects, working with SSA and HCA to mitigate impacts to Civic Center homeless populations. The department is collaborating with street outreach teams and public safety to maintain Santa Ana River and flood channel maintenance and also participates in inter-jurisdictional coordination. The Public Works staff hosted tours of the flood control system as a precursor to the formal development of encampment protocols for the County.

KEY COUNTY DEPARTMENTS INTERSECTIONS WITH HOMELESSNESS

OC COMMUNITY RESOURCES

Lead for Continuum of Care and manages emergency and permanent housing options in the County

OC SHERIFF DEPARTMENT

Leading the Stepping Up initiative planning and implemented Homeless Liaison Officer Program to address the complex needs of homeless populations

HEALTH CARE AGENCY

Provides behavior and public health services to community and is leading the Whole Person Care Initiative

PROBATION

Intersection between homelessness and the criminal justice system is significant with opportunities to mitigate community based impacts

SOCIAL SERVICE AGENCY

Connects individuals to CalFresh, Medi-Cal, and General Relief

PUBLIC DEFENDER

Collaborative Courts are national best practice model and a space where cross sector collaboration is most effective

CHILD SUPPORT SERVICES

Assists families with self-sufficiency resources to ensure parental capacity to provide support

OC PUBLIC WORKS

Front lines of mitigating the impacts on infrastructure in public spaces

Regional Planning and Coordination Efforts

Orange County, comprised of 34 Cities and 320 square miles of unincorporated area, is a place of multi-jurisdictional authorities whereby many cities contract with the County for infrastructure maintenance, law enforcement, animal control and other services. As part of this 100 day assessment, every County department was asked to provide a map of the County, denoting where the department has service sites, operates programs or how it divides its duties into smaller segments, as applicable. There are jurisdictional boundaries for City and County law enforcement, Santa Ana flood control district and 380 miles of related flood control channels, parks and unincorporated areas. The Orange County Transportation Authority (OCTA), Hospital Association of Southern California (HASC) and the Association of California Cities-Orange County (ACC-OC) are key partners in regional collaboration on the issue of homelessness, which has significant influence on their work, regional connectivity, current challenges and resources. Ultimately, homelessness, by definition, has no residency and adheres to no jurisdictional boundaries, which is why it is so imperative that efforts be coordinated, resources leveraged and opportunities created across Orange County to effectively address this complex issue.

The Role of the County

The County operates several key systems of care that serve the entire jurisdiction, related to criminal justice, public and behavioral health, social services, child welfare, senior services and mainstream public benefits. The County is often a pass-through entity for Federal and State resources, which are allocated locally through competitive processes. Child Support Services and the State's Community Collaborative Courts are best practice models that Counties seek to emulate. Both are tailored to improve outcomes for households working towards self-sufficiency.

The Social Services Agency (SSA) operates 15 Family Resource Centers in the County; HCA funds clinical outreach teams with 12 law enforcement entities across Orange County; OC Public Works maintains the regional flood control system and its myriad of channels in a Memorandum of Understanding (MOU) with cities; OCTA maintains strategically located transit hubs in several cities that have become hot spots for homeless street outreach. The Continuum of Care, with all its infrastructure for street outreach, sheltering and housing resources, is geographically dispersed, although not sufficient to meet the existing needs. OCSD has Homeless Liaison Officers throughout the county who could be linked to the SSA, HCA and Continuum of Care systems. There is no City or County department, or special district that maintains enough capacity to manage these issues without leveraging multi-sectoral and regional partnerships.

34 Cities within Orange County

Cities are key partners in this work, implementing local priorities regarding land use policy, urban planning, economic development and affordable housing as part of General Plan elements. Additionally, 21 cities in Orange County are eligible for Community Development Block Grant (CDBG) funding, Home Investments Partnership Program (HOME) and/or Emergency Solutions Grant (ESG) funds to address poverty, special needs, disabled and homeless populations as part of the Consolidated Plan, with annual action plans submitted to HUD. During this assessment, several of the cities provided information to better understand what resources have been developed and are needed to both prevent and address homelessness. What was discovered was a balance of both resources and challenges, including ideas about how the County and City could work together on street outreach, law enforcement special teams and the development of affordable housing. Hot spot identification was also discussed, along with the upcoming 2017 Point In Time Count and garnering the political will for cities to contribute in meaningful ways to mobilize efforts within smaller and more regional implementations. Cities often are much more

connected with their local neighborhood and business constituencies, working together to address local issues with County support.

Public Housing Authorities

Orange County's four Public Housing Authorities convene on a regular basis to strategize around Request for Proposals (RFP) processes and resource allocations for project-based and set aside vouchers for special needs populations. Collectively, all four entities are contributing directly to the Homeless Services Continuum of Care programs by addressing key system components including: homeless prevention, emergency shelter, rapid rehousing, set aside housing voucher subsidies and funding for affordable housing developments. This component in the system of care is working well and the collaborative work is very productive.

Regional Service Planning Areas

City representatives and nonprofit service providers, working together with the County, could develop resources within smaller regional sectors. This would promote neighboring cities to work together, align resources and implement local strategies for targeting those resources. Creating Service Planning Areas (SPA) for North, Central and South County sectors would greatly improve service coordination and cooperation among regional cities. The Kraemer Center site is a great example where the Cities of Anaheim, Fullerton and Brea contributed resources, in conjunction with County support, to create a critical resource for those experiencing homelessness in North County. This model ensures that cities work together within the smaller sectors whereby greater results are possible. Street outreach can be mobilized, using both County and local resources together as a force multiplier, improving linkages to available shelter and housing through the CES. The recommended SPA break down also strategically aligns with HCA's Outreach and Engagement Collaborative, which provides mental health prevention services. [11]

SERVICE PLANNING AREAS

Health Policy Research and Communication, August 2016
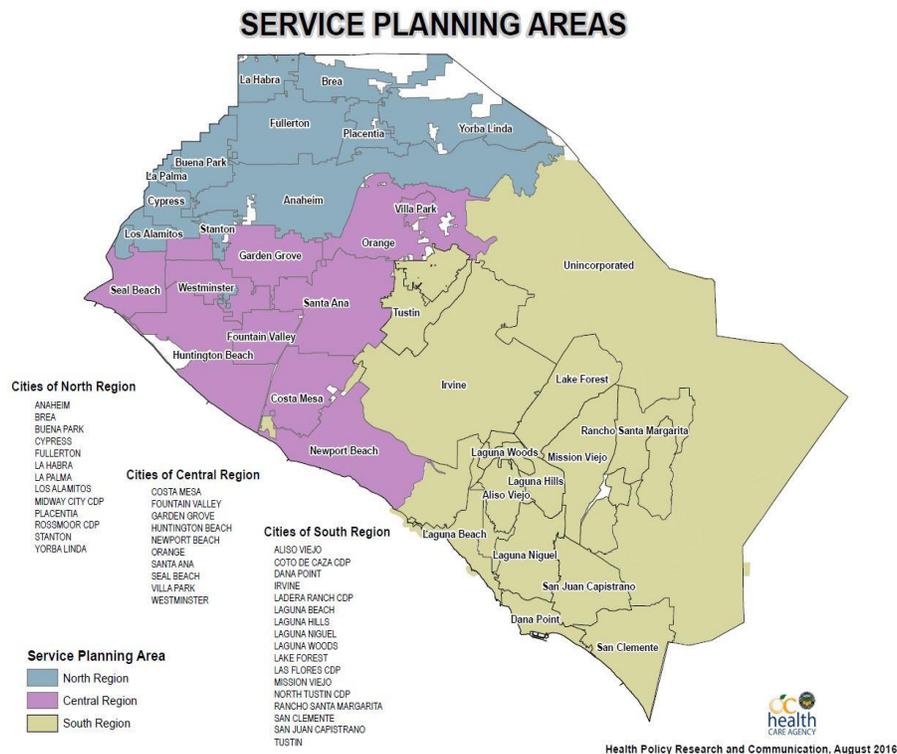
Other Key Partners Representing Systems that Intersect with Homelessness

Association of California Cities, Orange County

The Association of California Cities- Orange County (ACC-OC) represents the interests of many Orange County cities through its advocacy and education efforts. ACC-OC welcomes a variety of members from the non-profit, intra-government and business communities, and understands that good public policy is the product of collaboration with all stakeholders.

ACC-OC's primary focus can be broken down into five pillars: 1) state legislation, 2) housing, 3) regional planning, 4) research and data collection, and 5) marketing to constituencies, all which have regional impacts within Orange County. ACC-OC utilizes a policy committee structure to facilitate tangible solutions, collaborate and educate on regional policy issues. In addition to forming committees around regional policy issues, ACC-OC also utilizes task forces to deal with specific issues and objectives, such as homelessness.

ACC-OC has a Homeless Task Force that discusses ideas and creates regional work plans to address the ongoing homeless crisis impacting Orange County's municipalities. The Homeless OC Task Force is participating in a cost-of-homelessness study, led by University of California, Irvine (UCI), with support from Orange County United Way, Jamboree Housing, 211OC and the Hospital Association of Southern California.

Hospital Association of Southern California

The Hospital Association of Southern California (HASC) is a non-profit regional trade association dedicated to effectively advancing the interest of hospitals in Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara and Ventura counties. HASC is comprised of more than 170 member hospitals and health systems, plus numerous related professional associations and associate members, all with a common goal: to improve the operating environment for hospitals and the health status of the communities they serve. Within Orange County, the Hospital Association membership reflects the following resource inventory:

- 32 Hospitals – including general acute care, long-term acute care and acute psychiatric care. There are:
    - 670 total licensed inpatient beds
    - 474 acute psychiatric beds
- 24 Hospitals with emergency departments, including:
    - 581 total emergency room beds
    - 13,379,759 total emergency room encounters in 2014.

The intersection between health care and homeless services is clear, with significant financial and humanistic implications driving the need to build a more intentionally designed and robust network of resources. Hospital discharge planning, Affordable Care Act compliance, managing high utilizers of EMS, chronic disease management, detoxification and mental health interventions must be proactively addressed through very intentional resource development to meet the needs of those most vulnerable, while improving the overall quality of our health care system within Orange County.

- Hospital discharge planning
    - Shorter hospital stays means that more recovery is taking place at nursing facilities or at home, creating a need to fill the gap with recuperative care – transitional care or respite care.
- Affordable Care Act compliance – The Affordable Care Act has pushed for:

- Electronic health record (EHR) systems – to reduce errors and streamline care and access a single patient record to allow multiple providers caring for the homeless person.
- Integrated care – physicians, psychiatrists, case managers and substance-abuse counselors work in teams so complex, integrated health conditions are addressed across various dimensions.
- Increasing eligibility and access - In 2014, approximately 43,000 homeless adults with incomes between 138% and 200% of the Federal Poverty Level gained coverage through Orange County's Operated Health System, Cal Optima.
- High utilizers of emergency medical services, detoxification and mental health interventions are created because there are no medical detoxification beds within Orange County, outside of emergency rooms.
- As submitted in the County's Whole Person Care Initiative Application, during calendar year 2015, there were 11,488 individuals who identified as homeless. Of those:
  - 51.5 % - 5,918 visited the ER
  - 17.7% - 1,049 had two or more ER visits within a rolling three-month period
  - 844 had a substance use diagnosis (SUD)
  - 587 had mental health conditions
  - 1,457 had chronic medical conditions.

Orange County Transportation Authority

The Orange County Transportation Authority (OCTA) keeps residents and commuters moving throughout the 34 cities and unincorporated areas of Orange County. OCTA's responsibilities, programs and services impact every aspect of transportation within the county. OCTA keeps people moving by coordinating regional freeway lane construction, implementing strategies to reduce freeway congestion, improving safety and efficiency on our local roads, providing bus service and regional multimodal connections, helping people find ways to leave their cars home, and providing safe, convenient transportation to those with special needs.

Among recent impacts to public transportation systems, buses and rail, right of ways and transit terminals, and active transportation projects:

- November 2015 marked 36 straight months of declining bus ridership for OCTA, with 20 million fewer boarding's a year since 2008.
- Homeless encampments along transit corridors and bikeways has a direct impact on overall quality of life related to people living in places not meant for human habitation, with ridership and utilization of related community amenities reduced due to perception of safety in areas established for recreational use.

MAPPING THE CONTINUUM OF CARE SYSTEM

Continuum of Care is a term used to describe:

1. The annual competitive funding application process to HUD;
2. All of the resources within a jurisdiction that are providing services and housing to homeless populations, and/or
3. The progression from street homelessness to stable permanent housing.

Continuum of Care system components include prevention, street outreach, Coordinated Entry System (CES), emergency shelter, transitional housing and permanent housing placement through rapid rehousing and permanent supportive housing, and retention.

[12]

Ten-Year Plan to End Homelessness

In September 2008, Orange County established a broad-based working group that was charged with developing the Ten-Year Plan to End Homelessness. In January 2010, Orange County's Ten-Year Plan to End Homelessness[13] was adopted by the Board of Supervisors, consistent with State and Federal initiatives for ending homelessness. Orange County's Ten-Year Plan to End Homelessness includes nine goals and 54 strategies to achieve those goals. The following are the goals listed in the plan:

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[12] Homeless Services Continuum of Care Graphic

[13] Orange County Ten-Year Plan to End Homelessness - http://occommunityservices.org/civicax/filebank/blobdload.aspx?blobid=15449

Goal 1	Prevent Homelessness - Ensure that no one in our community becomes homeless.
Goal 2	Outreach to those who are homeless and at-risk of homelessness.
Goal 3	Improve the efficacy of the emergency shelter and access system.
Goal 4	Make strategic improvements in the transitional housing system.
Goal 5	Develop permanent housing options linked to a range of supportive services.
Goal 6	Ensure that people have the right resources, programs, and services to remain housed.
Goal 7	Improve data systems to provide timely, accurate data that can be used to define the need for housing and related services and to measure outcomes.
Goal 8	Develop the systems and organizational structures to provide oversight and accountability.
Goal 9	Advocate for community support, social policy, and systemic changes necessary to succeed.

HEARTH Act

The Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act) was signed into law in 2009 by President Obama, and implemented in 2011. The HEARTH Act reauthorized the McKinney-Vento Act and consolidated all Continuum of Care programs into one regulatory structure.

Governance Structure:

1. Requires the creation of a Continuum of Care Board, comprised of diverse representation to focus on service coordination, system operations, resource allocation, and performance outcomes;
2. Requires development of Coordinated Entry System (CES) to help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner; and
3. Establishes a Unified Funding Agency (UFA) designation to promote lead agencies to become the fiscal agent for all contracts in the Continuum of Care system. UFA-designated Continuums of Care are directly responsible for all of the contracted agencies and have authority to manage system design and performance to meet local objectives.

Continuum of Care Lead Agency

Collaborative Applicant – Facilitates the Continuum of Care system of funded projects, HMIS and CES on behalf of the jurisdiction.

The Orange County Continuum of Care has designated OCCR as the Collaborative Applicant, or lead agency. As the Collaborative Applicant, OCCR facilitates the completion of the Continuum of Care annual competitive application for new and renewal funding, as well as planning funds. During the Federal FY 2016 Continuum of Care program competition, OCCR represented 41 individual projects with 13 non-profit agencies that have direct contracts with HUD. OCCR manages 12 Shelter Plus Care contracts through the OC Housing Authority (OCHA), three permanent supportive housing contracts with non-profit partners (Mercy House, Volunteers of America-Los Angeles, and Colette's Children's Home) and the Planning Grant for the jurisdiction.

Additionally, the Collaborative Applicant is responsible for facilitating the development of the Continuums of Care governance charter, Homeless Management Information System, and Coordinated Entry System (CES) on behalf of the jurisdiction. The Orange County Continuum of Care operates with 211OC being the facilitator for HMIS and CES and has direct contracts with HUD to operate these components. In most

Continuum of Care systems, HMIS and CES are generally lead agency roles that support the system of care infrastructure, operations and performance. Both OCCR and 211OC are working together to provide year-round community engagement, meeting the HEARTH Act and Continuum of Care requirements of HUD.

Governance Structure

The Commission to End Homelessness (Commission) was established to provide oversight to the implementation of the Ten-Year Plan, with four corresponding implementation groups targeted to achieve plan goals. The Commission approved the Orange County Continuum of Care Governance Charter on June 29, 2015, which named the Commission to be the Continuum of Care Board in an effort to comply with the HEARTH Act.
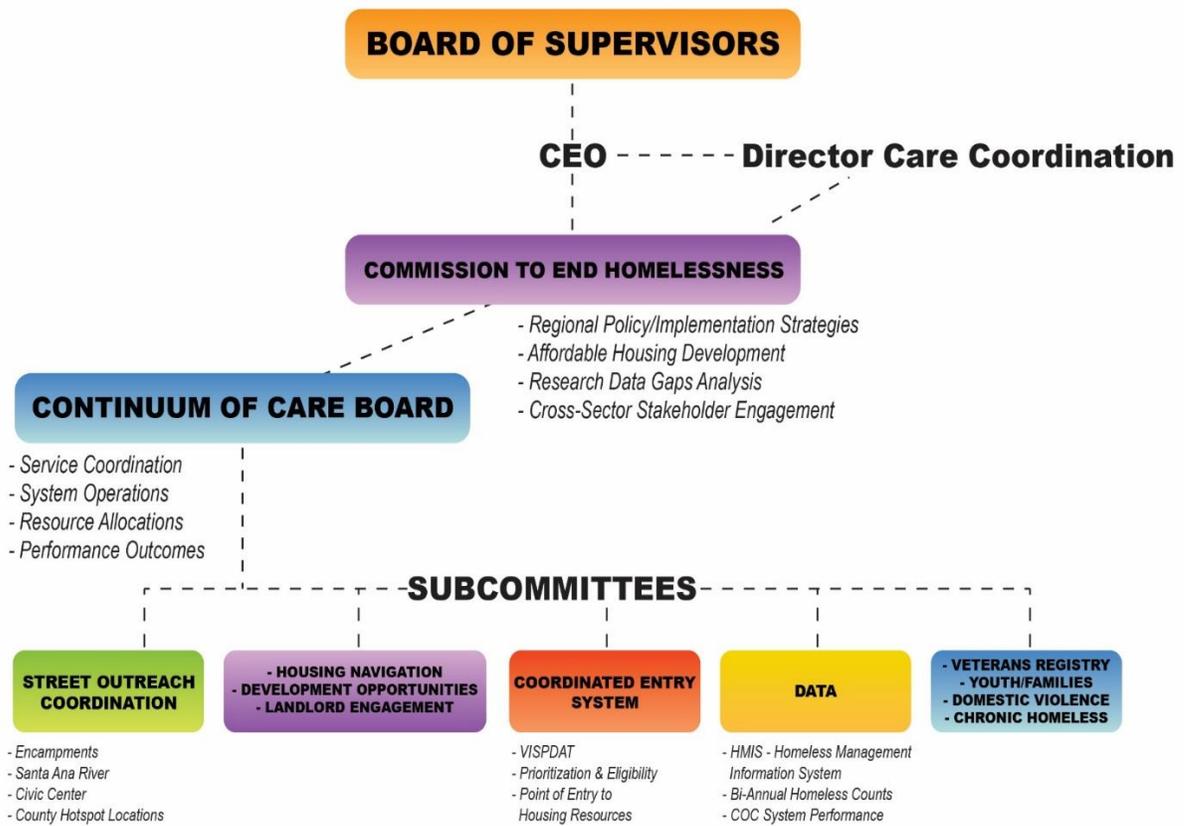
This dual role for the Commission has proven to be operationally misaligned for its membership and structure. The commissioners were appointed to recommend policy to the Board of Supervisors and were not prepared to manage the complexities of the HEARTH Act and Continuum of Care regulations. The implementation groups and corresponding subcommittees aligned with the 10-year planning process have reached a plateau; meanwhile, Continuum of Care membership has articulated that there are too

many meetings that are not considered functionally relevant in coordinating system-wide client services, resource coordination and system performance outcomes.

Collaborative Applicant vs. Unified Funding Agency Designation

HUD is encouraging lead agencies to work toward becoming a Unified Funding Agency (UFA), so individual agency contracts would be consolidated under the lead agency as a fiscal agent, rather than with HUD. In 2013, the Long Beach, CA and Columbus, OH Continuums of Care were the first in the nation to achieve this designation and spent three years working with HUD officials from the Washington, D.C., office to establish the functional authority and processes for future Continuums of Care to apply and gain UFA designations. There are now five UFAs in the country, and HUD has articulated a desire to move more Continuum of Care jurisdictions in this direction. The benefit of UFA designation is greater local control of the Continuum of Care funding which allows jurisdictions to better meet local needs, priorities and objectives.

Homeless Management Information System (HMIS)

The Homeless Management Information System (HMIS) is a software system used to collect client-level data and information on the provisions of housing and services to homeless individuals and families and persons at risk of homelessness. HUD funds HMIS programs and requires Continuum of Care funded agencies to participate in order to track bed and unit occupancy, service utilization, submit performance and outcomes reports semi-annually. These reports are in the form of via an Annual Performance Report (by project), System Performance (all funded agencies combined) and the Annual Homeless Assessment Report (by component type).

The Orange County Continuum of Care has been part of the LA/OC HMIS Collaborative, which includes Long Beach, Glendale and Pasadena, since 2003 using the same HMIS software. Long Beach left the LA/OC collaborative in 2006 due to the shared software not meeting local needs. This year, the Los Angeles Homeless Services Authority (LAHSA) has completed an RFP process to change HMIS software vendors. Glendale and Pasadena have committed to change software in alignment with the LAHSA decision. For the Orange County Continuum of Care, 211OC is the HMIS lead and has elected to conduct an OC HMIS software procurement process independently. 211OC and OCCR are working with the Director of Care Coordination to effect a change to the HMIS software anticipated for a 2017 transition. Changing the HMIS software vendor will provide the necessary platform to improve coordination, de-duplicate efforts, maximize use of available shelter and housing resources and improve overall system performance.

Coordinated Entry System (CES)

The Coordinated Entry System (CES) is tasked with 1) establishing standardized eligibility for program entry and 2) aligning program resources with a standardized prioritization based on local needs for the available beds within the system of care. The Orange County Continuum of Care is using the VI-SPDAT as the acuity tool used to evaluate vulnerability identifying the most appropriate housing intervention for an individual or family.

The CES is in its second year of implementation and 211OC is the lead agency for this Continuum of Care component. CES relies upon all parts of the Continuum of Care system aligning to the single point of entry, while closing all the side doors to program entry across the system. The County of Orange is a large geographic area so in an effort to best target available resources, CES is recommended to operate within three Service Planning Areas – North, Central and South County jurisdictions so that local targeting may

be achieved regionally. Functional HMIS software is critical for this virtual coordination, and all stakeholders must be invested in the benefits of being within the CES for it to be successful.

<center>Continuum of Care System Performance Key Issues Identified[14]</center>

Inventory of beds and services in OC not aligned to homeless population	Beds and Services not targeted to those with highest needs
Program barriers high •35% to 59% receiving HUD housing were not homeless upon entry	Supportive Services are not focused on stabilization and securing housing.

Other Federal Mandates and Priorities for the Continuum of Care System

Additional Continuum of Care priorities include biannual homeless counts; collaboration with other consolidated plan Cities within the jurisdiction who receive CDBG, ESG and HOME funding; Public Housing Authorities; coordination with school districts, child welfare, criminal justice and healthcare systems related to discharge planning; connection to mainstream benefits and diversified funding to match/leverage with HUD-funded components.

The Orange County Continuum of Care must additionally comply with the following federal mandates and priorities:

1. Biannual homeless counts
2. Collaboration with:
   a. Consolidated plan cities within the jurisdiction who receives CDBG, ESG, and HOME funding
   b. Public Housing Authorities
   c. School districts and child welfare systems
   d. Criminal justice, child welfare and health care systems related to discharge planning
3. Diversified funding to match and leverage with the HUD funded components of the Continuum of Care
4. Improved connections to mainstream benefits and employment programs.

Continuum of Care Structure

All contracts are individual by project with agencies having direct contracts with HUD; however, under the HEARTH Act, this is more a logistical relationship because HUD expects the local Continuum of Care Board to lead, manage, coordinate and make allocation decisions to meet HUD and local priorities. The HEARTH

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[14] 211OC Presentation

Act prescribes that Continuums of Care are to achieve high performance and operate as a fully integrated system, rather than as individually operated and unconnected projects.

The Lead Agency, along with the Continuum of Care Board, must act in the best interest of the jurisdiction and ensure stable and increased funding, which is contingent on system-wide performance indicators and local strategic objectives. These decisions are difficult, and must be based on collective system functionality and performance. Beginning with the Federal FY 2016 Continuum of Care program application, system performance is the main priority, which requires all funded projects to work together, when historically they were rated individually. The Continuum of Care Board has the authority to recommend renewing or reallocating existing project funds if not in the best interest of the Orange County Continuum of Care, to create new projects that better align with local objectives.

Continuum of Care Annual Competitive Process

In the FY 2015 Continuum of Care application process, the Orange County Continuum of Care lost $1.6 million in funding for transitional housing programs, which equates to 274 beds; however, the Orange County Continuum of Care did receive $2.9 million in new permanent supportive housing bonus funds that will provide 207 beds for the chronically homeless and a $520,323 reallocation for a new rapid rehousing project for homeless veterans deemed ineligible for VA health care programs. These funding shifts are intended to meet HUD and local priorities for annual competitive Continuum of Care funding.

Nationally, the FY 2015 Continuum of Care competition was unprecedented, in that nearly 70% of all transitional housing projects were either defunded by HUD or reallocated by local jurisdictions to create more permanent supportive housing or rapid rehousing projects. This shift was prescribed by HUD's stated priorities, as noted by the changes in scoring methodology that de-emphasized transitional housing projects due to national research studies that promote permanent housing as the most cost-effective solution to homelessness. The impacts of this will be notable beginning with the FY 2016 Continuum of Care competition, as the OC Continuum of Care application contains only permanent housing (PH) projects. These projects have little turn over, so each year, the Continuum of Care application is merely renewing existing PH housing units that are occupied for the most part. In a housing market as competitive as Orange County, identifying and securing available and affordable permanent housing units for the lowest income and subsidized housing programs has become very challenging for providers. Emergency shelter resources will be used to expedite housing placements, as the HUD funding has aligned the Continuum of Care system with its Housing First methodology.

Appendix A – State Legislation on Homelessness & Affordable Housing - 2016

No Place Like Home

In January of 2016 the Senate introduced its "No Place Like Home" initiative, which would divert between $120-130 million in MHSA funds annually, over 20 to 30 years to service a $2 billion housing bond to construct permanent supportive housing for chronically homeless persons with mental illness. The proposal is to construct permanent supportive housing for chronically homeless persons with mental illness; to provide supportive housing in the shorter-term, rent subsidies, while the permanent housing is constructed or rehabilitated; support for two special housing programs for families - Bringing Families Home" pilot project and the CalWORKS Housing Support Program; increase the Supplemental Security Income/State Supplementary Payment (SSI/SSP) grants to 1.3 million Californians who are considered at risk of becoming homeless; and one-time investment to incentivize local governments to boost outreach efforts and advocacy to get more eligible poor people enrolled in the SSI/SSP program.

Negotiations picked up in June, and Orange County worked with the California State Association of Counties (CSAC) and other groups to push for amendments to be made.

As part of the negotiations on No Place Like Home, an additional budget bill, **AB 1622**, was passed. This results in an expansion to the Homeless Youth and Exploitation Program which will include a new pilot project in Orange County counties over five years.

Governor's By-Right Proposal: by-right proposal aimed to accelerate the development of housing by providing greater certainty in the local entitlement process, by bypassing cities and counties discretionary approval process for qualifying housing projects.

Assembly Affordable Housing Proposal: The proposal has been revised a number of times and most recently adopted $400 million in affordable housing funds without reference to specific programs. The affordable housing funding will be available contingent on passage of the governor's By-Right proposal.

In previous proposal, the following programs were included:

- Rental Housing for Lower Income Working Families – Low Income Housing Tax Credit (LIHTC) and Multi-Family Housing Program
- Homeownership Opportunities and Rental Housing For Working Families – Local Funding Grants for Workforce Housing, CalHOME, and Mortgage Debt Forgiveness, which extends the important tax relief to struggling homeowners.
- Housing Assistance and Production for Homeless Individual and Families – Multi-Family Housing Program – Supportive housing, Medi-Cal Housing Program, and Emergency Solutions Grant Program.

CalWORKs Housing Support Program: The CalWORKs Housing Support Program assists homeless CalWORKs families by moving them into permanent housing.

CalWORKs Housing Assistance Program: The Legislature lifted the once-in-a-lifetime restriction on the temporary and permanent housing benefits beginning January 1, 2017.

HR 56 (Santiago) Recognizes that the challenge of confronting homelessness requires the active engagement and leadership of all arms of government and requests that Governor Brown declare a state of emergency on homelessness. Adopted.

SB 608 (Liu) & SB 876 (Liu) These bills enact the Right to Rest Act, which would afford persons experiencing homelessness the right to use public space without discrimination based on their housing status and a civil remedy if their rights pursuant to the Act are violated. Dead.

SB 879 (Beall), the Affordable Housing Bond Act of 2018. Authorizes the issuance of $3 billion in general obligation bonds for affordable housing construction, subject to approval by the voters, in the November 2018 election. Specifically for Multifamily Housing Program, Transit-Oriented Development and Infill Infrastructure Account, Special Populations Housing Account and the CalHome Program. SB 879 did not make it to the governor this year.

SR 84 (Hall) Creates the California Emergency Services Act, which empowers the governor to proclaim a state of emergency in an area affected or likely to be affected by homelessness in certain circumstances. Dead.

The following items are awaiting action by the Governor:

AB 801 (Bloom) requires public universities to give priority admission preferences to students who are homeless in the same way that foster youth receive a preference.

AB 2031 (Bonta) gives cities authority to approve issuance of bonds for affordable housing development paid for with "boomerang funds" without voter approval.

AB 2299 (Bloom) Makes a number of changes to the Accessory Dwelling Unit (ADU) review process and standards.

AB 2501 (Bloom) strengthens current Density Bonus Law, ensuring its incentives are available "by right" to housing providers who include affordable apartments.

AB 2818 (Chiu) requires assessors to consider the underlying land lease and affordability restrictions on a community land trust home to determine the value of the property to reduce inconsistencies. AB 2818 moved through the legislative process on a bipartisan basis.

AB 2821 (Chiu) Housing for a Healthy California Program - leverages Medi-Cal to create supportive housing by linking state-funded rental subsidies with Medi-Cal beneficiaries experiencing homelessness.

SB 1380 (Mitchell) establishes the Homeless Coordinating and Financing Council to oversee the implementation of Housing First guidelines and regulations statewide and identify resources and services to prevent and end homelessness in California.

SB 1069 (Wieckowski) requires an ordinance for the creation of accessory dwelling units (ADUs) to include specified provisions regarding areas where ADUs may be located, standards, and lot density. This bill revises requirements for the approval or disapproval of an ADU application when a local agency has not adopted an ordinance.

SB 1150 (Leno) protects surviving homeowners from unnecessary foreclosures after the death of the mortgage-holder.

Appendix B - Estimate of County Resources for Fiscal Year 2016-17 - REVISED

Department	Homeless Designated Only Resources ($)	Funding for Countywide Residents ($) income/disability eligibility	Total ($)
Program/Grant Title			
OC Community Resources			
Continuum of Care	22,025,895		
Veteran's Affairs Supportive Services (VASH)	7,400,000		
Tenant Based Rental Assistance	500,000	970,970	
Housing Choice Voucher & Other Programs	2,461,600	146,374,480	
Affordable Housing Development		8,000,000	
Total OC Community Resources:	**32,387,495**	**155,345,450**	**187,732,945**
Health Care Agency			
Public Health Services	2,692,859	46,040,483	
Outreach	5,522,342	290,650	
Mental Health Treatment	21,423,095	40,199,693	
Mental Health Residential Care and Housing	4,064,147	5,386,222	
Mental Health Full Service Partnership	5,813,868	21,965,931	
Substance Abuse Treatment	6,325,173	1,675,931	
Medical Safety Net		2,300,000	
Total Health Care Agency:	**45,841,484**	**117,858,910**	**163,700,394**
Social Service Agency			
Mobile Unit Response Vehicle and Outreach	119,298		
Medi-Cal Application Intake	323,074	152,265,160	
CalFresh	123,763	30,688,415	
CalWORKs (includes assistance payments)	3,437	226,816,625	
Cash Assistance Program for Immigrants		42,215	
Refugee Cash Assistance		456,382	
General Relief (includes assistance payments)	83,625	8,623,961	
Total Social Service Agency:	**653,197**	**418,892,758**	**419,545,955**
Sheriff's Department			
Homeless Liaison Officers	890,000		
Total Sheriff's Department:	**890,000**		**890,000**
Public Defender			
Collaborative Courts are funded by the State and provide specialized court tracks that combine judicial supervision and monitored rehabilitation services.			
OC Public Works			
Land Management: Encampments	1,500,000		
Santa Ana Transit Restroom Maintenance	57,600		
Portable Restrooms at Civic Center	59,412		
Additional Maintenance Costs	51,000		
Total OC Public Works:	**1,668,012**		**1,668,012**
Funding for the Dedicated Shelters			
One-Time Cost – Acquisition and Improvement	8,136,509		
One-Time Cost – Mental Health Clinic Space	1,200,000		
Annual Operating Costs	3,607,527		
Total Funding for Shelters:	**12,944,036**		**12,994,036**
Estimate TOTAL County Resources	**94,384,224**	**692,097,118**	**786,481,342**