A G E N D A

REGULAR MEETING
COMMISSION TO END HOMELESSNESS

Wednesday, March 20, 2019, 9:00 A.M.

Orange County Transportation Authority
Board Room – Conference Room 07-08
550 South Main Street, Orange, California

COMMISSION MEMBERSHIP

Andrew Do, First District, Board of Supervisors, Chair
Michelle Steel, Second District, Board of Supervisors
Ken Domer, North Service Planning Area
Vacant, Central Service Planning Area
Vacant, South Service Planning Area
Sue Parks, Philanthropic Representative
Tom Kisela, Chief of Police
Randy Black, Orange County Fire Authority
Richard Afable, Hospital Representative
Jim Palmer, Faith-based Community Representative
Daniel Young, Business Representative, Vice Chair
Jack Toan, Business Representative
Don Barnes, Orange County Sheriffs' Department
Scott Larson, Affordable Housing Development
Marshall Moncrief, Behavioral Health Representative
Vacant, At Large Member
Vacant, At Large Member
Vacant, Continuum of Care Board Representative
Vacant, Continuum of Care Board Representative

Executive Director
Susan Price, Director of Care Coordination

Clerk of the Commission
Valerie Sanchez, Chief Deputy Clerk

This agenda contains a brief general description of each item to be considered. The Commission encourages public participation. If you wish to speak on any item of business or during public comments, please complete a Speaker Request Form and deposit it in the Speaker Form Return box located next to the Clerk. Speaker Forms are located on the table next to the entrance doors. Except as otherwise provided by law, no action shall be taken on any item not appearing in the agenda. When addressing the Commission, please state your name for the record prior to providing your comments.

****In compliance with the Americans with Disabilities Act, those requiring accommodation for this meeting should notify the Clerk of the Board's Office 72 hours prior to the meeting at (714) 834-2206****

All supporting documentation is available for public review online at: http://www.ocgov.com/gov/ceo/care/commendhom *and in the office of the Clerk of the Board of Supervisors located in the Hall of Administration Building, 333 W. Santa Ana Blvd., 10 Civic Center Plaza, Room 465, Santa Ana, California 92701 during regular business hours, 8:00 a.m. - 5:00 p.m., Monday through Friday.*

A G E N D A

1. Call to Order

2. Pledge of Allegiance

3. Roll Call

ACTION ITEMS (Items 4-5):

4. Approve Commission to End Homelessness meeting minutes from February 25, 2019 special meeting.

5. Approve creation of three subcommittees of the Commission to End Homelessness and identify the priorities and members for each. (Continued from 2/25/19, Item 6)

DISCUSSION ITEMS (Item 6):

6. Overview of the County of Orange System of Care
    a. Care Coordination
    b. Healthcare
    c. Behavioral Health
    d. Community Corrections
    e. Housing
    f. Public Social Services

PUBLIC COMMENT

At this time members of the public may address the Commission on any matter not on the agenda but within the subject matter jurisdiction of the Commission.

COMMISSION MEMBERS COMMENTS

ADJOURNMENT

NEXT MEETING: Wednesday, May 1, 2019

SUMMARY ACTION MINUTES

SPECIAL MEETING
COMMISSION TO END HOMELESSNESS

Monday, February 25, 2019, 1:00 P.M.

Orange County Transportation Authority
Board Room – Conference Room 07-08
550 South Main Street, Orange, California

Andrew Do, First District, Board of Supervisors, Chair	Daniel Young, Business Representative, Vice Chair
Michelle Steel, Second District, Board of Supervisors	Jack Toan, Business Representative
Ken Domer, North Service Planning Area	Don Barnes, Orange County Sheriffs' Department
Vacant, Central Service Planning Area	Scott Larson, Affordable Housing Development
Vacant, South Service Planning Area	Marshall Moncrief, Behavioral Health Representative
Sue Parks, Philanthropic Representative	Vacant, At Large Member
Tom Kisela, Chief of Police	Vacant, At Large Member
Randy Black, Orange County Fire Authority	Vacant, Continuum of Care Board Representative
Richard Afable, Hospital Representative	Vacant, Continuum of Care Board Representative
Jim Palmer, Faith-based Community Representative	

ATTENDANCE: Commissioners Do, Young, Steel, Domer, Parks, Afable, Palmer, Toan, Moncrief

ABSENT: Commissioners Kisela, Black, Barnes, Larson

PRESENT:	EXECUTIVE DIRECTOR	Susan Price, Director of Care Coordination
	CLERK OF THE COMMISSION	Valerie Sanchez, Chief Deputy Clerk

1. Call to Order

   COMMISSION CHAIR ANDREW DO CALLED THE MEETING TO ORDER AT 1:06 P.M.

2. Pledge of Allegiance

   COMMISSION VICE CHAIR DAN YOUNG LED THE PLEDGE OF ALLEGIANCE

3. Roll Call

   THE CLERK CALLED THE ROLL AND CONFIRMED QUORUM

SUMMARY ACTION MINUTES

ACTION ITEMS

4. Approve delegation of Commission Secretary duties to prepare agendas, maintain meeting minutes and other administrative matters related to clerking of the Commission meetings from the Executive Director to the Clerk of the Board or designated Deputy Clerks.
3 12 1 2 4 7 8 9 10 11 13 14 15
XX X X
APPROVED AS RECOMMENDED

5. Approve Commission to End Homelessness meeting minutes from November 29, 2018 and January 16, 2019 meetings.
11 7 1 2 3 4 8 9 10 12 13 14 15
XX X X
APPROVED AS RECOMMENDED

6. Approve creation of three subcommittees of the Commission to End Homelessness and identify the priorities and members for each.
Executive Director Susan Price summarized policy areas for potential subcommittees including Data, System of Care Integration, Permanent Housing, Legislation and Funding Resources. Commissioner Palmer suggested creation of Mental Health Task Force. Commissioner Do suggested reaching out to the nine other local bodies whose work intersects with homelessness. Commissioner Do requested and received an update on status of data dashboards from each program. Commissioner Young requested staff to provide for next meeting, information on the System of Care including what services, facilities, and resources make up the System of Care; and what data exists that can be reported. Commissioner Do requested staff compile a list of programs that intersect with homelessness.

ACTION:
CONTINUED TO MARCH 20, 2019, 9:00 A.M.

DISCUSSION ITEMS

7. Discuss strategy and process for Ending Veteran Homelessness in Orange County.
Executive Director discussed strategy for ending veteran homelessness through Veterans Affairs Supportive Housing (VASH) vouchers, veteran's village projects and community and stakeholder engagement. Commissioner Parks suggested including the two or three biggest road blocks preventing veterans from obtaining housing to reports.

PUBLIC COMMENT

Craig Durfey – Oral Re: The importance of education and reducing childhood use of electronics and technology as a means of mental illness prevention and preventing future homelessness; SB 972 suicide prevention in schools.

SUMMARY ACTION MINUTES

COMMISSION MEMBER COMMENTS

Commissioner Steel – Oral Re: Requested staff reports for Commission agenda items; requested and received an update on filling commission vacancies and on the recruitment of Continuum of Care Manager.

Commissioner Young – Oral Re: Requested and received an update on permanent supportive housing and requested further updates to be provided at subsequent meetings.

ADJOURNED: **2:34 P.M.**

NEXT MEETING: **March 20, 2019**

*** VOTE KEY ***

(1st number = Moved by; 2nd number = Seconded by)

1 Andrew Do
2 Dan Young
3 Michelle Steel
4 Ken Domer
5 Vacant
6 Vacant
7 Sue Parks
8 Tom Kisela
9 Randy Black
10 Richard Afable
11 Jim Palmer
12 Jack Toan
13 Don Barnes
14 Scott Larson
15 Marshall Moncrief
16 Vacant
17 Vacant

A = Abstained
X = Excused
N = No
C.O. = Commission Order

SUPERVISOR ANDREW DO
Chair

Valerie Sanchez, Chief Deputy Clerk
Clerk of the Commission

Commission to End Homelessness

March 20, 2019

County of Orange

County of Orange
Components of the System of Care

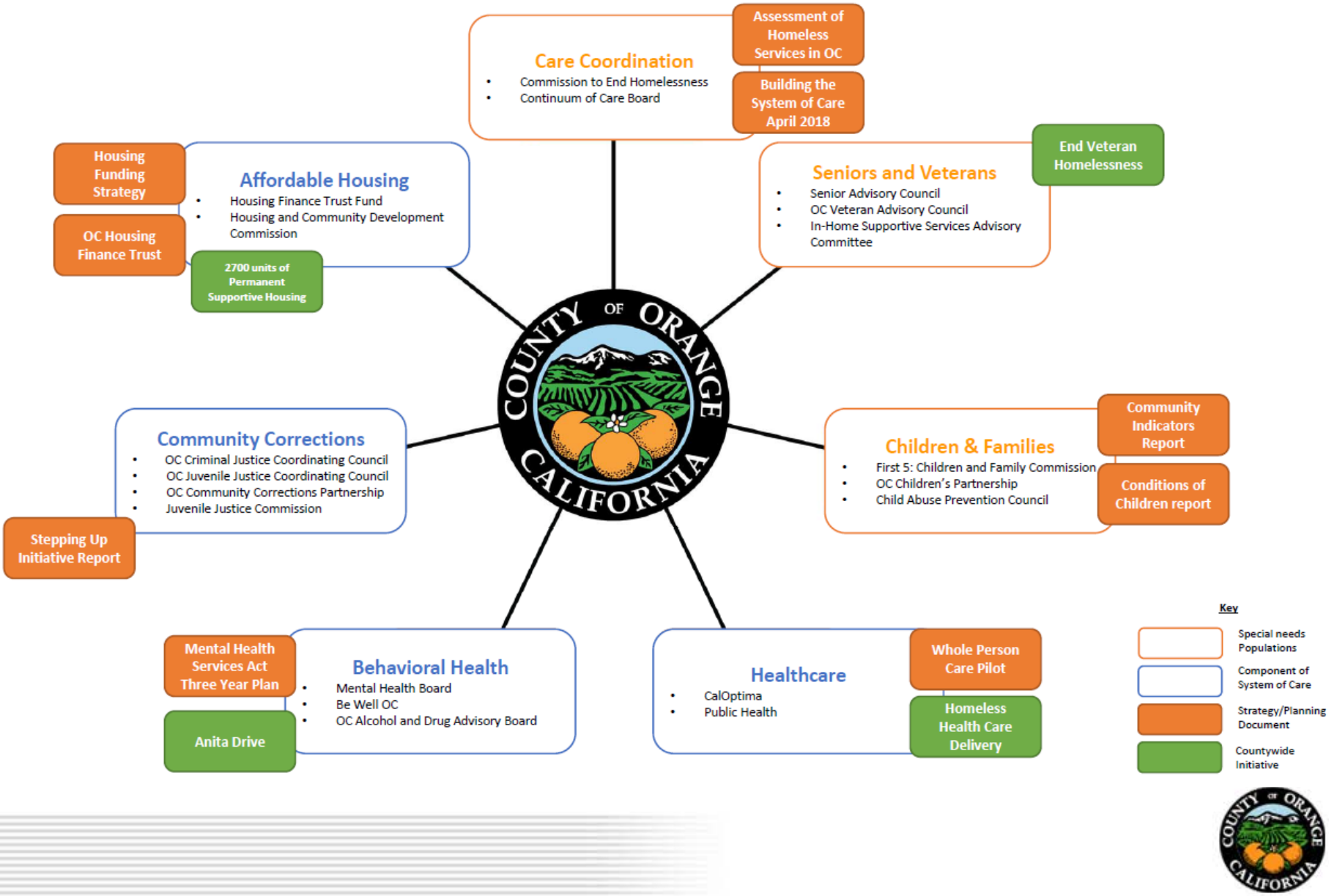
Community Corrections

Public Social Services

Behavioral Health

Healthcare

Housing


Care Coordination
Commission to End Homelessness
Continuum of Care Board
Assessment of Homeless Services in OC
Building the System of Care April 2018
Affordable Housing
Housing Finance Trust Fund
Housing and Community Development Commission
Housing Funding Strategy
OC Housing Finance Trust
2700 units of Permanent Supportive Housing
Seniors and Veterans
Senior Advisory Council
OC Veteran Advisory Council
In-Home Supportive Services Advisory Committee
End Veteran Homelessness
COUNTY OF ORANGE CALIFORNIA
Community Corrections
OC Criminal Justice Coordinating Council
OC Juvenile Justice Coordinating Council
OC Community Corrections Partnership
Juvenile Justice Commission
Stepping Up Initiative Report
Children & Families
First 5: Children and Family Commission
OC Children's Partnership
Child Abuse Prevention Council
Community Indicators Report
Conditions of Children report
Behavioral Health
Mental Health Board
Be Well OC
OC Alcohol and Drug Advisory Board
Mental Health Services Act Three Year Plan
Anita Drive
Healthcare
CalOptima
Public Health
Whole Person Care Pilot
Homeless Health Care Delivery
Key
Special needs Populations
Component of System of Care
Strategy/Planning Document
Countywide Initiative

Healthcare

- Hospital Data for Homeless Patients
  - 12,885 total homeless patient encounters in 2017
  - Mental health disorder diagnostics category accounted for 32% of homeless patient visits
- Whole Person Care
  - Total unduplicated enrollees for 2017 and 2018 – 7,329
  - Decreased number of 911 calls to Courtyard Transitional Center
    - 2017 – 2.2 calls/day average
    - 2018 – 1.8 calls/day average

Healthcare

- Comprehensive Health Assessment Team – Homeless (CHAT-H)
  - 1,666 encounters that provides individuals with assessment, health, education, follow up and resources in FY 2017-2018
- Homeless Health Care Delivery
  - Clinical Field Team Pilot, Homeless Response Team
- CalOptima
  - January 2019 total membership – 763,906
  - 25% of Orange County's population

Behavioral Health

- Mental Health Services Act Plan
- Outreach & Engagement
  - "blue shirts" bridge from street outreach to emergency shelter system
  - 36,561 outreach contacts in FY 2017-2018
- Crisis Stabilization Units (CSU)
  - County CSU
    - Currently: 10 beds available → average daily census of 15
    - July 2019: 15 beds available → average daily census of 22
  - Costa Mesa CSU to open July 2019 with 12 beds
  - Anita Drive CSU – Public Private Prtnership
- Inventory of Services Available to Homeless Populations

Community Corrections

- Stepping Up Initiative Report
- Proposition 47 Re-Entry Program
  - Opened 24/7 Re-Entry Center operated by Project Kinship
  - Offers community counseling and supportive services for mental health and substance abuse
- Coroner Division Homeless Mortality Report
  - 51 (26%) of deaths in 2017 were due to accidental overdose
  - 43 (20.5%) of deaths in 2018 were due to accidental overdose*

*2018 results are still pending status awaiting toxicology results

Housing

- Housing Funding Strategy
  - 1,000 units of affordable housing in the pipeline
- Orange County Housing Finance Trust
  - Approved by Board of Supervisors March 12, 2019
- County of Orange Housing Programs
  - 2,200 (46%) of individuals annually accessing the Continuum of Care resources exit to a permanent housing destination
  - 99% permanent housing retention rate after two years

Public Social Services

- Restaurant Meals Program (RMP)
  - Seniors, disabled and homeless households are eligible
  - 12,471 of 30,778 (40.5%) eligible households are experiencing homelessness
- CalWORKs Homeless Prevention and Housing Data
  - Four different interventions for families at-risk of homelessness and experiencing homelessness
    - CalWORKs Temporary Homeless Assistance
    - CalWORKs Permanent Homeless Assistance
    - ResCare – Housing Support
    - CalWORKs

Public Social Services

- Connections to Benefits at Homeless Service Locations
  - Mobile Response Vehicle
    - Courtyard Transitional Center
    - Bridges at Kraemer Place
    - Family Assistance Ministries
  - Calendar 2018 Total Applications Completed
    - Inquiries – 4,910
    - General Relief – 902
    - CalFresh – 590
    - Medi-Cal – 303

Main System Gaps Identified

- Healthcare stabilization for vulnerable, disabled, elderly homeless populations served in shelter system

- Residential mental health and substance abuse treatment – Need additional locations regionally

- Seamless re-entry and connection to mental health treatment

- Shelter resources needed in South Service Planning Area
- Housing Development
  - New construction
  - Renovation of existing stock
  - Project-based and scattered site
  - Landlord Incentives

- Disability benefits outreach, access and advocacy as General Relief assistance is limited

County of Orange System of Care

County Executive Office
Integrated Services

Healthcare

Behavioral Health

Community Corrections

Housing

Public Social Services

Office of Care Coordination

Commission to End Homelessness

Office of Care Coordination

COUNTY OF ORANGE | COUNTY EXECUTIVE OFFICE

County of Orange System of Care

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Commission to End Homelessness

Bylaws

THE MISSION:

"Effectively End Homelessness in Orange County."

ARTICLE I: NAME, PURPOSE AND FUNCTIONS

A. The name of this organization shall be the Commission to End Homelessness, hereinafter referred to as "Commission." It is established pursuant to Resolution #_____ approved by the Board of Supervisors.

1. The members of the Commission are approved by the County of Orange (hereinafter "County") Board of Supervisors (BOS) as outlined in Article II.

2. The official office location and mailing address of the Commission shall be:

   c/o Executive Director, Hall of Administration, 333 W. Santa Ana Blvd., Santa Ana, CA 92701.

B. The purpose of the Commission is to:

1. Work in collaboration with County government, City governments, philanthropy, business sector, community and faith based organizations, and other interested stakeholders to focus on regional policy and implementation strategies, affordable housing development, data and gaps analysis, best practice research, social policy and systemic change to promote an effective response to homelessness within the County of Orange.

2. Act as an advisory Commission to the BOS, having no independent authority to act on matters such as legislation or lobbying.

3. Foster regional leadership that promotes resource development to address homelessness within the County of Orange.

C. In accordance with the County's initiatives to end homelessness, the functions of the Commission are as follows:

1. Provide leadership and influence to ensure the implementation of the goals and strategies that address and end homelessness in the County.

2. Strengthen regional capacity and multi-city, multi-sector investments to prevent, mitigate and end homelessness.

3. Prepare and file reports as directed by the BOS which shall be presented to the BOS at a regularly scheduled meeting, and made available for public comment.

4. Promote integration of services throughout the community that promotes both coordination and integration of resources that improves the countywide response to homelessness.

5. Promote and support strategies with each of the collaborative agencies/entities to facilitate financial and political support.

D. In the performance of its responsibilities, the Commission shall not engage nor employ any discriminatory practices in the provision of services or benefits, assignment of accommodations, treatment, employment of personnel or in any other respect on the basis of sex, race, color, ethnicity, national origin, ancestry, religion, age, marital status, medical condition, sexual orientation, physical or mental disability or any other protected group in accordance with the requirements of all applicable County, State or Federal laws, regulations or ordinances.

ARTICLE II: APPOINTMENT AND MEMBERSHIP

A. Membership of the Commission is to be composed of seventeen (17) voting seats and two (2) non-voting seats. The voting members of the Commission shall be appointed by a majority vote of the BOS. The non-voting members shall be appointed by the Continuum of Care Board. Except as provided in paragraph B, all members of the Commission shall be residents and registered voters in the County of Orange. The membership of the Commission shall be comprised of the following categories of community stakeholders:

1. Voting Members:

    a. One (1) individual who served, or serves, as a current City Manager or an elected official in the North Service Planning Area.

    b. One (1) individual who served, or serves, as a City Manager or an elected official in the Central Service Planning Area.

    c. One (1) individual who served, or serves, as a City Manager or an elected official in the South Service Planning Area.

    d. One (1) philanthropic leader;

    e. Two (2) business representatives;

    f. One (1) representative of the affordable housing development industry;

    g. One (1) representative of the Orange County Sheriff-Coroner Department with knowledge of the County's Stepping Up Initiative;

    h. One (1) individual who serves as the Chief of Police in an Orange County city;

    i. One (1) municipal fire department representative with an expertise in the provision of emergency medical services;

    j. One (1) hospital representative with an expertise in the local hospital emergency room treatment and discharge system;

    k. One (1) behavioral health representative with an expertise in mental health and addiction; and

    l. One (1) representative of the faith based community.

m. Two (2) members of the Board of Supervisors.

n. Two (2) members who are at-large.

2. Non-Voting Members:

a. Two (2) Continuum of Care Board representatives.

B. The BOS may, if it finds that the best interests of the County will be served, waive the voter registration and residency requirement of paragraph A.

C. The Commission shall establish a Membership Committee to recruit, evaluate, and make recommendations for appointments to the Commission to be submitted to the BOS for final approval. When evaluating Commission Members for BOS consideration and approval, the Membership Committee should render an executive level individual that is highly regarded in his/her respective field and community due to his/her knowledge, expertise, achievements, leadership, and commitment to address homelessness within Orange County. If so directed, the BOS commission members may direct the Executive Director to seek nominations from community based professional associations and committees, as appropriate to nominate for vacancy consideration.

ARTICLE III: TERMS OF OFFICE

A. The voting members of the Commission shall have the following terms of office:

1. For the initial term of office, each member shall be randomly assigned a term of two years or three years. After the initial term, all members will have two-year terms; terms of office may be renewed at the discretion of the BOS. The Commission shall, at its first meeting, confirm the initial, randomly selected two and three year terms. Maximum term will be (four terms) eight years.

2. Appointments made to fill a vacancy left by a member before the expiration of the term of that member shall be for the remaining term of that member.

3. A member, who has not been reappointed or replaced at the expiration of his/ her term, shall serve as a member of the Commission until reappointed or replaced by the BOS.

B. Non-voting members of the Commission have no fixed term of office and serve until replaced by the Continuum of Care Board or removed by the BOS.

ARTICLE IV: STAFFING SUPPORT

A minimum of one full time Executive Director with staff support from Orange County Community Resources (OCCR) shall be required to support the Commission's work. The Executive Director will be responsible to facilitate an active flow of communication and coordination with the Commission. Additionally, the Executive Director will also be responsible for engaging and updating other countywide homeless service groups and other stakeholders on the progress of the Commission's efforts.

ARTICLE V: COMMISSION OFFICERS

A. Commission officers shall consist of:

1. Chairperson

   (a) The Commission Chairperson shall be appointed by the majority of the Commission. The duties of the Chairperson shall be to preside at meetings, decide points of order, announce all business, entertain motions, put motions to vote, and announce vote results.

   (b) The Chairperson may call special meetings of the Commission.

   (c) The Chairperson or his/her designee may represent the Commission at public functions.

2. Vice-Chairperson

   (a) The Vice-Chairperson shall be appointed by the majority of the Commission.

   (b) The Vice-Chairperson shall perform the duties of the Chairperson in his/her absence.

   (c) If the Chair becomes vacant, the Vice-Chairperson shall succeed to the Chair until the Commission has appointed its replacement for the Chair.

3. Secretary

   (a) For the purposes of the Commission, the Executive Director is the Secretary of the Commission. The Executive Director/Secretary is a non-voting member of the Commission and his/her duties are to prepare all of the Commission agendas with related materials, maintain any meeting minutes in accordance with the Ralph M. Brown Act, and perform any other Commission related administrative matters. The Executive Director/Secretary may delegate his/her duties to other individuals, upon approval of the Commission.

ARTICLE VI: DUTIES OF MEMBERS

A. Members shall attend meetings of the Commission and ad hoc committees to which they are appointed. The Commission shall routinely review member attendance at the Commission and committee meetings.

B. Commission Members shall notify the Chairperson of the Commission of any expected absence for a meeting by 5:00 PM of the day before a regularly scheduled meeting, indicating good and sufficient reasons for the absence. Such notification may be direct or through staff of the Commission.

ARTICLE VII: REMOVAL AND RESIGNATION OF MEMBERS

A. The Chairperson may recommend to the Commission the removal of any member(s) based on cause or absenteeism.

   1. Removal for Cause - Cause shall be defined as the member is unable effectively to represent the categorical seat to which he/she is appointed due to change of employment or status or, other reasons that substantially alters the member's qualifications which were present and considered in making the initial appointment or interfere with the individual's ability to properly function as a member of the Commission.

   2. Removal for Absenteeism - Members may be removed from membership of the Commission if the member is absent from more than three (3) consecutive regular Commission or standing working group meetings.

   3. Removal of a member for cause or absenteeism shall require a majority vote of the Commission, a quorum being present.

      (a) Upon removal, the Executive Director or designated staff will notify the BOS within 30 days. The BOS will then nominate a new member.

B. The BOS may, at any time and without cause, remove any Commission member from office prior to the expiration of his/her term of office by majority vote of the BOS.

C. Resignation of Commission members shall be effected by a written letter of resignation submitted to the Chairperson of the Commission.

ARTICLE VIII: AD HOC COMMITTEES

A. Ad Hoc Committees - The Chairperson may establish ad hoc committees to provide recommendations regarding time-limited tasks that support the goals of the Commission.

ARTICLE IX: MEETINGS AND ACTIONS

The Commission shall meet bi-monthly (every other month) but no less than three times per year to receive reports on progress made on each of the goal areas set forth by the County of Orange. The initial meeting shall take place once the bylaws have been approved by the BOS. As a matter of public business during the first meeting, the Commission shall set its next public meeting. All meeting agendas shall be posted and distributed no less than 72 hours prior to the meeting.

A. The Commission shall, at its first meeting of each year, adopt a schedule of regular meetings and transmit that schedule in writing to members, the County, and the public at large.

B. All Commission meetings shall be open, public and noticed in conformance with the provisions of the Ralph M. Brown Act, California Government Code Section 54950 et seq., as amended and held at a location within Orange County, California that satisfies the access requirements of the Americans with Disabilities Act.

C. Special meetings of the Commission may be called either by the Chairperson or at the request of a majority of Commission members.

1. Notice of special meetings shall be delivered to members personally, by mail or electronically, and must be received no later than twenty-four hours in advance of the meeting.

2. Said notice must state the business to be considered and whether alternative technological means may be used such as telephone or video conferencing, as technological resource availability permits and as permissible by the Ralph M. Brown Act.

D. Quorum and voting requirements for meetings are as follows:

1. Quorum requirements are as follows:

(a) General Meetings – Quorum shall be no less than fifty percent + 1 of the voting Commission membership currently seated.

2. Voting Majority – Decisions and acts made by majority vote of the voting members at any duly constituted meeting shall be regarded as acts of the Commission, except as otherwise provided by these Bylaws.

(a) Members choosing to abstain from voting on specific actions will not affect majority requirements. Abstentions are considered a “non-vote” - neither a vote in the affirmative nor in the negative. However, in order for an action to be passed, a majority of the quorum casting votes must vote in the affirmative.

For example: If, at a standing Commission meeting, six (6) voting members of the committee are present to vote, and on a particular motion, three (3) vote in the affirmative, two (2) vote in the negative, and one (1) member abstains, the motion passes.

3. Conflict of Interest – Members of the Commission and any of its committees or subcommittees shall abstain from voting on any issue in which they may be personally interested to avoid a conflict of interest in accordance with County, State and Federal laws, regulations and ordinances and shall refrain from engaging in any behavior that conflicts with the best interest of County.

(a) Members of the Commission shall not vote nor attempt to influence any other Board member on a matter under consideration by the Commission as follows:

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

(2) By providing direct financial benefit to such member or the immediate family of such member; or

(3) Engaging in any other activity determined by County, State or Federal law, regulations and ordinances to constitute a conflict of interest.

(b) If a question arises as to whether a conflict exists that may prevent a member from voting, the Chairperson or designee may consult with designated County Staff to assist them in making that determination.

(c) In order to avoid a conflict of interest or the appearance of such conflict, all nominees to become members of the Commission shall disclose on forms provided by the County information regarding their private economic interests and shall fully comply with County, State or Federal laws, regulations and ordinances, as applicable.

(d) Neither Commission nor any of its members shall promote, directly or indirectly, any political party, political candidate or political activity using the name, emblem or any other identifier of Commission.

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

ARTICLE X: AUTHORITY

A. Parliamentary Authority – The latest available edition of *Robert's Rules of Order* shall govern the meetings of Commission and its committees and subcommittees in all cases in which it is applicable and in which it is not inconsistent with these Bylaws, any special rules of order the Commission may adopt, or any applicable County, State and Federal laws, regulations and ordinances.

ARTICLE XI: ADOPTION AND AMENDMENT OF BYLAWS

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

B. Amendments

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

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

B. Bylaws and any amendments to the Bylaws must be approved by the Board of Supervisors.

ARTICLE XII: ESTABLISHMENT AND ADOPTION OF OPERATING PROCEDURES

The Commission will establish and adopt operating procedures pertaining to the routine business of the Commission (i.e. meeting dates, order of business, etc.)

ARTICLE XIII: SEVERABILITY

Should any part, term, portion or provision of these Bylaws be determined to be in conflict with any law, regulation or ordinance or otherwise unenforceable or ineffectual, the remaining parts, terms, portions or provisions shall be deemed severable and their validity shall not be affected

thereby provided such remaining portions or provisions can be construed in substance to constitute the provisions that the members intended to enact in the first instance.

Commission to End Homelessness

Membership Roster as of March 11, 2019

Commission Seat	Membership	Term
One (1) individual who served, or serves, as a current City Manager or an elected official in the North Service Planning Area.	**Ken Domer** City Manager, City of Fullerton	8/28/2018 to 8/28/2021
One (1) individual who served, or serves, as a City Manager or an elected official in the Central Service Planning Area.	Vacant	8/28/2018 to 8/28/2020
One (1) individual who served, or serves, as a City Manager or an elected official in the South Service Planning Area.	Vacant	8/28/2018 to 8/28/2020
One (1) philanthropic leader.	**Sue Parks** President and CEO, OC United Way	8/28/2018 to 8/28/2020
Two (2) members of the Board of Supervisors.	**Andrew Do** First District Supervisor	8/28/2018 to 8/28/2021
	Michelle Steel Second District Supervisor	8/28/2018 to 8/28/2020
Two (2) business representatives.	**Jack Toan** Wells Fargo	8/28/2018 to 8/28/2020
	Dan Young Camino Enterprises	8/28/2018 to 8/28/2021
One (1) individual who serves as the Chief of Police in an Orange County city.	**Tom Kisela** Orange Police Department	8/28/2018 to 8/28/2021
One (1) municipal fire department representative with an expertise in the provision of emergency medical services.	**Randy Black** City of Santa Ana, Orange County Fire Authority	8/28/2018 to 8/28/2021
One (1) representative of the Orange County Sheriff-Coroner Department with knowledge of the County's Stepping Up Initiative.	**Don Barnes** Sheriff, OCSD	8/28/2018 to 8/28/2020
One (1) representative of the affordable housing development industry.	**Scott Larson** Executive Director, HomeAid	8/28/2018 to 8/28/2021
One (1) hospital representative with an expertise in the local hospital emergency room treatment and discharge system.	**Richard Afable** Hospital Association of Southern California	8/28/2018 to 8/28/2021
One (1) behavioral health representative with an expertise in mental health and addiction.	**Marshall Moncrief** Executive Director, Mental Health Southern California Region, St. Joseph Health	8/28/2018 to 8/28/2021
One (1) representative of the faith based community.	**Jim Palmer** President and Chief Executive Officer, Orange County Rescue Mission	8/28/2018 to 8/28/2020
Two (2) members who are at-large.	Vacant	
	Vacant	
	17 Voting Membership	
Non-Voting Members: Two (2) Continuum of Care Board representatives.	Vacant	
	Vacant	
	19 Total Membership	

Notice and Call
of a
Special Meeting
of the
Commission to End Homelessness

A Special Meeting of the Commission to End Homelessness will convene on **Monday, February 25, 2019 at 1:00 P.M.** at Orange County Transportation Authority, Board Room 550 South Main Street, Orange, California.

The items of business to be conducted at this meeting are:

See attached agenda

Opportunity will be provided before or during the consideration of each item of business on the special meeting agenda for members of the public to directly address the Commission regarding that item of business.

/s/ _____

Commission to End Homelessness
Andrew Do, Chair

S P E C I A L M E E T I N G A G E N D A

SPECIAL MEETING
OF THE
COMMISSION TO END HOMELESSNESS

Monday, February 25, 2019, 1:00 P.M.

Orange County Transportation Authority
Board Room – Conference Room 07-08
550 South Main Street, Orange, California

COMMISSION MEMBERSHIP

Andrew Do, First District, Board of Supervisors, Chair
Michelle Steel, Second District, Board of Supervisors
Ken Domer, North Service Planning Area
Vacant, Central Service Planning Area
Vacant, South Service Planning Area
Sue Parks, Philanthropic Representative
Tom Kisela, Chief of Police
Randy Black, Orange County Fire Authority
Richard Afable, Hospital Representative
Jim Palmer, Faith-based Community Representative
Daniel Young, Business Representative, Vice Chair
Jack Toan, Business Representative
Don Barnes, Orange County Sheriffs' Department
Scott Larson, Affordable Housing Development
Marshall Moncrief, Behavioral Health Representative
Vacant, At Large Member
Vacant, At Large Member
Vacant, Continuum of Care Board Representative
Vacant, Continuum of Care Board Representative

Executive Director
Susan Price, Director of Care Coordination

Clerk of the Commission
Valerie Sanchez, Chief Deputy Clerk

This special meeting agenda contains a brief general description of each item to be considered. The Commission encourages public participation. If you wish to speak on any item appearing on the special meeting agenda or during the public comments, please complete a Speaker Request Form and deposit it in the Speaker Form Return box located next to the Clerk prior to the reading of the item or prior to the start of the public comments. Speaker forms are located on the table next to the entrance doors. Except as otherwise provided by law, no action shall be taken on any item not appearing in the agenda. When addressing the Commission, please state your name for the record prior to providing your comments.

****In compliance with the Americans with Disabilities Act, those requiring accommodation for this meeting should notify the Clerk of the Board's Office 72 hours prior to the meeting at (714) 834-2206****

All supporting documentation is available for public review online at:
http://www.ocgov.com/gov/ceo/care/commendhom *and in the office of the Clerk of the Board of Supervisors located in the Hall of Administration Building, 333 W. Santa Ana Blvd., 10 Civic Center Plaza, Room 465, Santa Ana, California 92701 during regular business hours, 8:00 a.m. - 5:00 p.m., Monday through Friday.*

S P E C I A L M E E T I N G A G E N D A

1. Call to Order

2. Pledge of Allegiance

3. Roll Call

ACTION ITEMS (Item 4-6)

4. Approve delegation of Commission Secretary duties to prepare agendas, maintain meeting minutes and other administrative matters related to clerking of the Commission meetings from the Executive Director to the Clerk of the Board or designated Deputy Clerks.

5. Approve Commission to End Homelessness meeting minutes from November 29, 2018 and January 16, 2019 meetings.

6. Approve creation of three subcommittees of the Commission to End Homelessness and identify the priorities and members for each.

DISCUSSION ITEMS (Item 7)

7. Discuss strategy and process for Ending Veteran Homelessness in Orange County.

PUBLIC COMMENT

At this time members of the public may address the Commission on any matter not on the agenda but within the subject matter jurisdiction of the Commission.

COMMISSION MEMBERS COMMENTS

ADJOURNMENT

NEXT MEETING: Wednesday, March 20, 2019

Commission to End Homelessness

Wednesday, January 16, 2019
9:00 a.m. – 10:30 a.m.
Orange County Transportation Authority Headquarters
Board Room – Conference Room 07-08
550 South Main Street, Orange CA

Commission Membership

Andrew Do, First District, Board of Supervisors
Michelle Steel, Second District, Board of Supervisors
Ken Domer, North Service Planning Area
Vacant, Central Service Planning Area
John Pietieg, South Service Planning Area
Sue Parks, Philanthropic Representative
Tom Kisela, Chief of Police
Randy Black, Orange County Fire Authority
Richard Afable, Hospital Representative
Jim Palmer, Faith-based Community Representative
Jack Toan, Business Representative
Daniel Young, Business Representative
Don Barnes, Orange County Sheriffs' Department
Scott Larson, Affordable Housing Development
Marshall Moncrief, Behavioral Health Representative
Vacant, At Large Member
Vacant, At Large Member
Vacant, Continuum of Care Board Representative
Vacant, Continuum of Care Board Representative

Agenda

I. **Call to Order**

II. **Pledge of Allegiance**

III. **Roll Call**

IV. **Approve Commission to End Homelessness Minutes from November 29, 2018 meeting**

V. **Presentation by Director of Care Coordination**

   a. Attachment A – Powerpoint Presentation

   b. Attachment B – Organizational Chart

   c. Attachment C – Homeless Services Continuum of Care Document

   d. Attachment D – System of Care – Integration Document

VI. **Housing Finance Trust Fund Update by Frank Kim**

VII. **2019 Point in Time Count Update by City Net**

   a. Attachment E – 2019 PIT Count Fact Sheet

VIII. **Public Comment**

IX. **Commission Members Comments**

X. **Adjournment**

Next Meeting: March 20, 2019

Find the Agenda and additional information here:

http://www.ocgov.com/gov/ceo/care/commendhom

Commission to End Homelessness

January 16, 2019

County of Orange

Attachment A

Community Outreach and Education

- Promote Community Understanding About Homelessness
- Overcome NIMBY to Support Solutions
- Increase Stakeholder Engagement
- Reduce Stigma
- The Role of Media, Social Media
- United to End Homelessness Campaign – United Way

Prevention/Diversion

- Homeward Bound Program (HEAP)
- Family Resource Centers (SSA)
- Correctional Re-Entry Programs (Sheriff, Probation, HCA)
- Collaborative Courts

Clinical Treatment Pathways

- Substance Abuse Recovery
- Mental Health Treatment
- Human Trafficking Interventions
- Domestic Violence Counseling

Outreach and Engagement

- "Blue Shirts" Behavioral Health Teams (HCA)
- Homeless Liaison Officers/Law Enforcement
- Regionally Coordinated Outreach Teams
  - North Service Planning Area - City Net (Public Safety Task Force)
  - Central Service Planning Area - City Net (HEAP)
  - South Service Planning Area - Mercy House (HEAP)
- Develop a Safety Net for Transitional - Aged Youth (HEAP)
  - Age 13 – 24 years old
  - Unaccompanied

Building Regional Shelter Capacity

- Expanding the Emergency Shelter System
  - Placentia – 80 to 100 beds (HEAP)
  - Buena Park – 150 to 200 beds (HEAP)
  - Anaheim – 325 beds
  - Santa Ana – 200 temporary beds
  - Renovation of Alternative Sleeping Location in Laguna Beach – 45 beds (HEAP)
  - Re-locate The Courtyard – 400 beds
    - Santa Ana MOU w/ the County of Orange – 125 beds (HEAP)
    - County purchased Yale site
  - Tustin – 50 temporary emergency shelter beds
- Bridge and Transitional Housing (HCA, AB 109)

Overcoming Barriers to Housing: Building Self-Sufficiency

- Employment Program – Chrysalis
- Landlord Incentive Program
- Role of Public Housing Authorities
  - Set-aside vouchers
- AB 448 OC Housing Finance Trust Fund
  - Build 2,700 Units of Permanent Supportive Housing

Homeless Data System Integration

- The Goal to Create System Flow/Better Target Resources
  - ArcGIS
    - Mobile app for street outreach contact
  - Homeless Management Information System (HMIS)
    - U.S. Department of Housing and Urban Development (HUD) mandated programs funded by the Continuum of Care grant and Emergency Solutions Grant to use the jurisdictions' HMIS software platform
  - Whole Person Care (WPC) Connect
    - Electronically coordinates the physical health, behavioral health and social needs of individuals experiencing homelessness admitted to hospital emergency rooms
  - Social Services Agency, law enforcement, probation, school districts, VA, etc.

Intersecting Systems & Homelessness

- Integrate and Develop System Flow Across Multiple Sectors
  - Healthcare
  - Behavioral Health – Mental Health/Additional Recovery Centers
  - Correctional Realignment/Re-Entry Programs
  - School Districts
  - Crime Victims, Domestic Violence, Human Trafficking
  - Foster Youth, Transitional – Aged Youth populations
  - Senior Services

Commission to End Homelessness Role

- Stewards for System Integration
  - Collaborate with County government, City governments, philanthropy, business sector, healthcare community and faith based organizations and other interested stakeholders to promote an effective response to homelessness within the County of Orange
    - Regional policy recommendations
    - Build strategic partnerships
    - Regional affordable housing development

Continuum of Care Board Role

- Membership outlined by the “HEARTH Act”
- Coordinate the projects funded under the CoC program and Emergency Solutions Grants program
- Operate the Homeless Management Information System (HMIS) for the geographic area – 211OC
- Coordinated Entry System (CES) led by County of Orange
  - Family component is contracted to Family Solutions Collaborative
  - Individual component is being led by County of Orange
  - 2-1-1 Orange County Helpline as the Virtual Front Door

Continuum of Care Board

- Subcommittees to Coordinate Continuum of Care System
  - Street outreach
  - HMIS – Data
  - Coordinated Entry System
  - Housing
  - Special Initiatives – Families, youth, veterans
- HUD Priorities
  - End Chronic Homelessness
  - End Family Homelessness
  - End Transitional – Aged Youth Homelessness
  - End Veteran Homelessness

End Veteran Homelessness

- VASH Vouchers – 1,363
  - Orange County Housing Authority (OCHA) - 989
  - Anaheim Housing Authority - 94
  - Santa Ana Housing Authority – 280
- Supportive Services Veterans & Families (SSVF)
- Placentia Veterans Village – 50 units
- Santa Ana Veterans Village – 75 units
- Veteran Registry will be Reconciled during 2019 PIT Count
- CES – Public Housing Authorities, VA Hospital & Providers Coordinate Housing Placements

Aligning Community Initiatives

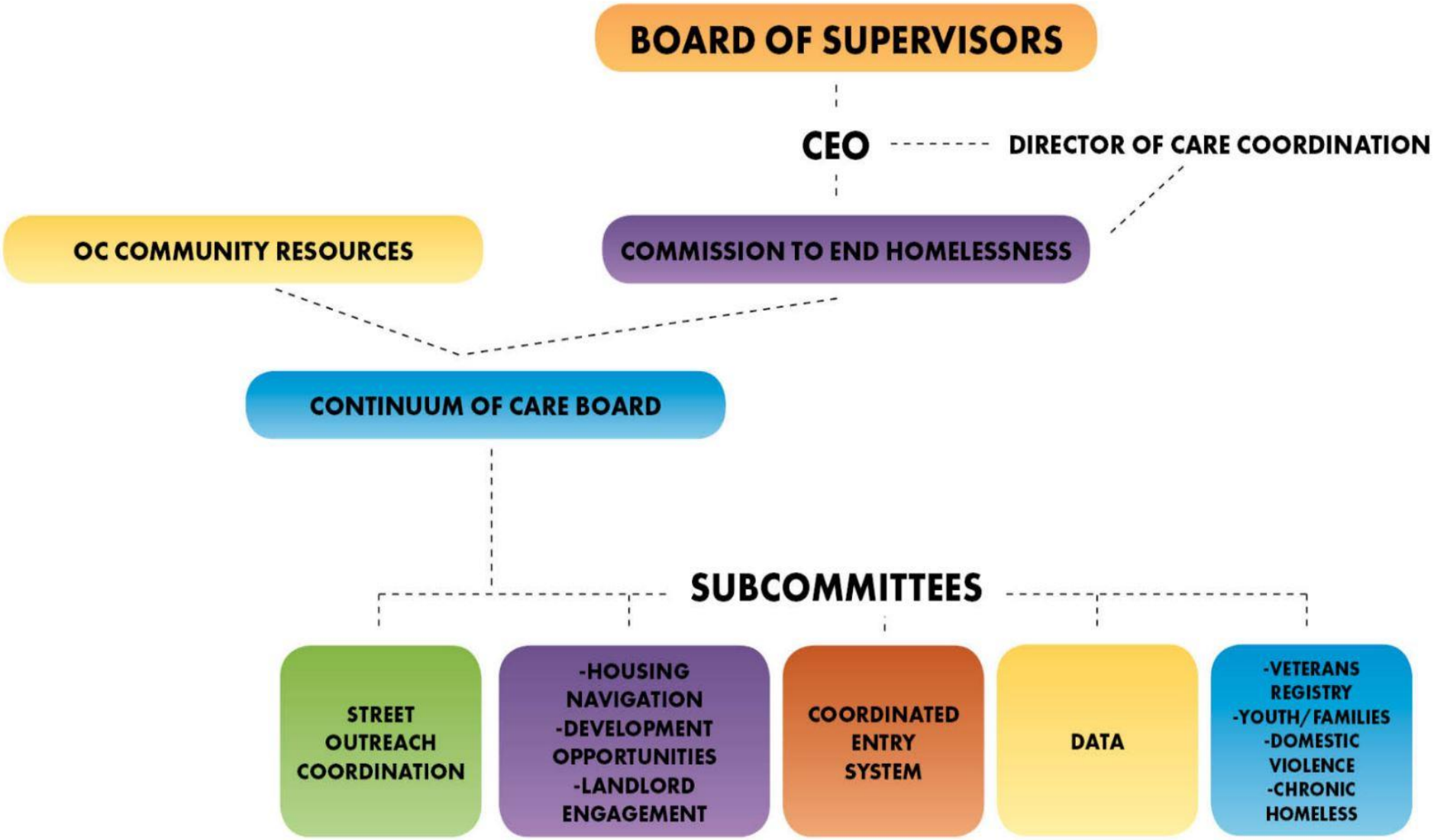
- United Way – United to End Homelessness Campaign
- Be Well OC – Mental Health Care
  - Reduce Stigma
  - Prevent and Act Early
  - Close Treatment Gaps and Improve Access
  - Strengthen Crisis Response
  - Establish Community Wellness Hubs
  - Align Partners, Policies and Programs
- Stepping Up Initiative
  - Intersection of Mental Health and Correctional System

Policy Implications that Impact the System of Care

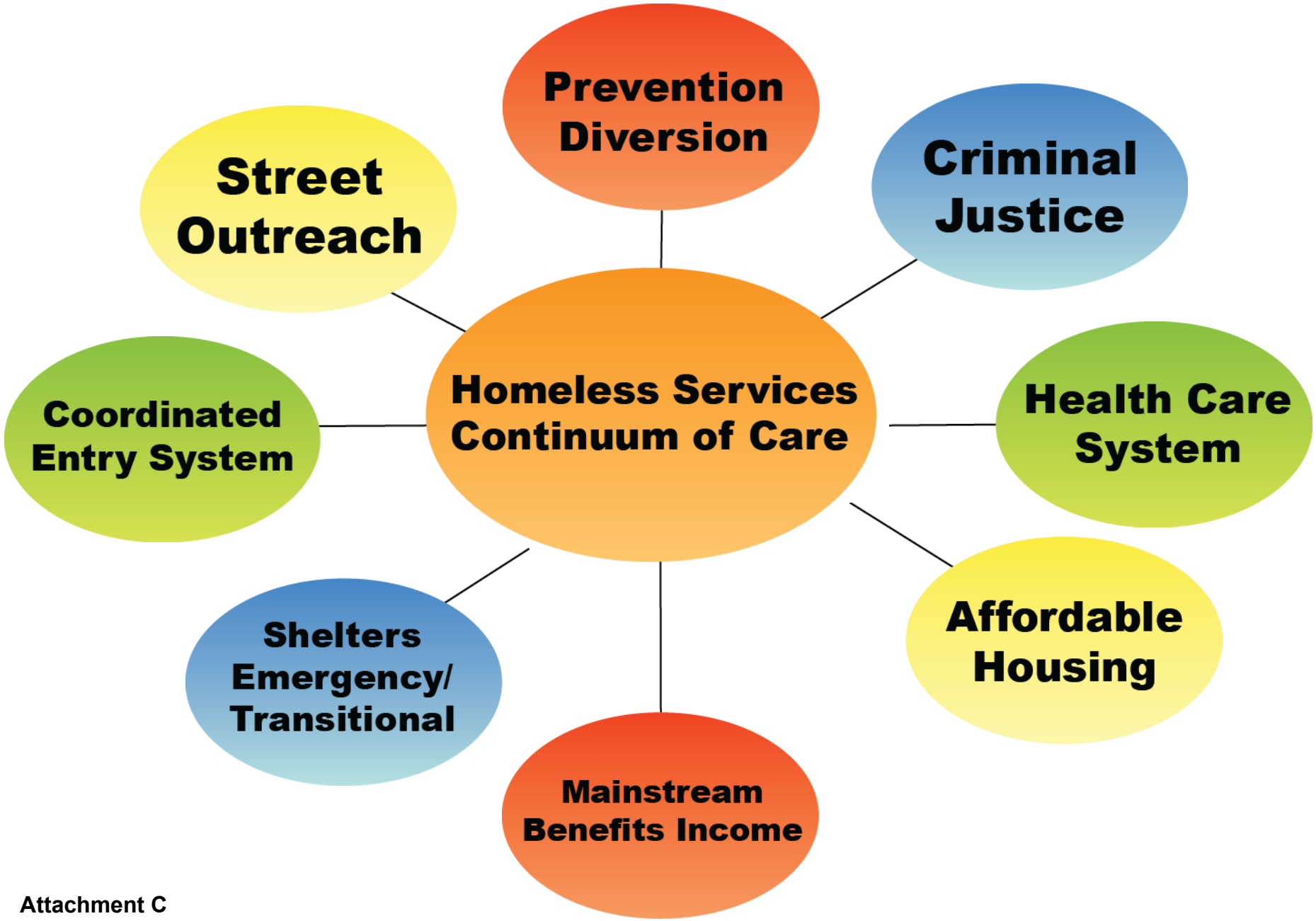
- Orange County Catholic Worker vs. Orange County
  - Cities: Anaheim, Costa Mesa, Orange (Santa Ana and Tustin)
- U.S. Court of Appeals for the 9th Circuit – Martin v. City of Boise Ruling
- SB 1152 – Hospital Patient Discharge Process
- Correctional Realignment – AB 109, Prop 47, Prop 57
- AB 1810 – Mental Health Diversion Law
- State SB 2 – Direct Allocations to Cities to Respond to Homelessness

A Great System of Care…

- Evaluates Causative Factors/Tributaries
- Performs Gaps Analysis – Mapping Needs to Available Resources
- Promotes Alignment of Processes and Funding Sources
- Captures Quality Data – Measures What Matters
- Builds System Capacity
- Ensures Sustainability



Attachment B



Attachment C

Substance Use Treatment

- Detoxification
- Residential Treatment Beds
- Recovery Services

Mental Health Treatment

- Crisis Stabilization Centers
- Crisis Residential Programs
- Full Service Partnership Programs
- MHSA Residential Treatment and Housing

Criminal Justice System

- Collaborative Courts
- Probation
- AB 109 Transitional Living Facilities
- Criminal record
- Legal Barriers

Physical Health System

- CalOptima
- Medical Homes
- Recuperative Care
- Board and Care Facilities

System of Care - Integration

Coordinated Entry System

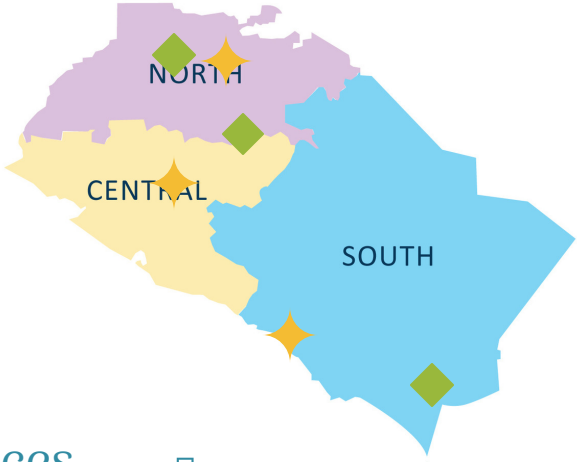
A mechanism for allocating existing resources across the System of Care

Prioritization Policy

1. Regional Targeting
   a. City where project is located
   b. Within Service Planning Area
2. Length of Homelessness in Orange County
3. Match Available Housing Resources to People on Prioritization List

Access Points

Street Outreach
Regional Navigation Centers
Emergency Shelters
Bridge Housing



HUD Housing Resources

Homeward Bound

- Short length of homelessness
- Looking to reunite with support network
- Displaced

Rapid Rehousing

- Employed
- Awaiting/Pending PSH unit (Bridge Housing)
- Short Length of Homelessness
- Domestic Violence
- Transitional - Aged Youth

CoC Permanent Supportive Housing

- Special Needs Population
- Most Vulnerable
- High-utilizers of the EMS
- Connected to supportive services
- Longest lengths of homelessness

HUD Veterans Affairs Supportive Housing

- Chronically Homeless Veterans
- Paired with housing navigation
- Landlord Incentive Program
- Project - Based Developments

Section 8 Set Aside

- Seniors on fixed income
- Individuals with disability on fixed income
- Member of household with disability
- Graduating from PSH
- Paired with Housing Navigation

Attachment D

Let's Make Sure Everyone Counts In Orange County!

EVERYONE COUNTS
2019 Point In Time

Fact Sheet

WHY? The U.S. Department of Housing and Urban Development (HUD) requires more than 400 Continuum of Care jurisdictions across the nation to complete a biennial unsheltered count and an annual sheltered count of all individuals experiencing homelessness in the community on a single point in time during the last ten days of January.

WHEN? The 2019 Sheltered Point In Time Count will take place the night of Tuesday, January 22, 2019, with the 2019 Unsheltered Point In Time Count taking place over two days, Wednesday, January 23 and Thursday, January 24, 2019.

HOW? Teams comprised of one Team Captain and three to five Surveyors will be deployed into the community to canvas a geographic area of Orange County. As homeless individuals are encountered by the team, the team will administer a survey utilizing Survey 123, a smart phone application, to collect demographics, subpopulation information and answer to local questions.

WHERE? The 2019 Point In Time will be taking place across Orange County on Wednesday, January 23, 2019. Teams will be deployed into each city to canvas the area and survey individuals during their volunteer shifts. Teams will be deploying from the Deployment Centers listed below. Thursday, January 24, 2019, the teams will recanvas areas that may have been missed on Wednesday.

Deployment Centers

Supervisorial District	Maps Being Deployed from Center
1st District: OC Community Resources 1300 S. Grand Ave., Santa Ana, CA 92705	Garden Grove, Orange, Santa Ana, Tustin, and Villa Park
2nd District: Colette's Children's Home 7372 Prince Dr., Huntington Beach, CA 92647	Costa Mesa, Fountain Valley, Huntington Beach, Newport Beach, Seal Beach, and Westminster
3rd District: South County Outreach 7 Whatney, Suite B, Irvine, CA 92618	Aliso Viejo, Irvine, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest, Mission Viejo, Rancho Santa Margarita and County Unincorporated
4th District: Magnolia Baptist Church 720 S. Magnolia Ave., Anaheim, CA 92804	Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Los Alamitos, Placentia, Stanton, Yorba Linda, and County Unincorporated
5th District: Family Assistance Ministries 1030 Calle Negocio, San Clemente, CA 92673	Dana Point, San Clemente, San Juan Capistrano and County Unincorporated

Attachment E

EVERYONE COUNTS
2019 Point In Time

Volunteer Opportunities

FIELD VOLUNTEERS

Field Surveyor Team Captains
Morning Opportunities
- *Arrival Time: 4:15 AM*
- *Shift Time: 5 AM – 9 AM*
- *Checkout Time: 9:30 AM*

Evening Opportunities
- *Arrival Time: 6:45 PM*
- *Shift Time: 7:30 PM – 11:30 PM*
- *Checkout Time: 12 AM*

Field Surveyors
Morning Opportunities
- *Arrival Time: 4:15 AM*
- *Shift Time: 5 AM – 9 AM*
- *Checkout Time: 9:30 AM*

Evening Opportunities
- *Arrival Time: 6:45 PM*
- *Shift Time: 7:30 PM – 11:30 PM*
- *Checkout Time: 12 AM*

DEPLOYMENT CENTER VOLUNTEERS

Host Lead
Morning Opportunities
- *Shift Time: 3 AM – 10 AM*

Evening Opportunities
- *Shift Time: 5:30 PM – 12:30 AM*

Host Team Members
Morning Opportunities
- *Shift Time: 3:30 AM – 10 AM*

Evening Opportunities
- *Shift Time: 6:00 PM – 12:30 AM*

What is the Point In Time?

The Point In Time is a biennial count of people experiencing homelessness on a given point in time during the last days in January. The count provides vital information that helps the County better understand homelessness in the community. Orange County will be conducting the 2019 Point In Time count on:

Main Count Day: Wednesday, January 23, 2019
Secondary Count Day: Thursday, January 24, 2019

Training Dates & Locations

North Service Planning Area
EvFree Fullerton
801 N Brea Blvd, Fullerton, CA 92835
- Saturday, January 12, 2019 at 9 AM
- Wednesday, January 16, 2019 at 6:30 PM
- Thursday, January 17, 2019 at 7:30 AM
- Thursday, January 17, 2019 at 9:30 AM

Central Service Planning Area
OC Animal Care Center Training Center
1630 Victory Road, Tustin, CA 92782
- Saturday, January 12, 2019 at 9 AM
- Wednesday, January 16, 2019 at 6:30 PM
- Thursday, January 17, 2019 at 7:30 AM
- Thursday, January 17, 2019 at 9:30 AM

South Service Planning Area
Norman P. Murray Community and Senior Center
24932 Veterans Way, Mission Viejo, CA 92692
- Saturday, January 12, 2019 at 9 AM
- Wednesday, January 16, 2019 at 6:30 PM
- Thursday, January 17, 2019 at 8 AM
- Thursday, January 17, 2019 at 10 AM

Commission to End Homelessness

Wednesday, January 16, 2019
9:00 a.m. – 10:30 a.m.
Orange County Transportation Authority Headquarters
Board Room – Conference Room 07-08
550 South Main Street, Orange CA

Commission Membership

Andrew Do, First District, Board of Supervisors
Michelle Steel, Second District, Board of Supervisors
Ken Domer, North Service Planning Area
Vacant, Central Service Planning Area
John Pietieg, South Service Planning Area
Sue Parks, Philanthropic Representative
Tom Kisela, Chief of Police
Randy Black, Orange County Fire Authority
Richard Afable, Hospital Representative
Jim Palmer, Faith-based Community Representative
Jack Toan, Business Representative
Daniel Young, Business Representative
Don Barnes, Orange County Sheriffs' Department
Scott Larson, Affordable Housing Development
Marshall Moncrief, Behavioral Health Representative
Vacant, At Large Member
Vacant, At Large Member
Vacant, Continuum of Care Board Representative
Vacant, Continuum of Care Board Representative

MINUTES

I. Call to Order

Supervisor Andrew Do called the meeting to order at 9:07 a.m.

II. Pledge of Allegiance

Supervisor Steel led the Pledge of Allegiance.

III. Roll Call

Present: Supervisor Andrew Do, Supervisor Michelle Steel, Ken Domer, Sue Parks, Tom Kisela, Richard Afable, Jim Palmer, Jack Toan, Daniel Young, Don Barnes, Scott Larson, Marshall Moncrief

Absent Excused: Randy Black

John Pietig arrived to the meeting at 9:20 a.m.

IV. Approve Commission to End Homelessness Minutes from November 29, 2018 meeting

Supervisor Andrew Do would like the meeting minutes to reflect Supervisor Steel as a member of the by-laws committee.

Sheriff Don Barnes would like the November 29, 2018, meeting minutes to reflect his comment on preventing individuals from becoming homeless and conduct an analysis on what those root causes are for people entering into homelessness.

Daniel Young motioned to continue the November 29, 2018, meeting minutes to the next Commission meeting.

Find the Agenda and additional information here:

http://www.ocgov.com/gov/ceo/care/commendhom

Richard Afable seconded the motion.

The motion passed with unanimous approval.

V. Presentation by Director of Care Coordination

Susan Price provided an overview of the System of Care within Orange County. A discussion between the Commissioners ensued.

VI. Housing Finance Trust Fund Update by Frank Kim

Frank Kim provided an update on the Housing Finance Trust Fund.

VII. 2019 Point in Time Count Update by City Net

Brad Fieldhouse from City Net provided an update on the 2019 Point in Time Count.

VIII. Public Comment

None

IX. Commission Members Comments

Supervisor Do suggested the end time to be 11am for Commission to End Homelessness meetings. Supervisor Do wants Susan Price, Dan Young and Frank Kim to meet and discuss subcommittee options. Supervisor Do called for a special meeting in February.

Scott Larson recognized the City of Santa Ana for approving two affordable housing projects.

Jim Palmer wanted to know when the Point in Time Count Data will be released. Susan Price stated the data is due to HUD in April.

X. Adjournment

The meeting ended at 11:00 a.m.

Next Meeting: March 20, 2019

Find the Agenda and additional information here:

http://www.ocgov.com/gov/ceo/care/commendhom

Commission to End Homelessness

Thursday, November 29, 2018
2:00 p.m. – 4:00 p.m.
Orange County Transportation Authority Headquarters
Board Room - Conference Room 07
550 South Main Street, Orange, CA

Commission Membership

Andrew Do, First District, Board of Supervisors
Michelle Steel, Second District, Board of Supervisors
Ken Domer, North Service Planning Area
Robert Cortez, Central Service Planning Area
John Pietig, South Service Planning Area
Sue Parks, Philanthropic Representative
Tom Kisela, Chief of Police
Randy Black, Orange County Fire Authority
Richard Afable, Hospital Representative
Jim Palmer, Faith-based Community Representative
Jack Toan, Business Representative
Daniel Young, Business Representative
Don Barnes, Orange County Sheriffs' Department
Scott Larson, Affordable Housing Development
Marshall Moncrief, Behavioral Health Representative
Vacant, At Large Member
Vacant, At Large Member
Vacant, Continuum of Care Board Representative
Vacant, Continuum of Care Board Representative

Agenda

I. Call to Order
    a. Pledge of Allegiance
II. Elect Chairperson and Vice Chairperson
III. Establish Meeting Calendar for 2019
IV. Establish Membership Committee to Make Recommendations for Vacant Seats
    a. Two At-large Members
    b. Two Continuum of Care Board Representatives
V. Adopt the County of Orange System of Care Priorities
VI. State Funding Update
VII. Public Comment
VIII. Commission Members Comments
IX. Adjournment

Commission to End Homelessness

Proposed Meeting Calendar

- January 16, 2019
- March 20, 2019
- May 1, 2019
- July 17, 2019
- September 18, 2019
- November 20, 2019

County of Orange System of Care Priorities

Initiative #1: 2019 Point in Time Count – New Methodology

- 2013, 2015 and 2017 Point in Time Counts utilized a HUD compliant extrapolation method to cover the jurisdiction, and the unsheltered estimate was then distributed across Cities, fundamentally by population.
- The 2019 Count methodology will include the use of a phone application, ArcGIS Survey 1,2,3, to capture brief demographic survey information on each person counted, while GIS mapping the locations for each survey completed.
- This new methodology will provide countywide information regarding the demographics and locations of the population for the first time, data which will better inform the development of the System of Care.

Initiative #2: Data Integration among Homeless Services Databases

- Data systems being utilized:
  - Homeless Management Information System – required for Continuum of Care and Emergency Solutions Grant funded programs.
  - Collects information on homeless services including street outreach, emergency shelter, transitional housing, rapid rehousing and permanent supportive housing.
  - ArcGIS Survey 1, 2, 3 – tool being utilized by nonprofits and law enforcement to track street outreach contacts.
  - Whole Person Care Safety Net Connect – Homeless persons who have frequent contact with Emergency Medical Systems.
  - Social Services Agency – Tracks receipt of public benefits and Medi-Cal.
- Create aggregate data dashboards that provide System of Care indicators

Initiative #3: Coordinated Outreach by Service Planning Area: Coordinated Homeless Assessment & Response Team (CHART)

- CHART is a multi-disciplinary team consisting of OC Health Care Agency, Social Services Agency, OC Community Resources, OC Sheriff Department or City Law Enforcement homeless liaison officers, OC Probation and OC Public Works. These teams may deploy/respond to Regional Navigation Centers for intake, assessment and housing linkages.
- The County will deploy CHART to bring specialized County resources to meet needs within Cities, including staff to conduct screenings/assessments for physical and mental health, substance use treatment and public benefits linkage.
- CHART was successfully activated to address the Flood Control Channel Engagement Initiative and within the Santa Ana Civic Center.
- Encourage Cities within each Service Planning Area to contract with an outreach provider that works across the Service Planning Area, is linked to the Regional Navigation Centers and the Coordinated Entry System.

Initiative #4: Establish Regional Navigation Centers and Expand the Emergency Shelter System in Each Service Planning Area

- Regional Navigation Centers provide emergency shelter beds with co-located supportive services to link homeless people to public benefits, mental health and substance abuse treatment and physical health services, employment and housing resources.
- Individual System
  - North Service Planning Area → Bridges at Kraemer Place (Anaheim) with 200 bed capacity.
  - Central Service Planning Area → Courtyard Transitional Center (Santa Ana) with 400 bed capacity.
  - South Service Planning Area → Need to identify a Regional Navigation Center.

- Family System
    - North Service Planning Area → Pathways of Hope (Fullerton) and Family Care Center (Orange)
    - Central Service Planning Area → Serving People in Need (Costa Mesa) and Colette's Children's Home (Huntington Beach)
    - South Service Planning Area → Families Forward (Irvine) and Family Assistance Ministries (San Clemente)

Initiative #5: Establish Behavioral Healthcare Wellness Hubs in Each Service Planning Area

- Wellness Hubs are capable of immediately treating mental illness and addiction irrespective of the ability to pay. These will be staffed by professional's experts in these diseases.
- Will provide emergency psychiatric evaluation and crisis stabilization to adults experiencing a behavioral health crisis. All Cities in Orange County benefit from the siting of regional centers that provide stabilization for acute mental health and addictions issues countywide.
- Specialized treatment and linkages to the broader system of care is a critical component of the System of Care response.
- Crisis Stabilization Units Sites
    - North Service Planning Area → 265 South Anita Drive, Orange, California
    - Central Service Planning Area → Costa Mesa & Santa Ana
    - South Service Planning Area → Site to be determined

Initiative #6: Build 2,700 Units of Permanent Supportive Housing and Establish Housing Trust Fund

- The Board of Supervisors approved the Housing Funding Strategy (June 12, 2018) that provides a framework for meeting the 2,700 units of permanent supportive housing goal and approved the Mental Health Services Act (MHSA) $70.5 Million Spending Plan.
- On September 11, 2018, Governor Jerry Brown signed AB 448 Orange County Housing Finance Trust into legislation.
- Cities encouraged to contribute SB2 funds to regional solutions that address homelessness, including the Orange County Housing Trust.

Initiative #7: Establish Complementary Specialized Supportive Services that Improve System Performance

- **Employment programs** - Provides employment opportunities to stabilize household income to regain self-sufficiency. Public and Private partners contribute by registering employment contract opportunities with the employment program that provides appropriate placement opportunities.
- **Collaborative Courts** – provides people experiencing homelessness access to the court system to settle pending legal matters by completing voluntary community service and/or participating in programs that provide necessary steps to transition out of homelessness.
- **Re-entry Programs** – Develop re-entry strategies and programing to close the gap that exists between time of release and access to community-based services designed for re-integration into the community while reducing recidivism.
- **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.
- **Landlord Incentives Program** – Flexible funding offered to participate landlords for short-term vacancies, minor unit repairs reimbursement and/or increased rental deposits. An outreach tool to recruit and retain landlords who are willing to accept housing choice vouchers and rental subsidies thus securing housing units with diverse entry criteria to meet the needs of individuals seeking permanent housing placement.
- **Homeward Bound** – Provides an opportunity to end an individual's or family's homelessness by reconnecting them with family, friends and support system in another City/State.

Initiative #8: Use the Coordinated Entry System for Regional Prioritization and Targeting of Housing Resources

- CES is intended to standardize the process for allocating resources, targeting to meet localized priorities for program participants via intake, assessment and linkages.
- Nonprofit homeless service providers target available housing resources to homeless individuals/families regionally within the Service Planning Areas and ensure system flow from the Regional Navigation Centers into permanent housing options.
- Ensure resources are targeted effectively to Orange County Homeless persons

Initiative #9: Improve Public Education and Information that Promotes Progress towards Results

- Establish public information and outreach program that informs residents and businesses of Orange County of the causes of homelessness and the systemic approaches needed to promote sustainable communities.
    - Increase local support for resource solutions that address homelessness
    - Promote opportunities for residents and businesses to contribute, invest and participate in solutions
    - Improve the understanding of demographics of homeless people in the County of Orange
    - Share individual and programmatic success stories and progress on key initiatives
- Engage Local universities in conducting research and analysis to measure and report effective outcomes

Initiative #10: Improve Agency and System Capacity

- Training for staff, agencies, system wide capacity building
- Communication, Collaboration, Integration across sectors
- Mobilize leadership teams to identify, track, measure progress, results, outcomes and impacts
- Commission membership to provide feedback on these Initiatives, assign leadership to draft specific Objectives and Key Results for each one.

Commission to End Homelessness

Thursday, November 29, 2018
2:00 p.m. – 4:00 p.m.
Orange County Transportation Authority Headquarters
Board Room - Conference Room 07
550 South Main Street, Orange, CA

Commission Membership

Andrew Do, First District, Board of Supervisors
Michelle Steel, Second District, Board of Supervisors
Ken Domer, North Service Planning Area
Robert Cortez, Central Service Planning Area
John Pietig, South Service Planning Area
Sue Parks, Philanthropic Representative
Tom Kisela, Chief of Police
Randy Black, Orange County Fire Authority
Richard Afable, Hospital Representative
Jim Palmer, Faith-based Community Representative
Jack Toan, Business Representative
Daniel Young, Business Representative
Don Barnes, Orange County Sheriffs' Department
Scott Larson, Affordable Housing Development
Marshall Moncrief, Behavioral Health Representative
Vacant, At Large Member
Vacant, At Large Member
Vacant, Continuum of Care Board Representative
Vacant, Continuum of Care Board Representative

MINUTES

I. Call to Order

Susan Price called the Commission to End Homelessness meeting to order at 2:05pm.

a. **Pledge of Allegiance**

Supervisor Andrew Do led the Pledge of Allegiance.

Present: Supervisor Andrew Do, Supervisor Michelle Steel, Ken Domer, Robert Cortez, Sue Parks, Tom Kisela, Randy Black, Jim Palmer, Jack Toan, Daniel Young, Don Barnes, Scott Larson, Marshall Moncrief, Susan Price

Absent Excused: John Pietig and Richard Afable

II. Elect Chairperson and Vice Chairperson

Supervisor Steel motioned to approve Supervisor Andrew Do as Chair and Dan Young as Vice Chair of the Commission. Don Barnes seconded the motion. The motion passed with unanimous approval.

III. Establish Meeting Calendar for 2019

Supervisor Andrew Do motioned to approve the meeting from 9:00am – 11:00am on the proposed calendar dates: January 16, 2019; March 20, 2019; May 1, 2019; July 17, 2019; September 18, 2019; November 20, 2019. Sue Parks seconded the motion. The motion passed with unanimous approval.

IV. Establish Membership Committee to Make Recommendations for Vacant Seats

The subcommittee members appointed by Supervisor Do are Susan Price, Dan Young, Supervisor Michelle Steel and Supervisor Andrew Do.

a. **Two At-large Members**

The subcommittee will bring back recommendations for the two at-large members to the Commission to End Homelessness.

b. **Two Continuum of Care Board Representatives**

The subcommittee will bring back recommendations for the two Continuum of Care Board representatives to the Commission to End Homelessness.

V. Adopt the County of Orange System of Care Priorities

Commission members are to send their comments to Susan Price to incorporate into the next draft for the Commission to consider.

VI. State Funding Update

Susan Price provided an overview of all the additional State funding coming to Orange County.

VII. Public Comment

Catherine Wyatt spoke

Bob Dinh spoke

VIII. Commission Members Comments

Supervisor Steel suggested the creation of a subcommittee to review the by-laws for this new Commission to End Homelessness membership. If the subcommittee is created, then Scott Larson, Jim Palmer, Supervisor Andrew Do and Ken Domer volunteered to serve on it.

Scott Larson informed the Commission of the Homeless Persons' Interreligious Memorial Services on December 21, 2018, at Christ Cathedral in Garden Grove.

Supervisor Andrew Do discussed the meeting on Monday, November 26, 2018, with CalHFA to extend the SNHP program until June 30, 2022.

IX. Adjournment

Supervisor Andrew Do adjourned the meeting at 3:10pm.

Commission to End Homelessness

Thursday, October 4, 2018
11:00 a.m. – 12:30 p.m.
Hall of Administration, Commission Hearing Room
333 W. Santa Ana Blvd, Santa Ana, CA 92701

Commission Membership

Andrew Do, First District, Board of Supervisors
Michelle Steel, Second District, Board of Supervisors
Ken Domer, North Service Planning Area
Robert Cortez, Central Service Planning Area
John Pietieg, South Service Planning Area
Sue Parks, Philanthropic Representative
Tom Kisela, Chief of Police
Randy Black, Orange County Fire Authority
Richard Afable, Hospital Representative
Jim Palmer, Faith-based Community Representative
Jack Toan, Business Representative
Daniel Young, Business Representative
Don Barnes, Orange County Sheriffs' Department
Scott Larson, Affordable Housing Development
Marshall Moncrief, Behavioral Health Representative
Vacant, At Large Member
Vacant, At Large Member
Vacant, Continuum of Care Board Representative
Vacant, Continuum of Care Board Representative

Agenda

I. Welcome & Introductions
II. Elect Chairperson and Vice Chairperson
III. Establish Meeting Calendar
IV. Establish Membership Committee to make recommendations for vacant seats
    a. Two At Large Members
    b. Two Continuum of Care Board Representatives
V. Appoint one member to the Continuum of Care Ad Hoc for Homeless Emergency Aid Program (HEAP)
VI. System of Care Key Components
VII. Public Comment
VIII. Adjournment

Commission to End Homelessness
Proposed Meeting Calendar

- Wednesday, December 19, 2018
- Wednesday, February 20, 2019
- Wednesday, April 17, 2019
- Wednesday, June 19, 2019
- Wednesday, August 21, 2019
- Wednesday, October 16, 2019
- Wednesday, December 18, 2019

County of Orange System of Care Priorities

Initiative #1: 2019 Point In Time Count – new methodology

- 2013, 2015 and 2017 Point in Time Counts utilized a HUD compliant extrapolation method to cover the jurisdiction, and the unsheltered estimate was then distributed across Cities, fundamentally by population.
- The 2019 Count methodology will include the use of a phone application, ArcGIS Survey 1,2,3, to capture brief demographic survey information on each person counted, while GIS mapping the locations for each survey completed.
- This new methodology will provide countywide information regarding the demographics and locations of the population for the first time, data which will better inform the development of the System of Care.

Initiative #2: Data Integration among Homeless Services databases

- Data systems being utilized:
  - Homeless Management Information System – required for Continuum of Care and Emergency Solutions Grant funded programs.
  - Collects information on homeless services including street outreach, emergency shelter, transitional housing, rapid rehousing and permanent supportive housing.
  - ArcGIS Survey 1, 2, 3 – tool being utilized by nonprofits and law enforcement to track street outreach contacts.
  - Whole Person Care Safety Net Connect – Homeless persons who have frequent contact with Emergency Medical Systems.
  - Social Services Agency – Tracks receipt of public benefits and Medi-Cal.
- Create aggregate data dashboards that provide System of Care indicators

Initiative #3: Coordinated Outreach by Service Planning Area: Coordinated Homeless Assessment & Response Team (CHART)

- CHART is a multi-disciplinary team consisting of OC Health Care Agency, Social Services Agency, OC Community Resources, OC Sheriff Department or City Law Enforcement homeless liaison officers, OC Probation and OC Public Works. These teams may deploy/respond to Regional Navigation Centers for intake, assessment and housing linkages.
- The County will deploy CHART to bring specialized County resources to meet needs within Cities, including staff to conduct screenings/assessments for physical and mental health, substance use treatment and public benefits linkage.
- CHART was successfully activated to address the Flood Control Channel Engagement Initiative and within the Santa Ana Civic Center.
- Encourage Cities within each Service Planning Area to contract with an outreach provider that works across the Service Planning Area, is linked to the Regional Navigation Centers and the Coordinated Entry System.

Initiative #4: Establish Regional Navigation Centers and Expand the Emergency Shelter System in each Service Planning Area

- Regional Navigation Centers provide emergency shelter beds with co-located supportive services to link homeless people to public benefits, mental health and substance abuse treatment and physical health services, employment and housing resources.
- Individual System
  - North Service Planning Area → Bridges at Kraemer Place (Anaheim) with 200 bed capacity.
  - Central Service Planning Area → Courtyard Transitional Center (Santa Ana) with 400 bed capacity.
  - South Service Planning Area → Need to identify a Regional Navigation Center.

- Family System
    - North Service Planning Area → Pathways of Hope (Fullerton) and Family Care Center (Orange)
    - Central Service Planning Area → Serving People in Need (Costa Mesa) and Colette's Children's Home (Huntington Beach)
    - South Service Planning Area → Families Forward (Irvine) and Family Assistance Ministries (San Clemente)

Initiative #5: Establish Behavioral Healthcare Wellness Hubs in each Service Planning Area

- Wellness Hubs are capable of immediately treating mental illness and addiction irrespective of the ability to pay. These will be staffed by professional's experts in these diseases.
- Will provide emergency psychiatric evaluation and crisis stabilization to adults experiencing a behavioral health crisis. All Cities in Orange County benefit from the siting of regional centers that provide stabilization for acute mental health and addictions issues countywide.
- Specialized treatment and linkages to the broader system of care is a critical component of the System of Care response.
- Crisis Stabilization Units Sites
    - North Service Planning Area → 265 South Anita Drive, Orange, California
    - Central Service Planning Area → Costa Mesa & Santa Ana
    - South Service Planning Area → Site to be determined

Initiative #6: Build 2,700 Units of Permanent Supportive Housing and Establish Housing Trust Fund

- The Board of Supervisors approved the Housing Funding Strategy (June 12, 2018) that provides a framework for meeting the 2,700 units of permanent supportive housing goal and approved the Mental Health Services Act (MHSA) $70.5 Million Spending Plan.
- On September 11, 2018, Governor Jerry Brown signed AB 448 Orange County Housing Finance Trust into legislation.
- Cities encouraged to contribute SB2 funds to regional solutions that address homelessness, including the Orange County Housing Trust.

Initiative #7: Establish Complementary Specialized Supportive Services that improve System Performance

- **Employment programs** - Provides employment opportunities to stabilize household income to regain self-sufficiency. Public and Private partners contribute by registering employment contract opportunities with the employment program that provides appropriate placement opportunities.
- **Collaborative Courts** – provides people experiencing homelessness access to the court system to settle pending legal matters by completing voluntary community service and/or participating in programs that provide necessary steps to transition out of homelessness.
- **Re-entry Programs** – Develop re-entry strategies and programing to close the gap that exists between time of release and access to community-based services designed for re-integration into the community while reducing recidivism.
- **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.
- **Landlord Incentives Program** – Flexible funding offered to participate landlords for short-term vacancies, minor unit repairs reimbursement and/or increased rental deposits. An outreach tool to recruit and retain landlords who are willing to accept housing choice vouchers and rental subsidies thus securing housing units with diverse entry criteria to meet the needs of individuals seeking permanent housing placement.
- **Homeward Bound** – Provides an opportunity to end an individual's or family's homelessness by reconnecting them with family, friends and support system in another City/State.

Initiative #8: Use the Coordinated Entry System for Regional Prioritization and Targeting of Housing Resources

- CES is intended to standardize the process for allocating resources, targeting to meet localized priorities for program participants via intake, assessment and linkages.
- Nonprofit homeless service providers target available housing resources to homeless individuals/families regionally within the Service Planning Areas and ensure system flow from the Regional Navigation Centers into permanent housing options.
- Ensure resources are targeted effectively to Orange County Homeless persons

Initiative #9: Improve Public Education and Information that promotes progress towards results

- Establish public information and outreach program that informs residents and businesses of Orange County of the causes of homelessness and the systemic approaches needed to promote sustainable communities.
    - Increase local support for resource solutions that address homelessness
    - Promote opportunities for residents and businesses to contribute, invest and participate in solutions
    - Improve the understanding of demographics of homeless people in the County of Orange
    - Share individual and programmatic success stories and progress on key initiatives
- Engage Local universities in conducting research and analysis to measure and report effective outcomes

Initiative #10: Improve Agency and System Capacity

- Training for staff, agencies, system wide capacity building
- Communication, Collaboration, Integration across sectors
- Mobilize leadership teams to identify, track, measure progress, results, outcomes and impacts
- Commission membership to provide feedback on these Initiatives, assign leadership draft specific Objectives and Key Results for each one.

An Assessment of Homeless Services in Orange County

PRESENTED BY SUSAN PRICE
DIRECTOR OF CARE COORDINATION
COUNTY EXECUTIVE OFFICE

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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

Enhance the Continuum of Care System

The County must lead the Continuum of Care because the County is ultimately responsible to its constituency, ensuring that it is staffed appropriately, that the governance structure of both the Continuum of Care and the Commission to End Homelessness are high functioning and the data system supports the implementation of data-driven decision making.

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.

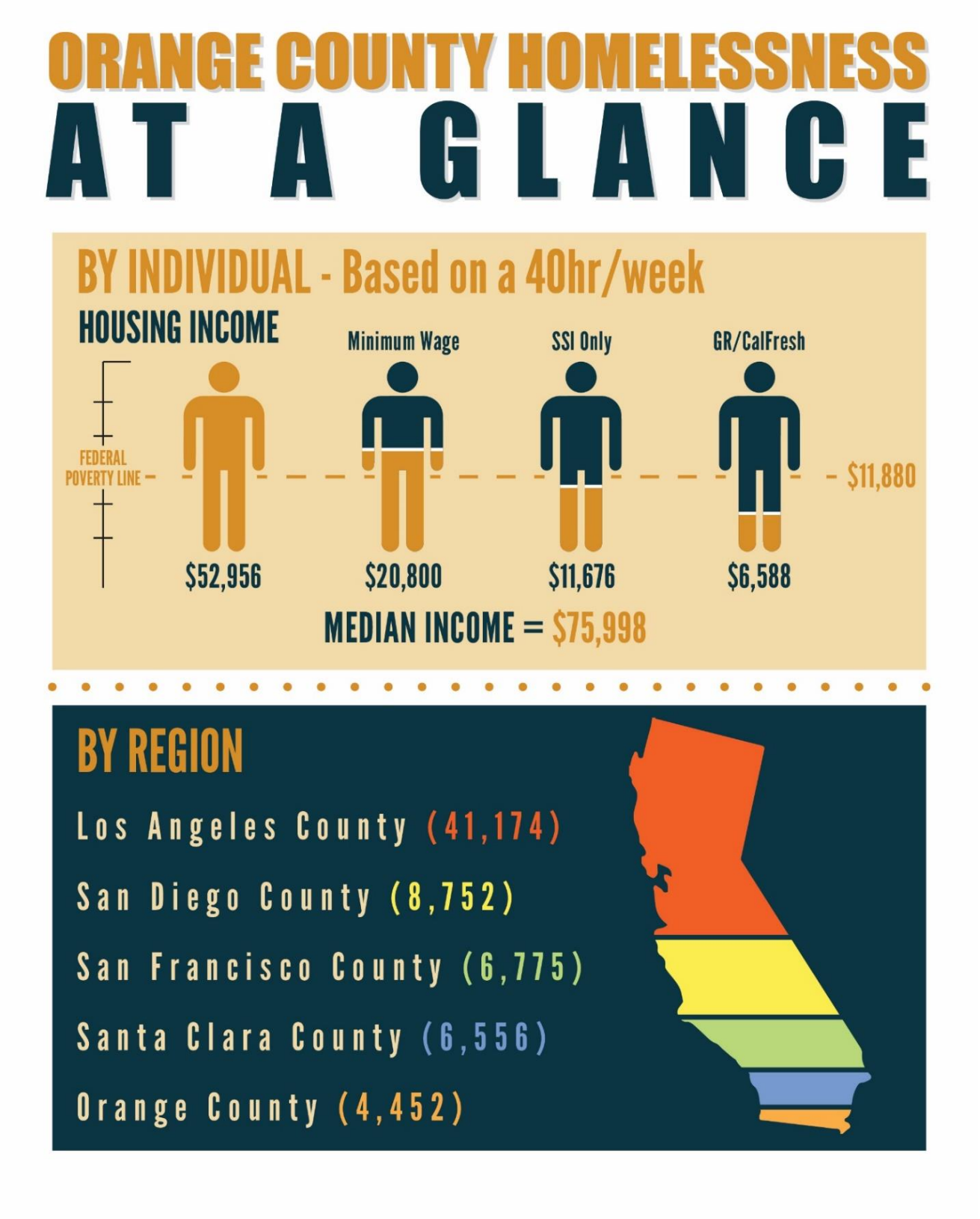
Intra-County Departmental Workgroups

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

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

HOMELESSNESS BY THE NUMBERS



THE ECONOMICS OF AFFORDABLE HOUSING IN ORANGE COUNTY

WHO CAN AFFORD TO LIVE IN THE OC?

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.

[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

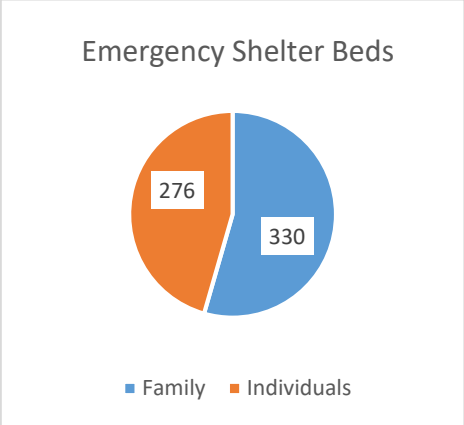
The Orange County Civic Center Homeless Survey 2016[8] found that 42% of the homeless residents in the Civic Center have resided there for less than 12 months and 43% for 1 to 5 years; 57% of those surveyed gave their last permanent residence as Santa Ana; and 61% of participants responded that their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

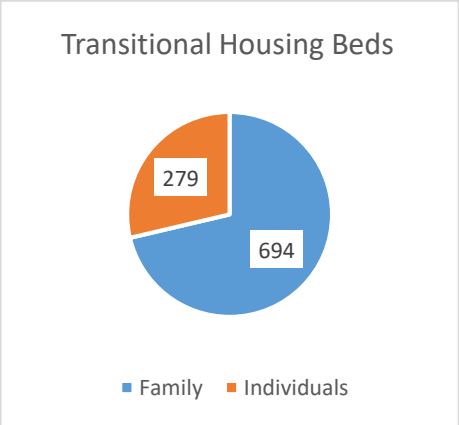
Orange County Continuum of Care Housing Inventory Count

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

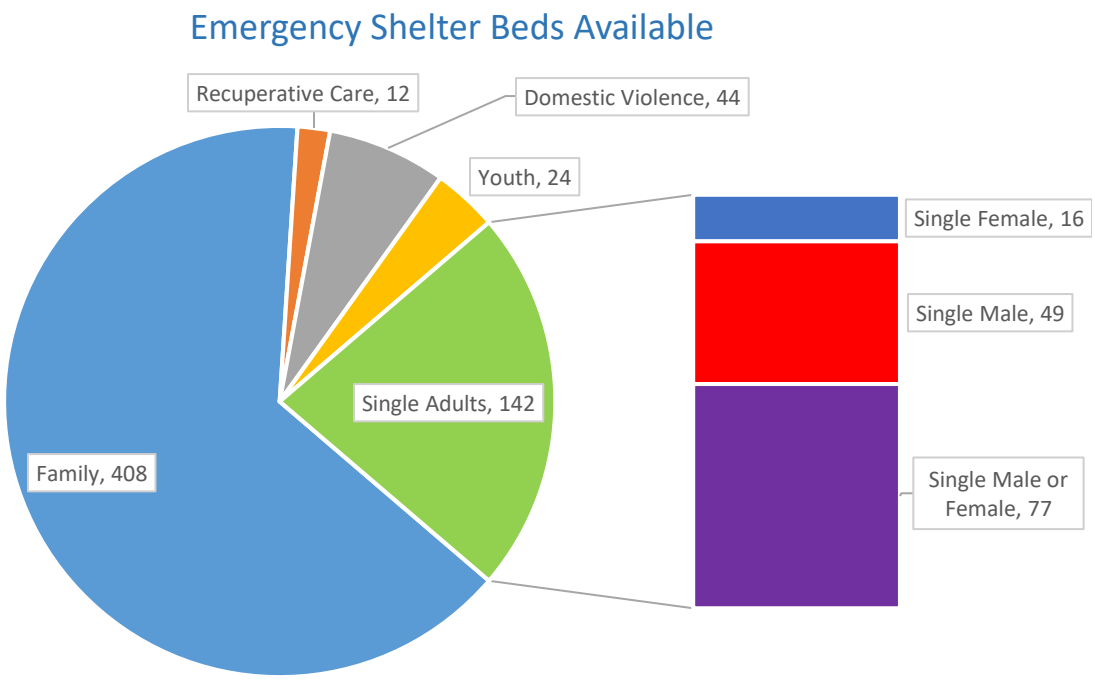




[8] Orange County Civic Center Homeless Survey 2016 - http://ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=58117
[9] Data provided by 2-1-1 Orange County, Homeless Information Management System Lead Agency

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.



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

[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.

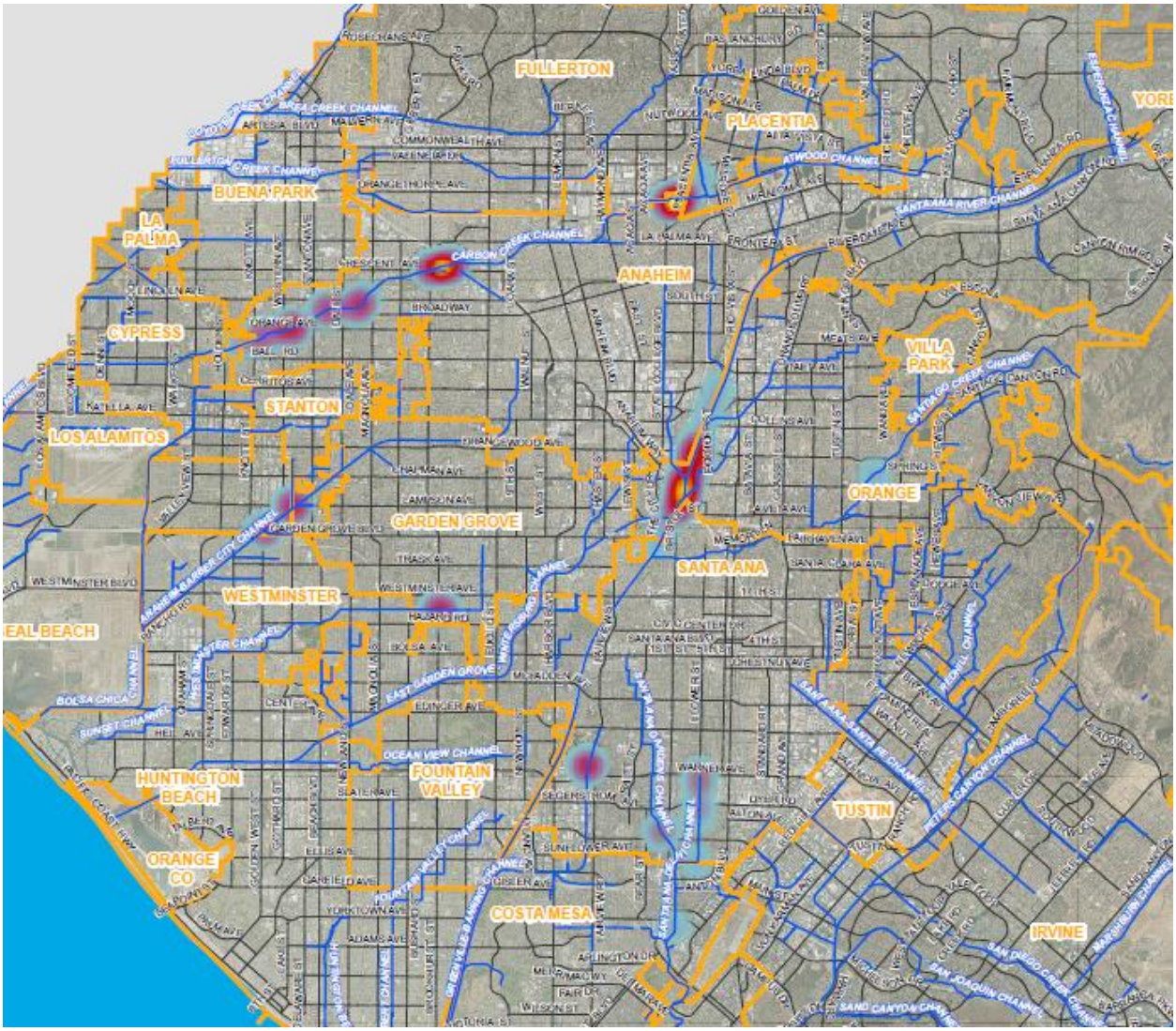
It is important that the system of care move forward constructively and with swift yet incremental progress, ensuring dignity and respect for the needs of this most vulnerable population. The system response must consider both the rights and responsibilities of homeless people. At this critical juncture, 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.
    - 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

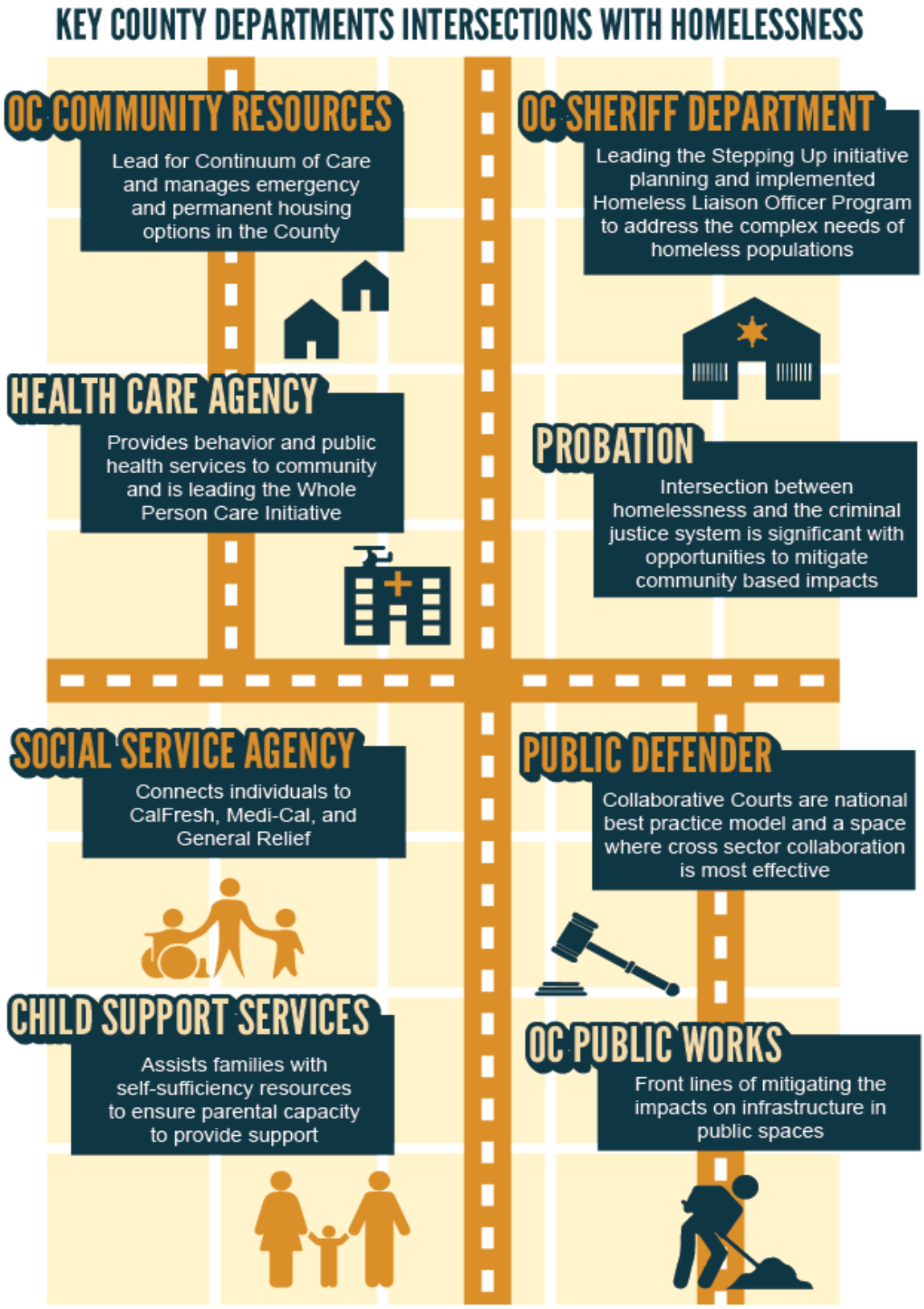
The Sheriff's Department interacts in multiple ways with homeless individuals and groups in Orange County, including through regional Homeless Liaison Officers, coordination with city police departments along the Santa Ana River flood control channels, through the Coroner Division for quantifiable data 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

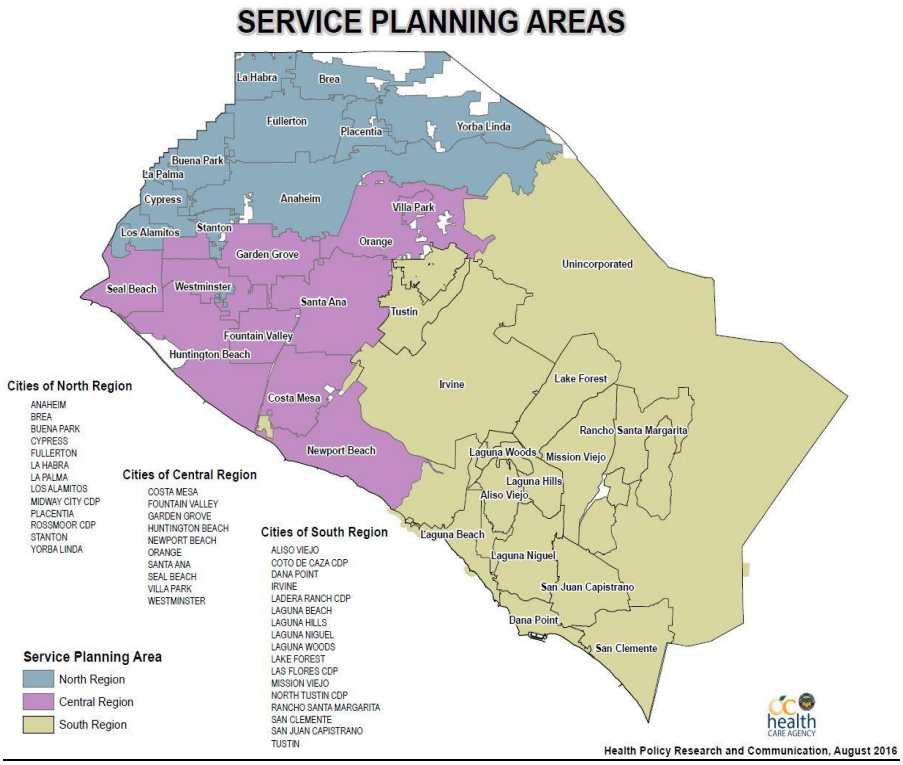
connected with their local neighborhood and business constituencies, working together to address local issues with County support.

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]



[11] Service Planning Area Map – Page 31

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:

[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.

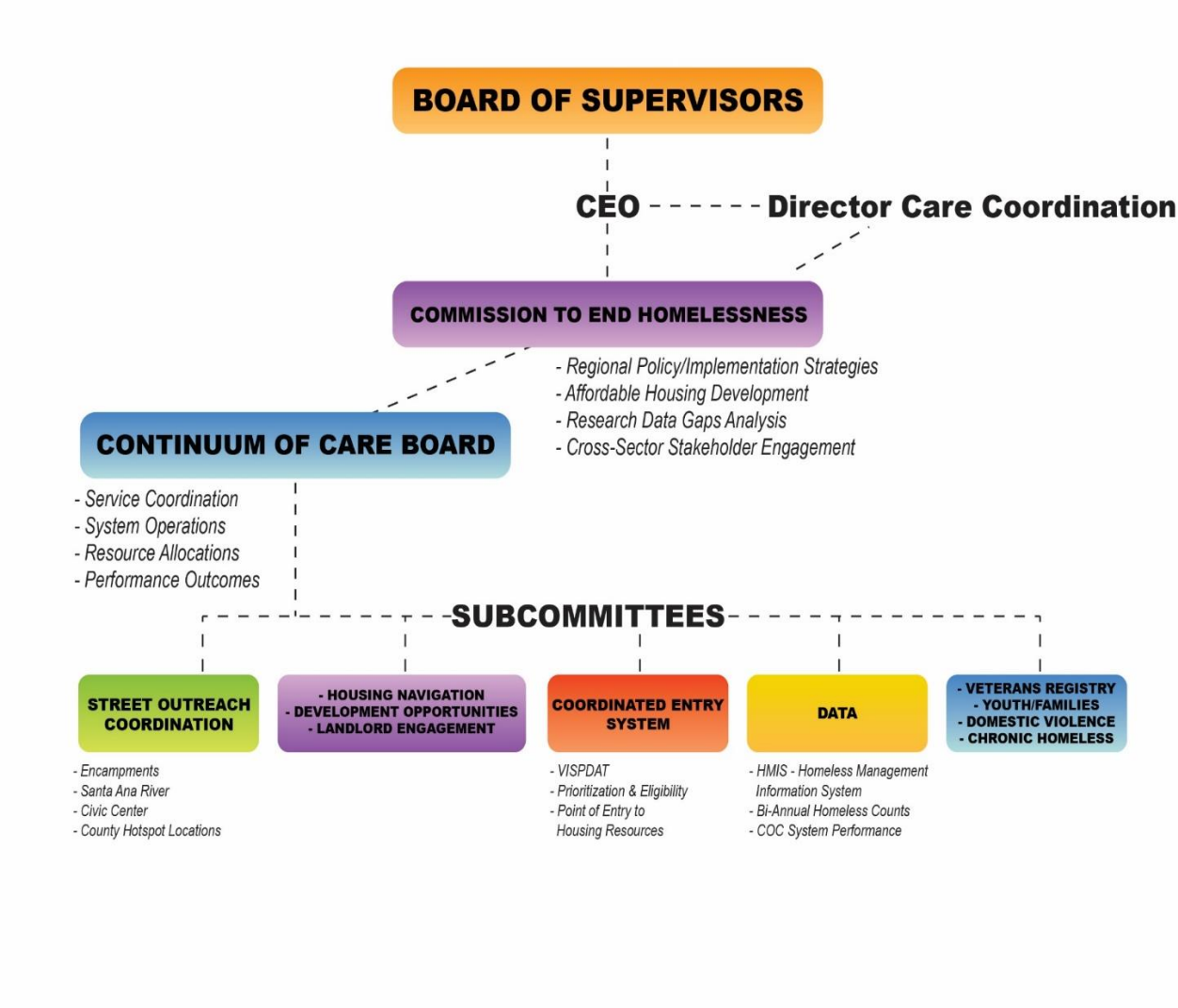
The Orange County Continuum of Care has designated OCCR as the Collaborative Applicant, or lead agency. As the Collaborative Applicant, OCCR facilitates the completion of the Continuum of Care annual competitive application for new and renewal funding, as well as planning funds. During the Federal FY 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.

Continuum of Care System Performance Key Issues Identified[14]

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

[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	Program/Grant Title	Homeless Designated Only Resources ($)	Funding for Countywide Residents ($) income/disability eligibility	Total ($)
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	
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	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**

Building the System of Care

April 17, 2018

Susan Price
Director of Care Coordination
County Executive Office

County of Orange

An Assessment of Homeless Services in Orange County

October 2016

2016 Assessment Goals

1. Enhance the Continuum of Care System
2. Improve Regional System Coordination
3. Develop Systemic Navigation of Services
4. Emergency Transitional Housing Solutions
5. Countywide Focus on Collaborations and System Integration

Enhancing the CoC System: Restructuring Governance

Continuum of Care Board

- Service coordination
- System operations
- Targeting and prioritization
- System performance

Commission to End Homelessness

- Regional policy
- Strategic partnership
- Affordable housing development
- System integration

Enhancing the CoC System: Data Initiatives

- Homeless Management Information System (HMIS) Software Upgrade: Full Scale June 1, 2018
  - Year round tracking of bed occupancy/utilization
  - Gaps analysis
  - Reduce duplicative efforts
  - Maximize system capacity – match needs to resources
- ArcGIS – year round outreach data
  - Facilitated Point In Time mapping
- Asset mapping regional Service Planning Area resources
- January 2019 Countywide Point In Time Count

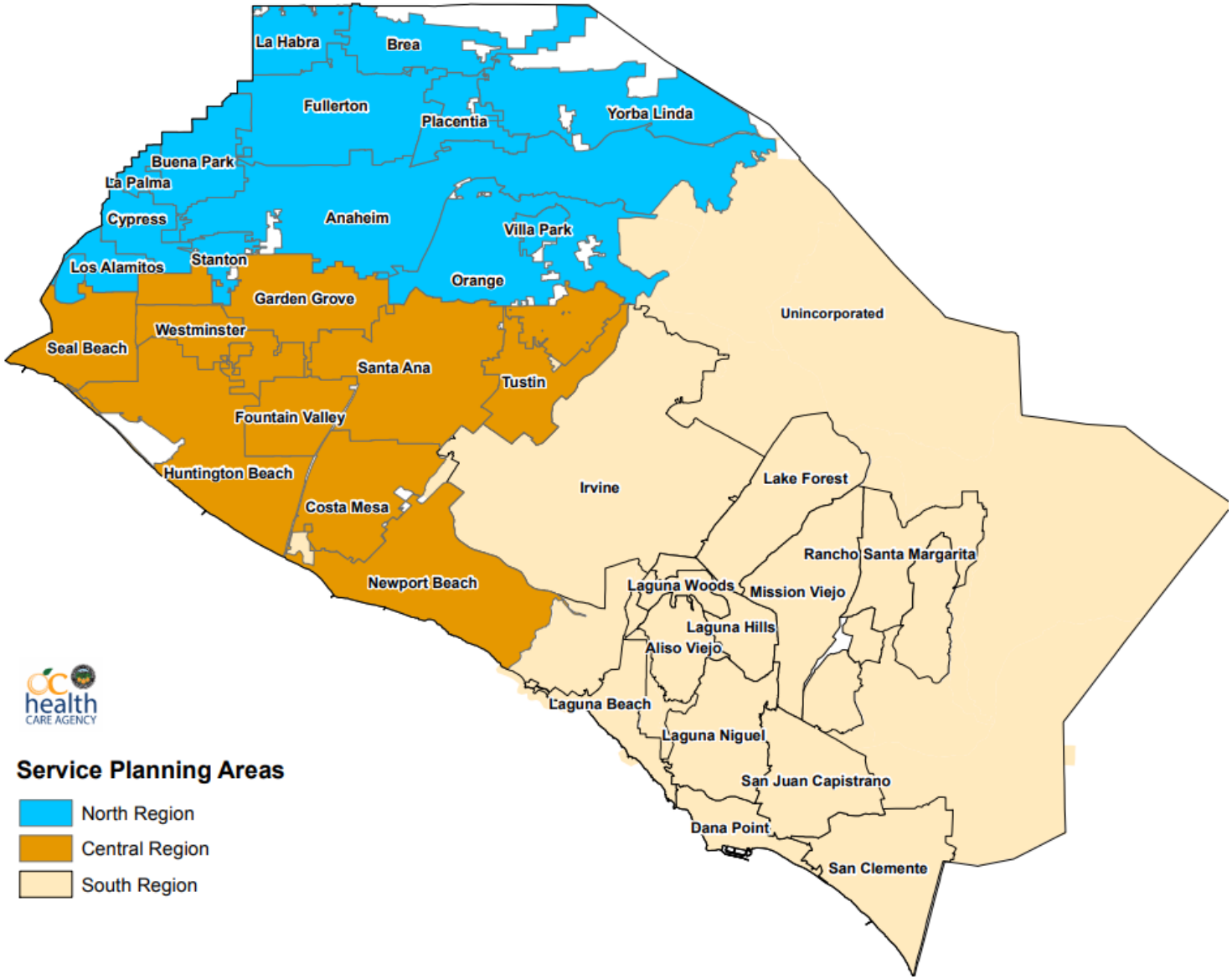
Enhancing the CoC System: Coordinated Entry System

- Coordinated Entry System: Standardized assessment and collective investment in regional prioritization for connecting people to available resources in a timely manner
- Three components
  - Family Cohort
  - Regional HUBS for Individuals
  - 211OC Virtual Front Door
- Regional Access Hubs in Service Planning Areas
- Align with HMIS Software/Bed Management for greater access, utilization and expedited care

Improve Regional System Coordination: Service Planning Areas (SPA)

- Each Service Planning Area acts as a microsystem
- Regional Hubs / Points of Entry
  - Coordinate within each SPA
  - Triage individuals and families to most appropriate bed
- Coordinated Entry System
  - Prioritization from outreach and Emergency Shelter to Permanent Housing
- Cities working across borders
  - Outreach
  - Employment Programs
  - Shelter and Housing
  - Identify Needs, Fill Gaps, Establish Priorities and Shared Outcomes
- Integrate County programs & services

Service Planning Areas



2017 Homeless Count – Shelter/Housing Inventory

	North	Central	South	All OC	Total
2017 PIT Unsheltered	936	1,362	286		2,584
2017 PIT Sheltered	933	976	224	75	2,208
TOTAL 2017 PIT	1,869 39.0%	2,338 48.8%	510 10.6%	75 1.6%	4,792 100%
Emergency Shelter	94	570	95	3	762
Transitional Housing	285	177	12		474
Shelters for Individuals	379 30.7%	747 60.4%	107 8.7%	3 0.2%	1,236 100%
Shelter for Families	1,135	486	242	69	1,933
Rapid Rehousing	2	3		65	70
Permanent Supportive Housing	615	62	52	995	1,724
Other Permanent Housing		38			38
Permanent Housing for Individuals	617 33.7%	103 5.6%	52 2.8%	1,060 57.9%	1,832 100%
Permanent Housing for Families	663	102	77	645	1,487

Service Planning Areas Survey
Origins of Homeless Individuals

	North	Central	South	Other	Total
Bridges at Kraemer Place*	191 97.45%	2 1.02%	0 0%	3 1.53%	196 100%
Courtyard Transitional Center*	217 23.23%	465 49.79%	34 3.64%	218 23.34%	934 100%
ASL Laguna Beach**	18 4.71%	77 20.16%	133 34.82%	154 40.31%	382 100%

*Based on client entries from July 2017 to January 2018
**Based on HMIS Data FY 2016-2017

Develop System Navigation of Services

- Expanding the Toolbox
  - Restaurant Meals Program implemented
  - Homeward Bound – relocation assistance
  - Increased HCA Outreach & Engagement teams by 12 FTE
  - Allocated Whole Person Care funds to expand Housing Navigation
  - Incorporating SSA Family Resource Centers into the Family Coordinated Entry System
  - Disability benefits assistance through SOAR
  - Housing and Disability Advocacy Program (HDAP)
  - Employment programs

Emergency/Transitional Housing Solutions:
Homeless Service System

Courtyard Transitional Center

- Opened October 5, 2016
- 26 average monthly exits to Increased Housing Stability
- 25% of participants have employment
- Average length of stay – 124 days
- 309 Total Exits to Increased Housing Stability

Bridges at Kraemer Place

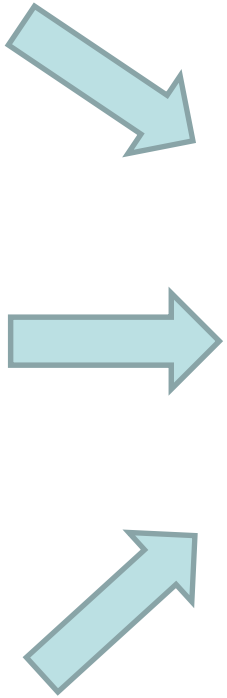
- Opened May 5, 2017
- 6 average monthly exits to Increased Housing Stability
- 16% of participants have employment
- 180 day program stay
- 65 Total Exits to Increased Housing Stability

County Systems Integration

Continuum of Care

Whole Person Care

Mental Health Services



Serving a complex mix of health, behavioral health and housing barriers among homeless population

Mental Health System Integration: Responding to Homelessness

RICHARD SANCHEZ
DIRECTOR, HEALTH CARE AGENCY

Criteria for MHSA Special Needs Housing

- Severe and persistent mental illness (SPMI) diagnosis and homelessness or risk of homelessness
- Special Needs Housing Program – project-based eligibility criteria
  - Examples:
    - chronic homelessness
    - a verified connection to a city
    - senior – over 62 years old
    - transitional aged youth – 18 to 24 years old
    - veteran

Integration with Mental Health Services

Homeless Specific Services

- Outreach and Engagement Staff
  - Expanded 12 FTE on July 1, 2017
- Full Service Partnerships
  - In FY 16-17, 2,477 persons were served
  - Expanded slots for FY 18-19 to 3,108

Crisis Services

- Crisis Stabilization Units (CSU)
  - Existing CSU – Santa Ana
  - Proposed CSU – Anita Property
  - Currently working with providers to site additional locations throughout the County regionally
- Crisis Assessment Teams (CAT)/Psychiatric Emergency and Response Teams (PERT)
  - Teams in 15 cities across Orange County
  - CAT services available 24/7

MHSA – Limited Term Housing Programs

- Programs are available for those with severe and persistent mental illness (SPMI) and serious emotional disturbances (SED) diagnosis who are homeless or at risk of homelessness
- Short-Term Housing (minimum of 14 beds contracted)
  - Limited to 120 days - limited term housing
  - Adult and older adult
- Bridge Housing
  - Stays will range up to 18 months
  - Individuals who have received a Shelter Plus Care certificate through the Continuum of Care but haven't been able to secure a permanent housing unit or those who are on the path to receiving a certificate
  - HCA anticipates bringing an agreement before the Board on May, 22, 2018, with services scheduled to begin on July 1, 2018

MHSA – Existing Permanent Supportive Housing 146 Units

Project Name	City	Total Units	#MHSA Units	Project Based Vouchers
Alegre	Irvine	104	11 Total Units (one bedroom)	
Avenida Villas	Anaheim	30	28 Total Units 24-one bedrooms/4 two bedrooms	28
Capestone	Anaheim	60	19 Total Units (one bedroom)	19
Cotton's Point	San Clemente	76	15 Total Units (one bedroom)	27
Diamond	Anaheim	25	24 Total Units 15- one bedrooms/9-two bedroom	24
Doria I & II	Irvine	74	20 Total Units 8-one bedroom/2-two bedrooms	10
Henderson House	San Clemente	14	14 Total Units 2-one bedroom/2-two bedrooms/2-three bedrooms	
Rockwood	Anaheim	70	15 Total Units 14-one bedroom/1-two bedrooms	48

MHSA – PSH in the Pipeline
131 Units

Project Name	City	Total Units	#MHSA Units	Status
Aqua Project*	Santa Ana	57	28	Pre-Development Activities
Depot at Santiago	Santa Ana	70	10	Under construction scheduled to open April 2018
Fullerton Heights	Fullerton	36	24	Under Construction scheduled to open June 2018
Jamboree Permanent Supportive Housing Project *	Anaheim	70	35	Pre-Development Activities
Oakcrest Heights	Yorba Linda	54	14	Under construction scheduled to open September 2018
Veteran's Village	Santa Ana	76	20	Pre-Development Activities

*Projects will be brought before your Board for consideration on April 24, 2018.

Permanent Housing Resources and Funding

Federal Funding Sources Allocated by County and Cities in Orange County

	County	Cities Combined
Continuum of Care (CoC)	$10,428,892	$13,029,790
Community Development Block Grant (CDBG)	$2,397,690	$23,304,480
HOME Investment Partnerships Program (HOME)	$744,255	$5,025,682
Emergency Solutions Grant (ESG)	$215,408	$1,021,764
State ESG Allocation to Orange County	$1,098,072	–
Housing Successor Agency	$11,202,454	$45 Million

Cities

- Housing Successor Agency funds
- Community Development Block Grant (CDBG) – 19 cities
- HOME Investment Partnership (HOME) – 9 cities
- Emergency Solutions Grant (ESG) – 3 cities
  - Anaheim, Garden Grove, Santa Ana
- Public Housing Authorities – 3 cities
  - Anaheim, Garden Grove, Santa Ana
- Landlord Engagement/Incentives
- Land Use Authority for siting programs

Housing Authorities as a Resource

- Housing Choice Vouchers: Section 8
- Veterans Affairs Supportive Housing (VASH)
  - 1,065 Total in Orange County
    - 213 newly awarded Friday, April 6, 2018
- Project Based Vouchers
- Set Asides for Homeless Populations
  - OC Housing Authority – 50% of turnover vouchers
  - Santa Ana Housing Authority – 50% of turnover vouchers
  - Anaheim Housing Authority – Up to 25% of new admissions
  - Garden Grove Housing Authority – 5% of new enrollments

2014 Affordable Housing Project Based Vouchers NOFA & 2016 Permanent Supportive Housing NOFA

	Project Name	City	County Funding Provided	Project Based Vouchers Request: HCV or VASH	Total Units	Status	Target Population
Currently Operative	Potter's Lane	Midway City	$1,458,000	8 VASH	16	BOS Approved Commitment February 23, 2016 April 25, 2017	Veterans
	Newport Veterans Housing	Newport Beach	0	6 VASH	12	Board Approved Commitment February 23, 2016	Veterans
In the Pipeline	Oakcrest Heights	Yorba Linda	$1,644,300	8 HCV	54	Board Approved Commitment May 23, 2017	Families/MHSA
	Placentia Veterans' Village	Placentia	$2,754,000	49 VASH	50	Board Approved Commitment June 6, 2017	Veterans
TOTAL			**$5,856,300**	**8 HCV 63 VASH**	**132**		

HCV – Housing Choice Vouchers
VASH – Veterans' Affairs Supportive Housing

2014 Affordable Housing Project Based Vouchers NOFA & 2016 Permanent Supportive Housing NOFA

	Project Name	City	Funding Request	Project Based Vouchers Request: HCV or VASH	Total Units	Target Population
Application Under Review	Cypress Village Apartments	Irvine	$1,850,000	10 HCV 10 VASH	80	Permanent Supportive Housing/Veterans
	Jamboree PSH	Anaheim	$0	49 HCV 20 VASH	70	Permanent Supportive Housing/MHSA/ Veterans
	Placentia Veterans' Village (Additional Funding Request)	Placentia	$1,500,00			Veterans
	Beach Boulevard	Westminster	$3,000,000	25 HCV	50	Permanent Supportive Housing
TOTAL			**$5,698,800**	**84 HCV 30 VASH**	**200**	

HCV – Housing Choice Vouchers
VASH – Veterans' Affairs Supportive Housing

Oakcrest Heights, Opening 2018

North SPA – Yorba Linda

54 units affordable rental housing development – 14 MHSA units

Funding Sources:

- Conventional Loan
- County of Orange HOME/HSA Loan
- Orange County Housing Authority Project Based Housing Choice Vouchers
- City of Yorba Linda Loan
- CAHFA/MHSA Loan
- Deferred Developer Fee
- Affordable Housing Program Grant
- Tax Credit Equity

Potter's Lane, Opened 2017

Central SPA – Midway City

15 units of permanent supportive housing for veterans

Funding Sources:

- Conventional Loan
- State Veterans Housing and Homeless Prevention Program Loan
- County of Orange Loan
- Orange County Housing Authority Project-Based VASH Vouchers
- AFH Sponsor Loan
- AFH – Capital Campaign Funds
- Deferred Developer Fee
- Home Depot Foundation Grant
- Affordable Housing Program Grant

The Cove, Opened 2018

Central SPA – Newport Beach

12 units – 6 for formerly homeless veterans, 5 for seniors, and 1 for senior veteran

Funding Sources:

- Conventional Loan/Tax Exempt Bonds
- State Veteran Housing and Homeless Prevention Program Loan
- City of Newport Beach Loan
- Orange County Housing Authority Project-Based VASH vouchers
- Tax Credit Equity
- Deferred Developer Fee
- Home Depot Grant
- Citi Salute Grant
- Affordable Housing Program Grant

Permanent Supportive Housing Strategic Plan

- Development of 2,700 permanent supportive housing units
- Form partnerships with cities, business, builders, developers, foundations to support the plan objectives
- Funding Opportunities for County Interdepartmental housing and homeless resources
- Identify and pursue on-going funding streams to allocate toward development of permanent supportive housing units.
- Position the County for State revenue – housing production

State Housing Legislation

- Assembly Bill 346
  - Authorizes redevelopment "successor" agencies to use portions of their existing affordable housing funds for the development of homeless services, transitional housing, or emergency housing services
- No Place Like Home
  - $2 billion state-wide bond program seeded with MHSA funding for development of housing for those with severe and persistent mental illness (SPMI) and serious mental disturbance (SED) who are homeless or at risk of homelessness
  - Orange County's non-competitive portion will be approximately $7 million. Orange County will be able to compete for approximately $386.1 million with the other large counties
- 2017 Housing Package
  - Accelerates development to increase housing supply
  - Holds cities and counties accountable for addressing housing needs in their communities
  - Creates opportunities for new affordable homes and preserves existing affordable homes

State Housing Legislation

- Senate Bill 2
  - Establishes the Building Homes and Jobs Act and imposes a $75 fee on real estate transaction documents to provide a dedicated source of funding for affordable housing
  - First Year
    - 50% to local governments to update planning documents and zoning ordinances
    - 50% to the Department of Housing and Community Development
  - Second Year
    - Funds to Community Development Block Grant jurisdictions throughout the state
- Senate Bill 3
  - Enacts the Veteran and Affordable Housing Bond Act of 2018 and authorizes the issuance of $4 billion in general obligation bonds for affordable housing programs and a veteran's home ownership program
  - The bond is subject to approval by the voters in the November 6, 2018 election

County's Budget Overview

FRANK KIM

COUNTY EXECUTIVE OFFICER

2016 Assessment on Homelessness

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

Department / Program/Grant Title	Homeless Designated Only Resources ($)	Funding for Countywide Residents ($) income/disability eligibility	Total ($)
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OC Public Works			
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Total Funding for Shelters:	**12,944,036**		**12,994,036**
Estimate TOTAL County Resources	**94,384,224**	**692,097,118**	**786,481,342**

System of Care Resources – FY 2017–18

Type of Resources	Description	Funding Allocated Specifically for Homeless	Funding Allocated for All County Residents Including Homeless	Total
Housing	Section 8 and other Supportive Housing	$20,490,511	$163,006,200	$183,496,711
Health Care Services	Mental Health Substance Abuse Treatment Public Health Services	$4,961,390	$178,009,799	$182,971,189
Assistance Programs	Entitlement and Assistance Programs: CalFresh, CalWORKs, Cash Assistance for Immigrants, Medi-Cal and General Relief	-	$462,698,121	$462,698,121
Shelters	Courtyard Bridges at Kraemer Place Motels [1] Specialized Shelter Beds Armories	$26,042,753	-	$26,042,753
Outreach Services	Link to Services: Housing, Treatment, Basic Skills and Job Training	$4,275,046	$15,449,817	$19,724,863
TOTAL		**$55,769,700**	**$819,163,937**	**$874,933,637**

[1] One-time provision related to litigation; not ongoing.

Mental Health Services Act (MHSA) Funds

Unspent MHSA Funds as of June 30, 2017	**$183,454,008***
Projected Revenue for FY 2017 – 18	$164,714,933
Total Funds Projected for FY 2017-18	$348,168,941
Projected Cost in FY 2017-18	$196,362,940
Allocation for Housing	$70,500,000
Projected Ending Balance at June 30, 2018	**$81,306,001**

Detail Projected Ending Balance at June 30, 2018	
Community Services and Supports (CSS)	$18,901,754
Prevention and Early Intervention (PEI)	$34,026,869
Innovation (INN)	$28,377,378
Total Project Ending Balance at June 30, 2018	$81,306,001

Co-Located Behavioral Health Services Facility (Anita Drive)	$18.3 Million

*The $183.5M varies from the $187.3M on the Mental Health Services Oversight & Accountability Commission website, and is in the process of being reconciled with the State.

General Fund Reserves

	Projected Balance at 6/30/2018
Total General Fund (GF) Reserves	**$651,271,028**
Target Reserve	$427,712,057
Contingencies (Catastrophic Events)	$65,000,000
Reserve for Operations (VLFAA)	$60,000,000
Reserve for Capital Projects (e.g., Facilities, ROV, CAPS+)	$56,958,767
Reserve for Maintenance & Construction (Probation)	$11,600,204
Teeter Loss Reserve (Economic Downturn)	$30,000,000
Guideline for Target Reserve (Two Months)	$488,794,672
Under Target	($61,082,615)

Points of Entry to the System of Care

Description	FY 2015-16 Actual	FY 2016-17 Actual	Projections FY 2017-18 (1)	Funding Source
Bridges at Kraemer Place	$4,253,545	$3,299,018	$10,001,639	General Fund, MHSA, OC Housing, Cities (3) & SCHFA (4)
Courtyard Transitional Center	$3,592,625	$1,830,117	$3,287,740	General Fund
Flood Control Channel Engagement Initiative (2)	-	-	$11,661,259	General Fund, MH Realignment, MHSA, OC Flood & OC Parks
Armories Santa Ana and Fullerton	$1,473,574	$1,524,037	$1,331,261	General Fund, Community Development Block Grant & Emergency Solutions Grant
TOTAL	**$9,319,744**	**$6,653,172**	**$26,281,899**	

(1) Total funding in FY 2017-18 includes prior year estimated NCC Carryover
(2) Includes Riverbed Initiatives: Outreach & Engagement, City Net, Motel Beds/Food Vouchers, Recuperative Care and estimate for other homelessness efforts such as County staff time, storage and transportation
(3) Cities of Anaheim and Fullerton each made a one-time contribution of $500K towards the purchase of the Bridges at Kraemer Place Shelter. The City of Brea made a one-time contribution of $50K.
(4) Southern California Home Financing Authority

Federal Court Case: Progress

SUSAN PRICE
DIRECTOR OF CARE COORDINATION

Engagement with Encampments

251 Exited from Flood Control Channel from July 1, 2017 – January 8, 2018

697 individuals motel – sheltered

- 338 (48.5%) individuals accepted services and residential program options available
- 251 (36%) individuals declined any sort of services or shelter
- 108 (15.5%) individuals left before they could be assessed.

234 individuals at Santa Ana Civic Center

- 99 (42.3%) Accepted services
- 135 (57.7%) declined assistance/left area without linkage

1,182 unsheltered individuals engaged

County Funded Beds

	Total Beds	Occupancy*
Courtyard Transitional Center	425	391
Bridges at Kraemer Place	193	135
SAFE Place at WISE Place for Women	60	41
Washington House – American Family Housing	16	0
Armories – Fullerton and Santa Ana	437	240
Recuperative Care Beds	120	10
Full Service Partnership	200	188
TOTAL	**1,451**	**1,005**

*Average April Occupancy

Next Steps

- Extension of Armories 90 days providing opportunity for cities to identify/negotiate system contributions regionally
- SPA meetings with Cities in May
- Commission to End Homelessness
  - To be appointed in May 2018
- Implement Service Planning Areas infrastructure
  - Coordinated Entry System
  - Homeless Management Information System (HMIS)
- Coordinated Homeless Assessment and Response Team (CHART) mobilization
- Creation of Regional Navigation Centers

What are Regional Navigation Centers?

Linkages to:

- Mental Health
- Physical Health
- Public Benefits
- Employment
- Housing

Image from http://www.sprung.com/case-study/san-diego-homeless-bridge-shelters/

Closing Remarks

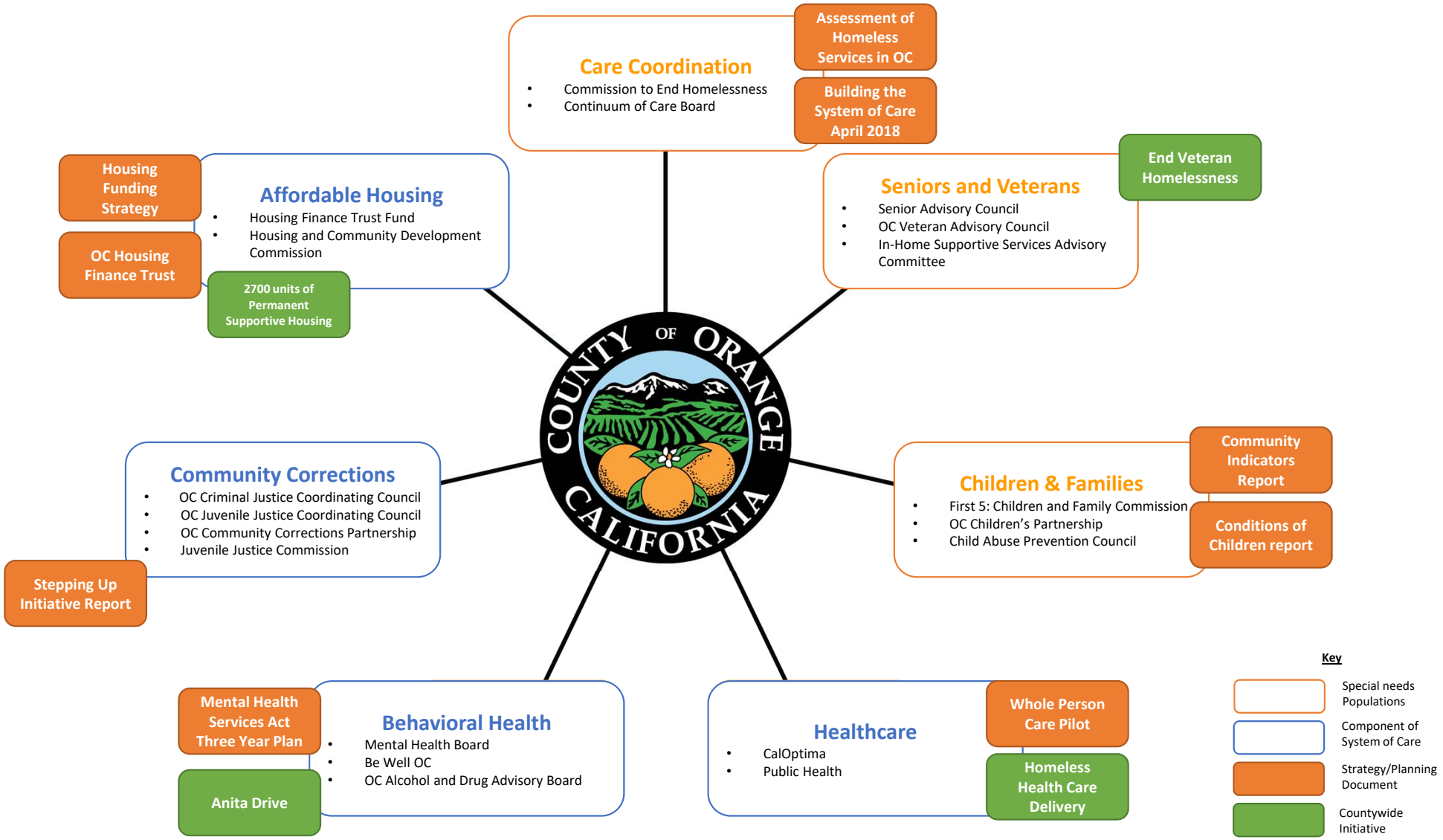
DAVE KIFF, CITY MANAGERS ASSOCIATION
DAN YOUNG, PRIVATE SECTOR STRATEGIST

2018 INTEGRATED SERVICES STRATEGIC PRIORITIES

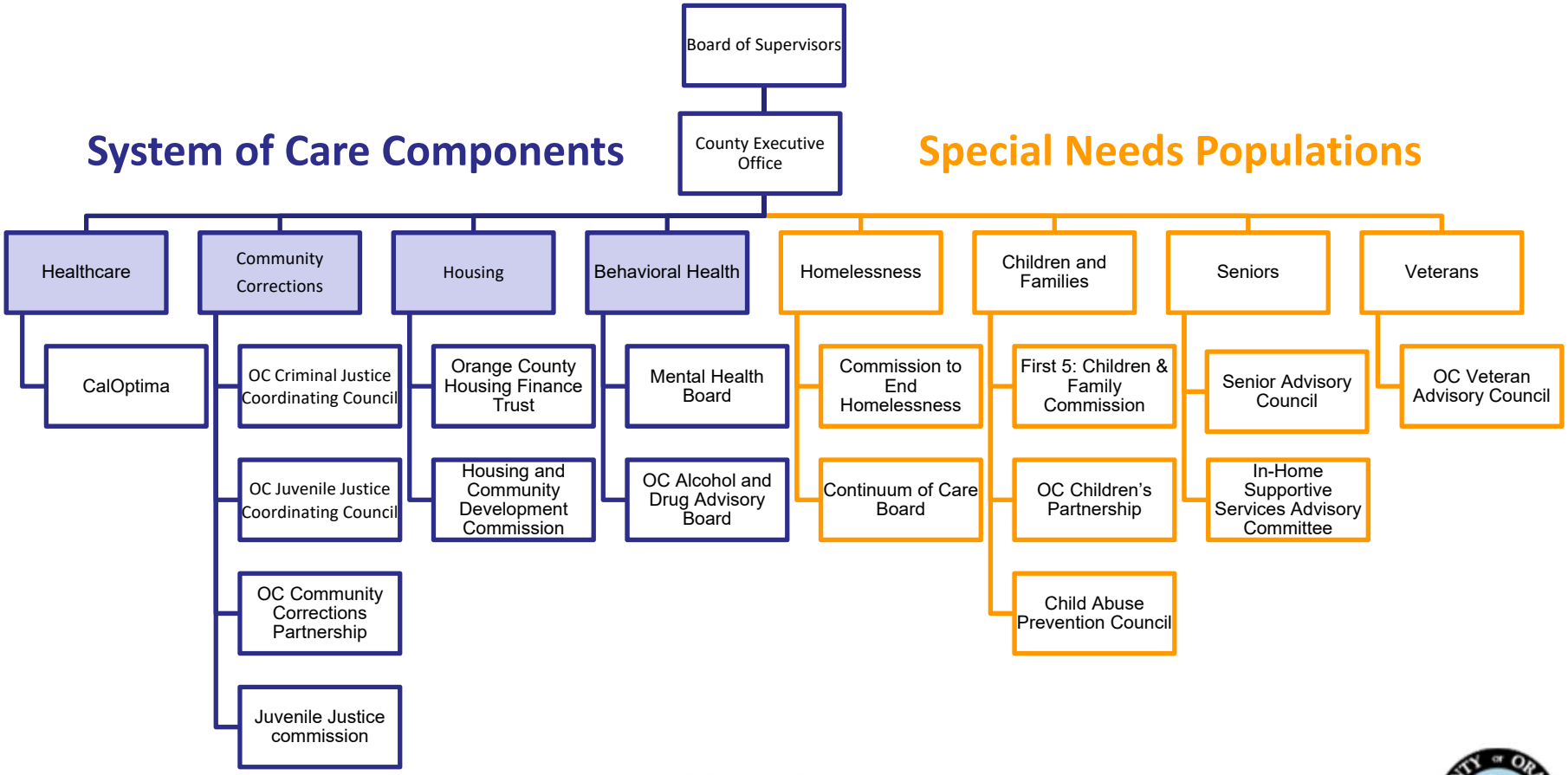
Strategic Priority Description	10-Year NCC Request	5-Year NCC Request	ANNUAL NCC REQUEST	
			FY 2019-20 Forecast	FY 2020-21 Forecast
Stepping Up Initiative				
Increase public awareness on various mental health topics and resources	-	-	-	-
Increase staffing resources to address increased demands for Mental Health services	1,530,000	680,000	-	170,000
Expansion of specialty courts to meet increased demands	8,370,000	3,720,000	-	930,000
Increase access to short-term and permanent supportive housing upon reentry	3,265,000	1,065,000	60,000	200,000
Implement a transportation network	335,000	135,000	-	-
TOTAL STEPPING UP INITIATIVE	**13,500,000**	**5,600,000**	**60,000**	**1,300,000**
Data Collection and Analysis				
Application development and ongoing data storage	3,220,000	2,220,000	620,000	940,000
Training for first responders to utilze tools for data collection	93,750	50,000	12,500	12,500
TOTAL DATA COLLECTION AND ANALYSIS	**3,313,750**	**2,270,000**	**632,500**	**952,500**
Behavioral Health Services Campus				
Acquisition of a facility and related costs to implement for Health Care use	1,000,000	1,000,000	500,000	500,000
Implement a crisis stablization unit on the campus	4,749,183	1,932,749	-	400,000
Implement a sobering station on the campus	2,839,709	1,127,751	-	200,000
TOTAL BEHAVIORAL HEALTH CAMPUS	**8,588,892**	**4,060,500**	**500,000**	**1,100,000**
In Custody/Post Custody Drug Treatment Program				
Full time in-custody professional substance use disorder treatment with case management	865,000	432,500	86,500	86,500
Post-custody community based treatment services and supportive sober-living housing	1,095,000	474,500	36,500	65,700
TOTAL IN-CUSTODY / POST CUSTODY DRUG TREATMENT PROGRAM	**1,960,000**	**907,000**	**123,000**	**152,200**
Reentry Facility				
Establish a 24-hour full service Reentry facility	2,250,000	1,125,000	225,000	225,000
TOTAL REENTRY FACILITY	**2,250,000**	**1,125,000**	**225,000**	**225,000**
Recidivism Reduction Community Reintegration				
Implement professional case management and cognitive-behavioral program services	18,414,000	8,184,000	-	2,046,000
TOTAL RECIDIVISM REDUCTION COMMUNITY REINTEGRATION	**18,414,000**	**8,184,000**	**-**	**2,046,000**
Enhancing In-Custody Behavioral Health Treatment				
Create or obtain dedicated space to address LPS dedicated care, psychiatric observation, and step-down mental health services for mentally ill individuals in county jail system	197,348,217	88,405,010	16,283,988	16,455,748
Increase medical and mental health care staffing and jail security staffing to address the needs of the mentally ill individuals in the county jail system	151,546,983	75,134,466	14,726,192	14,918,549
TOTAL INTAKE RELEASE CENTER MEDICAL AND MENTAL HEALTH RENOVATION	**348,895,200**	**163,539,476**	**31,010,180**	**31,374,297**
Access to Permanent Supportive/Affordable Housing	-	-		
Seek and create partnerships to establish dedicated housing for needed specific populations.	n/a	n/a	n/a	n/a
TOTAL ACCESS TO PERMANENT SUPPORTIVE/AFFORDABLE HOUSING	**-**	**-**	**-**	**-**
TOTAL INTEGRATED SERVICES	**396,921,842**	**185,685,976**	**32,550,680**	**37,149,997**

2018 INTEGRATED SERVICES STRATEGIC PRIORITIES

(COST LESS REVENUE OR OTHER SOURCES)				
FY 2021-22 Forecast	**FY 2022-23 Forecast**	**FY 2023-24 Forecast**	**FY 2024-25 to FY 2028-29 Forecast**	**Strategic Priority Description**
				Stepping Up Initiative
-	-	-	-	Increase public awareness on various mental health topics and resources
170,000	170,000	170,000	850,000	Increase staffing resources to address increased demands for Mental Health services
930,000	930,000	930,000	4,650,000	Expansion of specialty courts to meet increased demands
225,000	200,000	380,000	2,200,000	Increase access to short-term and permanent supportive housing upon reentry
75,000	20,000	40,000	200,000	Implement a transportation network
1,400,000	**1,320,000**	**1,520,000**	**7,900,000**	**TOTAL STEPPING UP INITIATIVE**
				Data Collection and Analysis
260,000	200,000	200,000	1,000,000	Application development and ongoing data storage
3,750	5,000	8,750	43,750	Training for first responders to utilze tools for data collection
263,750	**205,000**	**208,750**	**1,043,750**	**TOTAL DATA COLLECTION AND ANALYSIS**
				Behavioral Health Services Campus
-	-	-	-	Acquisition of a facility and related costs to implement for Health Care use
500,000	510,000	522,749	2,816,434	Implement a crisis stablization unit on the campus
300,000	310,000	317,751	1,711,958	Implement a sobering station on the campus
800,000	**820,000**	**840,500**	**4,528,392**	**TOTAL BEHAVIORAL HEALTH CAMPUS**
				In Custody/Post Custody Drug Treatment Program
86,500	86,500	86,500	432,500	Full time in-custody professional substance use disorder treatment with case management
124,100	124,100	124,100	620,500	Post-custody community based treatment services and supportive sober-living housing
210,600	**210,600**	**210,600**	**1,053,000**	**TOTAL IN-CUSTODY / POST CUSTODY DRUG TREATMENT PROGRAM**
				Reentry Facility
225,000	225,000	225,000	1,125,000	Establish a 24-hour full service Reentry facility
225,000	**225,000**	**225,000**	**1,125,000**	**TOTAL REENTRY FACILITY**
				Recidivism Reduction Community Reintegration
2,046,000	2,046,000	2,046,000	10,230,000	Implement professional case management and cognitive-behavioral program services
2,046,000	**2,046,000**	**2,046,000**	**10,230,000**	**TOTAL RECIDIVISM REDUCTION COMMUNITY REINTEGRATION**
				Enhancing In-Custody Behavioral Health Treatment
17,527,130	18,614,862	19,523,282	108,943,207	Create or obtain dedicated space to address LPS dedicated care, psychiatric observation, and step-down mental health services for mentally ill individuals in county jail system
15,165,045	15,174,730	15,149,950	76,412,517	Increase medical and mental health care staffing and jail security staffing to address the needs of the mentally ill individuals in the county jail system
32,692,175	**33,789,592**	**34,673,232**	**185,355,724**	**TOTAL INTAKE RELEASE CENTER MEDICAL AND MENTAL HEALTH RENOVATION**
				Access to Permanent Supportive/Affordable Housing
n/a	n/a	n/a	n/a	Seek and create partnerships to establish dedicated housing for needed specific populations.
-	**-**	**-**	**-**	**TOTAL ACCESS TO PERMANENT SUPPORTIVE/AFFORDABLE HOUSING**
37,637,525	**38,616,192**	**39,724,082**	**211,235,866**	**TOTAL INTEGRATED SERVICES**


Care Coordination
Commission to End Homelessness
Continuum of Care Board
Assessment of Homeless Services in OC
Building the System of Care April 2018
Affordable Housing
Housing Finance Trust Fund
Housing and Community Development Commission
Housing Funding Strategy
OC Housing Finance Trust
2700 units of Permanent Supportive Housing
Seniors and Veterans
Senior Advisory Council
OC Veteran Advisory Council
In-Home Supportive Services Advisory Committee
End Veteran Homelessness
COUNTY OF ORANGE CALIFORNIA
Community Corrections
OC Criminal Justice Coordinating Council
OC Juvenile Justice Coordinating Council
OC Community Corrections Partnership
Juvenile Justice Commission
Stepping Up Initiative Report
Children & Families
First 5: Children and Family Commission
OC Children's Partnership
Child Abuse Prevention Council
Community Indicators Report
Conditions of Children report
Behavioral Health
Mental Health Board
Be Well OC
OC Alcohol and Drug Advisory Board
Mental Health Services Act Three Year Plan
Anita Drive
Healthcare
CalOptima
Public Health
Whole Person Care Pilot
Homeless Health Care Delivery
Key
Special needs Populations
Component of System of Care
Strategy/Planning Document
Countywide Initiative

County of Orange
Advisory Boards, Commissions and Committees



HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA®

12399 Lewis Street, Suite 103
Garden Grove, CA 92840
714-663-0294
www.hasc.org

TO: Susan Price, County Executive Office of Care Coordination

FROM: Whitney Ayers, HASC

SUBJECT: Homeless Patient Hospital Data

DATE: March 13, 2019

Orange County Hospital Infrastructure:

- 32 hospitals (General Acute Care, Long Term Acute Care, Acute Psychiatric)
- 24 hospitals with Emergency Departments (ED)
- Total ED treatment stations: 638
- Total licensed inpatient beds: 5,649
- Total acute psychiatric beds: 493
- 2017 Total ED + Inpatient Volume: 1,348,253

Data Reporting Limitations:

Hospitals licensed in California must submit an annual utilization report with the Office of Statewide Health and Planning (OSHPD) for the prior calendar year's data. Data from 2018 was submitted in February 2019 and has not been published.

The Federal Emergency Medical Treatment and Active Labor Act (EMTALA) require hospitals to provide a medical screening exam to any individual seeking treatment regardless of citizenship, legal status or ability to pay. Prior to January 1, 2019, there was no government defined or mandated screening process for the determination of homeless patients. Therefore, homeless individuals or families may or may not have been identified as part of the ED registration or insurance verification processes, depending upon the information disclosed by the patient.

Beginning July 1, 2019, all hospitals are required to maintain a homeless patient log pursuant to SB 1152. The new homeless discharge law also requires hospitals to maintain a log of patients living in cars, RVs, sober living residences, or other transitional housing settings. These homeless patients may or may not have been included in the 2017 data submitted by individual hospitals.

Key Findings:

- ✓ Hospitals reported 12,885 total homeless patient encounters in 2017 based on ICD-10 codes
- ✓ ED visits increased 31%, inpatient admissions decreased 4%, and overall volume increased 18% compared to Calendar Year (CY) 2016

- ✓ Hoag Memorial Presbyterian Hospital, UCI Medical Center and St. Joseph Hospital treated 40% of the total homeless patient encounters

- ✓ The "Mental Disorders" diagnostic category represented the highest frequency of homeless visits (32%)

- ✓ Within the Mental Disorders category, Alcohol-Related Disorders represented the highest frequency of principal diagnoses (11%), followed by Schizophrenia and Other Psychotic Disorders (9%)

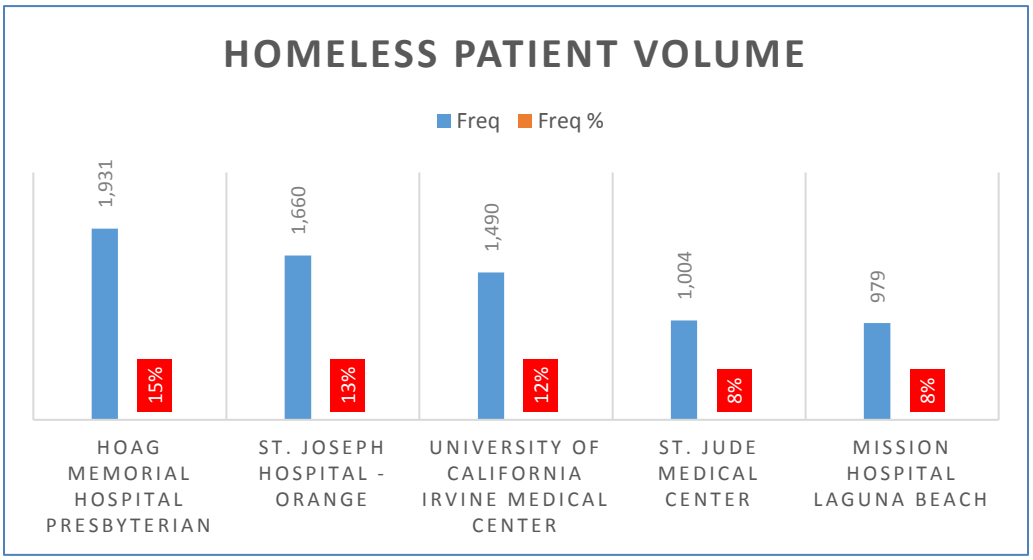
- ✓ 92% of homeless patients treated for a primary Mental Disorder were discharged with a *chronic* mental health condition

- ✓ Top five chronic conditions by highest frequency are as follows:

    - Alcohol-Related Disorders (34%)
    - Schizophrenia and Other Psychotic Disorders (25%)
    - Mood Disorders (19%)
    - Substance-Related Disorders (13%)
    - Anxiety Disorders (6%)

<u>Hospital Volume:</u>

The chart below includes top five hospitals by patient volume. Collectively, these hospitals treated 55% of the total homeless patient encounters. Of the 12,885 homeless encounters in 2017, 68% were treated and released from EDs, and 32% were admitted to hospital inpatient units:



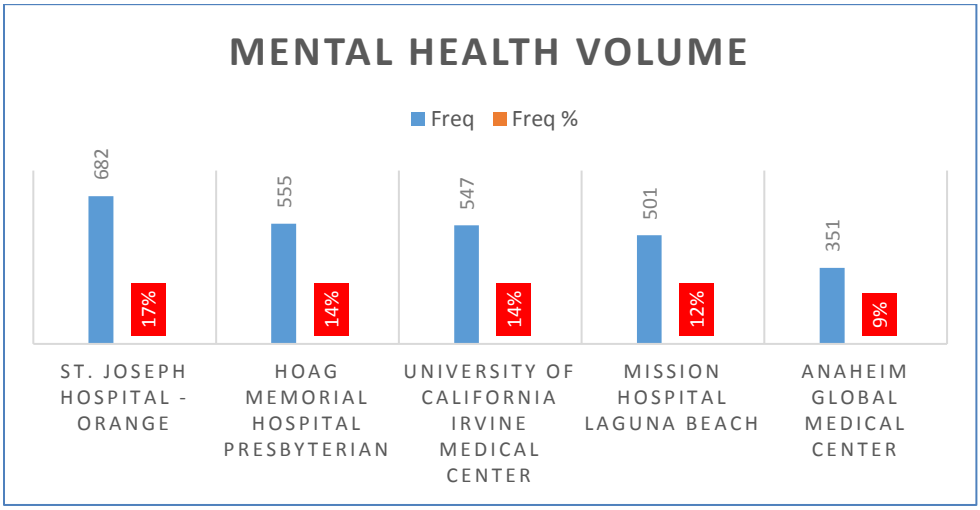
Diagnosis Classification:

Hospitals coded 216 different primary diagnoses for homeless patients. The table below includes the top 25 principal diagnostic codes, or primary reason for the patient visit. Fields highlighted in green are in the "Mental Diagnosis" category and represent the greatest percentage of primary diagnoses. Alcohol-Related Disorders, Schizophrenia and Other Psychotic Disorders, and Mood Disorders represent the top three reasons for homeless hospital encounters in 2017:

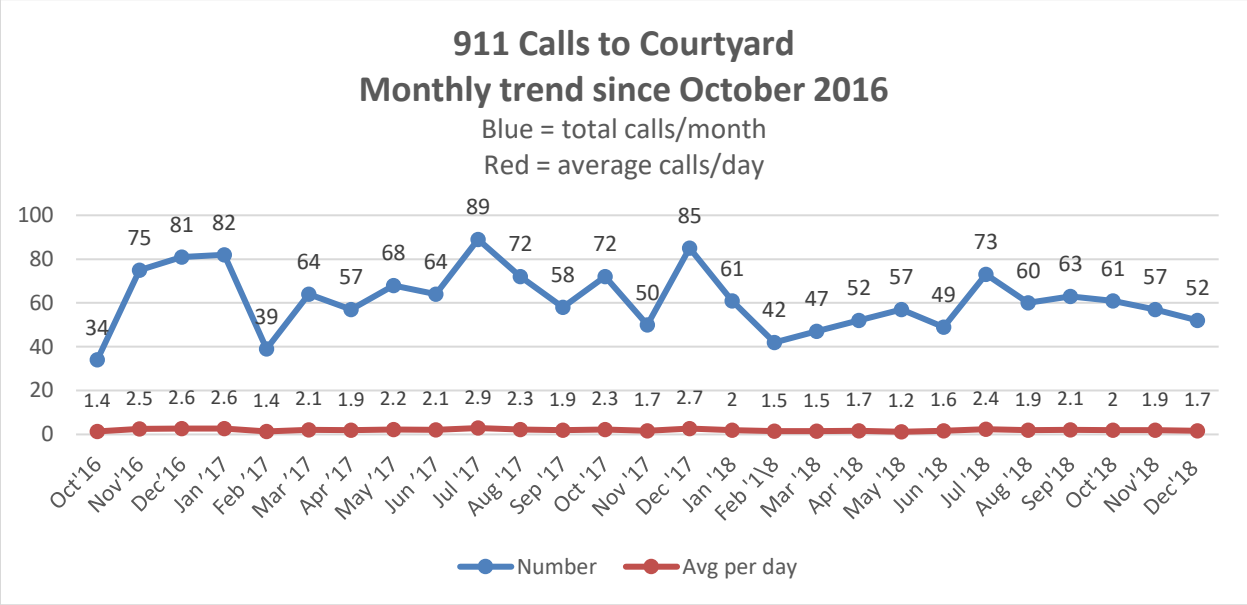
Primary Diagnostic Code - CY 2017	Volume	Freq %
Alcohol-Related Disorders	1,377	11%
Schizophrenia and Other Psychotic Disorders	1,120	9%
Skin and Subcutaneous Tissue Infections	770	6%
Mood Disorders	709	6%
Substance-Related Disorders	636	5%
Septicemia (Except in Labor)	448	3%
Superficial Injury; Contusion	349	3%
Suicide and Intentional Self-Inflicted Injury	327	3%
Diabetes Mellitus With Complications	299	2%
Other Connective Tissue Disease	269	2%
Chronic Obstructive Pulmonary Disease and Bronchiectasis	260	2%
Anxiety Disorders	242	2%
Residual Codes; Unclassified	232	2%
Administrative/Social Admission	220	2%
Other Nervous System Disorders	195	2%
Nonspecific Chest Pain	195	2%
Hypertension With Complications and Secondary Hypertension	194	2%
Abdominal Pain	189	1%
Other Injuries and Conditions Due to External Causes	182	1%
Spondylosis; Intervertebral Disc Disorders; Other Back Problems	172	1%
Other Non-Traumatic Joint Disorders	145	1%
Sprains and Strains	138	1%
Malaise and Fatigue	137	1%
Urinary Tract Infections	130	1%
Open Wounds of Head; Neck; and Trunk	119	1%

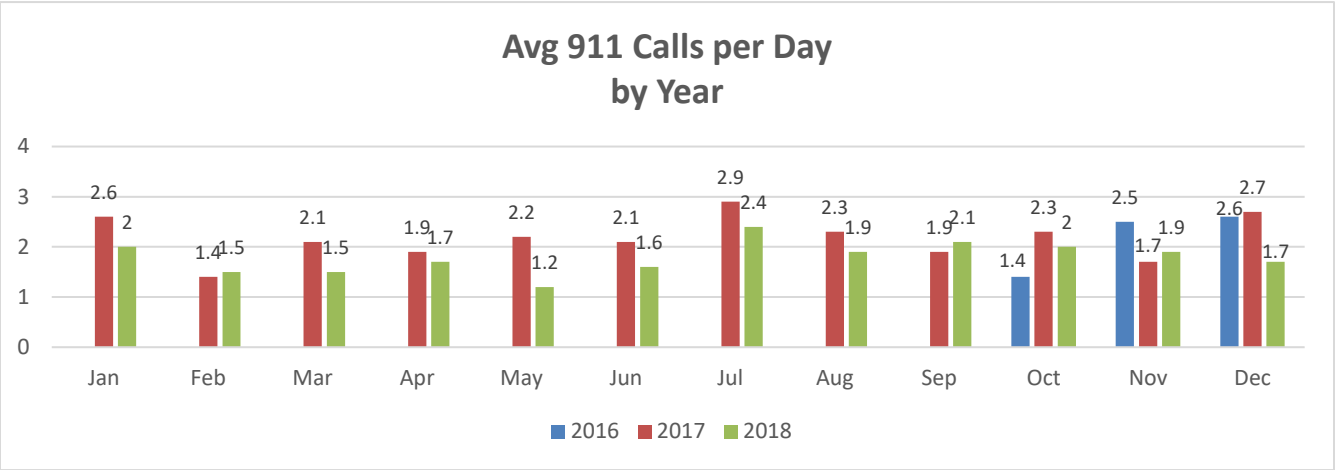
Mental Health Volume:

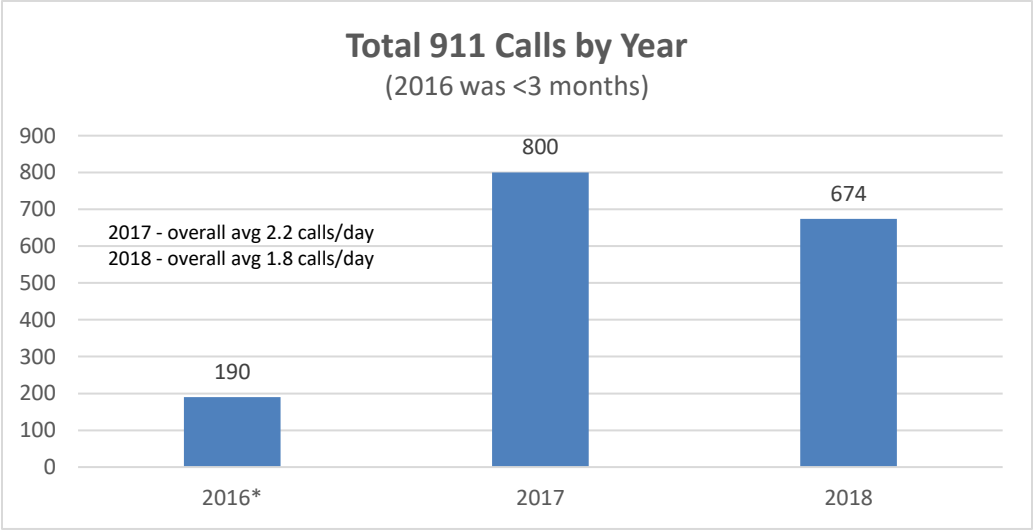
The table below includes the top five hospitals with the greatest volume of homeless patients with a mental health diagnosis. In 2017, a total of 4,038 patients had a primary Mental Disorder; 68% were treated and released from EDs, and 32% were admitted to a medical or psychiatric inpatient unit. Note: Hoag Memorial Presbyterian Hospital does not have a psychiatric inpatient unit and is not Lanterman-Petris-Short (LPS) designated to evaluate patients placed on involuntary 5150 holds. The other four hospitals are LPS designated to complete evaluations in the ED.



OC Courtyard EMS Response Chronology
2016-2018







WHOLE PERSON CARE

What is It?

Whole Person Care (WPC) is the coordination of physical, behavioral health, and social services in a patient centered approach with the goals of improved health and well-being through more efficient and effective uses for Medi-Cal beneficiaries struggling with homelessness.

When a WPC beneficiary enters an Orange County, CA...

OR

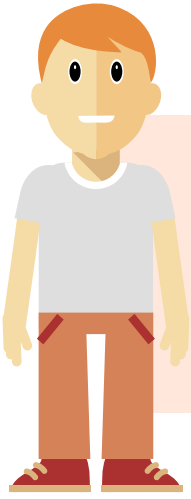
Is referred through the OC Health Care Agency

CHAT-H
Public Health Services Nurse

Behavioral Health Services (BHS) Outreach and Engagement
(or other BHS program)

WPC Connect

Electronic system is notified and the beneficiary's care plan is created. The system will have the capacity to share data from the care plan bi-directionally with CalOptima for ease of access by medical case management staff.



Beneficiary is connected to wrap-around, applicable programs and services that may include:

1 Recuperative Care (24/7/365)

Phase 1: **12,612 bed days**

Phase 2: **14,708 bed days**

27,320 Total bed days through year 2020

2 

One-on-One CalOptima personal care coordinator

3 

Coordinated Entry into permanent supportive housing

4 

Linkage to mental health and/or substance use disorder treatment

5 Community Referral Network

ochealth CARE AGENCY

To learn more, please visit ochealthinfo.com/wpc or email wpc@ochca.com

Health Care Agency – Healthcare Programs for Populations Experiencing Homelessness

Whole Person Care (WPC)

The Orange County Whole Person Care (WPC) Pilot Program is the coordination of physical, behavioral health, and social services in a patient-centered approach with the goals of improved health and well-being through more efficient and effective use of resources for Medi-Cal beneficiaries struggling with homelessness. The WPC Pilot promotes increased communication between hospital emergency rooms, CalOptima, community clinics, Health Care Agency Behavioral Health Services and Public Health Services. It also includes recuperative care (acute and post-acute medical care in a supportive transitional housing environment) providers to improve access and navigation of services for the homeless population in Orange County.

WPC Connect: This is not an electronic medical record, nor is it designed to replace any case management system a provider may be using. It will allow every WPC participating provider to electronically look up a homeless client's service history to see where they are linked to services. Providers will also be able to refer members to services.

With WPC Connect, hospitals and other community-based providers (who historically have not had pathways for data sharing with each other) will be connected to a centralized hub for real-time communication. Prior to the WPC pilot, for example, homeless shelter staff wouldn't necessarily know that a client was recently hospitalized, which may be necessary to adequately address the client's needs. Now when a patient experiencing homelessness enters an emergency room (ER) or connects with a WPC Homeless Navigator, providers will use WPC Connect to generate a "Community-Collaborative Care Plan" (if it does not already exist) and coordinate with other WPC partner agencies in real time – including clinics, homeless shelters, recuperative care services, emergency rooms and other providers. If the client already has a care plan, then the care team will be able to immediately know a client is at the hospital and provide more timely connection and linkage to services.

For more information on WPC, please go to www.ochealthinfo.com/wpc

Health Care Agency – Healthcare Programs for Populations Experiencing Homelessness

CHAT - H

Comprehensive Health Assessment Team – Homeless (CHAT-H)

Public Health Nurses (PHN) and Community Health Assistants (CHA) help homeless families and individuals who have unmet healthcare needs by providing resources and case management to clients in parks, shelters, soup kitchens and motels.

Intensive Encounters

A comprehensive face to face encounter that provides the client with assessment, health education, follow-up and resources.

FY 16/17	1,968
FY 17/18	1,666

Brief Encounters

A brief face to face intervention in which the client is provided resources. Personal information is not obtained.

FY 16/17	2,831
FY 17/18	2,306

OVERVIEW AND EXECUTIVE SUMMARY

In November 2004, California voters passed Proposition 63, also known as the Mental Health Services Act (MHSA). The Act implemented a 1% state tax on income over $1 million and emphasizes transforming the mental health system to improve the quality of life for individuals living with mental illness and their families. With 13 years of funding, mental health programs have been tailored to meet the needs of diverse clientele in each county in California. As a result, local communities and their residents are experiencing the benefits of expanded and improved mental health services.

Orange County Behavioral Health Services (BHS) has used a comprehensive stakeholder process to develop local MHSA programs that range from prevention services to crisis residential care. Central to the development and implementation of all programs is the focus on community collaboration, cultural competence, consumer- and family-driven services, service integration for consumers and families, prioritization of serving the unserved and underserved, and a focus on wellness, recovery and resilience.

The current array of services, with an annual budget of $218.8 million for FY 2018-19, was developed incrementally, starting with the planning efforts of stakeholders in 2005 and continuing to present day.

The Orange County FY 2018-19 MHSA Annual Plan Update ("Plan Update" or "Update") to the Three-Year Program and Expenditure Plan for Fiscal Years 2017-18 through 2019-20 was approved by the Board of Supervisors in **Update**. This Update increases funding for the Community Services and Supports and the Capital Facilities and Technological Needs components, and maintains but re-distributes funding within the Prevention and Early Intervention and the Workforce Education and Training components.

Budget Review and "True Up" Process

As part of the fiscal review done in preparation for the current Annual Plan Update, BHS engaged in a detailed process of aligning existing program budgets more closely with actual program expenditures from the most recent fiscal year (i.e., FY 2016-17). This budget "true up," which took place during Fall 2017, allowed managers to identify cost savings for programs that could be transferred to cover budget increases and/or implementation costs of other programs within the same component. The most common source of savings was actual or anticipated funds that remained unspent during a program's development and/or implementation phase (e.g., salary savings, reduced number of individuals served, etc.).

MHSA Components and Funding Categories

MHSA funding is broken down into five components that are defined by the Act: Community Services and Supports, Prevention and Early Intervention, Innovation, Workforce Education and Training, and Capital Facilities and Technological Needs. In addition, Community Services and Supports may allocate funds to support MHSA housing. A brief description and the funding level for each of these areas is provided below.

Community Services and Supports Component

Community Services and Supports (CSS) is the largest of all five MHSA components and receives 76% of the Mental Health Services Fund. It supports comprehensive mental health treatment for people of all ages living with serious emotional disturbance (SED) or serious mental illness (SMI). CSS develops and implements promising or proven practices designed to increase underserved groups' access to services, enhance quality of services, improve outcomes and promote interagency collaboration.

Several significant changes to CSS programs were incorporated into the FY 2018-19 Annual Plan Update:

- Peer Mentoring was expanded to support individuals in several new tracks:
  - Individuals of all ages receiving services in County outpatient clinics
  - Homeless adults eligible for Whole Person Care
  - Adults served in the Senate Bill (SB) 82 Triage Grant program that expires June 30, 2018
- Transitional Age Youth (TAY) Full Service Partnerships (FSPs) were expanded to serve additional youth involved in the Criminal Justice system.
- Adult FSPs were expanded to cover increasing housing assistance and residential treatment costs.
- BHS Outreach and Engagement was expanded to fund individuals eligible for Whole Person Care.
- The Children's and TAY/Adult Crisis Assessment Teams (CATs) received increased funding to expand the number of clinicians.
- A new program, Correctional Health Services Jail to Community Re-Entry, was added to provide comprehensive discharge planning and linkage to behavioral health services with the goal of reducing subsequent incarcerations.

The resulting CSS budget for FY 2018-19 is $145,612,490. A full description of each CSS program, including the above changes, is provided in the Community and the Individual/Family Support sections of this Plan.

Prevention and Early Intervention Component

MHSA dedicates 19% of its allocation to Prevention and Early Intervention (PEI), which is intended to prevent mental illness from becoming severe and disabling and to improve timely access for people who are underserved by the mental health system. The component maintained an overall level annual budget of $35,452,761 for FY 2018-19, although funds were transferred from the Training, Assessment and Coordination Services program to the Violence Prevention Education, Crisis Prevention Hotline, Survivor Support Services and Warmline programs to reflect actual program expenditures and/or increase service capacity based on demonstrated need. In addition, the MHSA Steering Committee approved HCA's plan to spend reverted PEI funds, per Assembly Bill (AB) 114, on existing PEI programs during FY 2018-19. A description of each program is provided in the Community and the Individual/Family sections.

Innovation Component

MHSA designates 5% of a County's allocation to the Innovation component, which specifically and exclusively dedicates funds to trying new or modified approaches that contribute to learning rather than expanding service delivery. Projects are time-limited to a maximum of five years and evaluated for effectiveness and consideration for continued funding through an alternative source. All active projects are described in the Community and the Individual/Family Support sections.[1]

In addition, HCA is developing two mental health-focused technology projects aimed at increasing access to services (see the Special Projects section). One proposal is to join the Mental Health Technology Solutions project, a cross-county collaboration initially proposed by Los Angeles and Kern counties and approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC). HCA is also currently working with community stakeholders to develop an integrated application that will harness technology to improve access to housing and other behavioral health resources. The MHSA Steering Committee similarly approved HCA's plan to spend AB 114 reverted INN funds on existing and, if applicable, newly approved projects in the manner that maximally protects funds from reversion.

Workforce Education and Training Component

Workforce Education and Training (WET) is intended to increase the mental health services workforce and to improve staff cultural and linguistic competency. WET maintained a level

[1] *After further research on the remaining Round 3 projects, it was determined that the concepts/ideas presented in the Child Focused Mental Health Training for Religious Leaders; Immigrant Screening and Referrals; and Whole Person Healing Initiative proposals are currently being implemented elsewhere and are unlikely to receive MHSOAC approval.*

annual budget of $5,150,282 for FY 2018-19, although funds were transferred from the Financial Incentives Program and Training and Technical Assistance to Workforce Staffing Support to reflect actual program expenditures. A full description of each program is provided in the BHS System Support section.

Capital Facilities and Technology Needs Component

The Capital Facilities and Technology Needs (CFTN) component funds a wide range of projects necessary to support the service delivery system and is currently funded through CSS. A total of $9.2 million was transferred to Capital Facilities to fund two projects in FY 2018-19: $9 million to purchase a property for Co-Located Services and $200,000 for renovations to a building used for Youth Core Services. In addition, Orange County transferred $3,756,082 to Technological Needs for continued implementation of the BHS Electronic Health Record (EHR). A full description of all projects is provided in the CFTN description within the BHS System Support section.

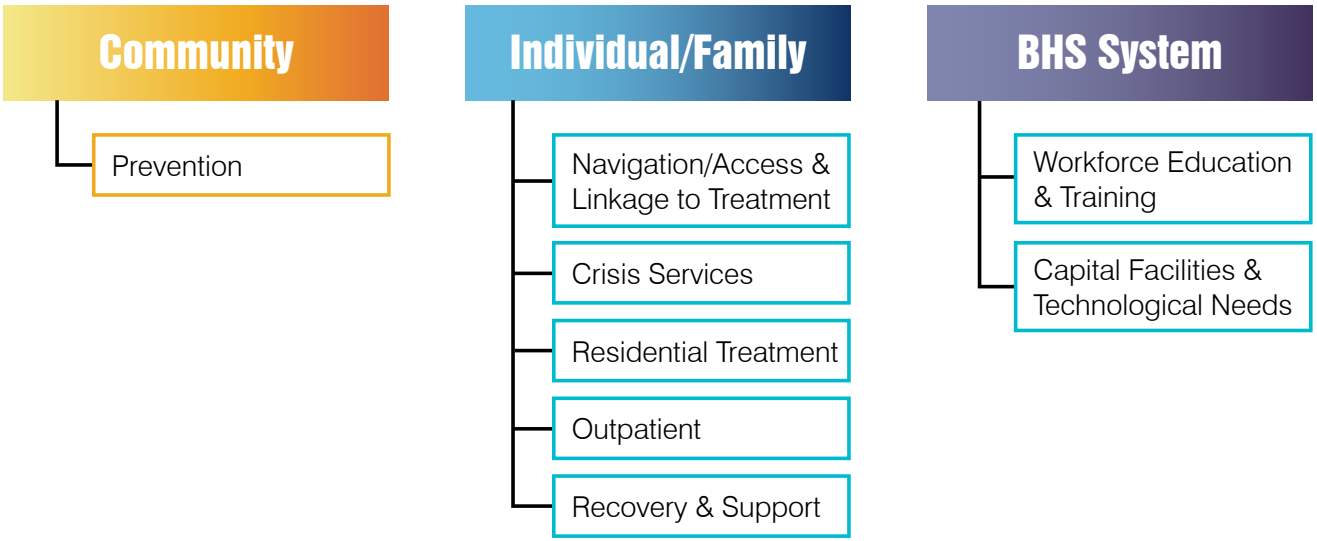
Housing

Under direction from the Board of Supervisors, $20 million was allocated during the FY 2017-18 Community Planning Process to develop permanent supportive housing through the MHSA Special Needs Housing Program. Some funds have already been allocated to several projects in development and will allow Orange County to continue creating permanent housing options for those living with SMI. A description of each project is provided in the Individual/Family Support section of this Plan Update.

Annual Plan Update Re-Organization

Programs were previously organized in the Plan according to their funding component (i.e., CSS, PEI, etc.). However, this structure did not necessarily promote understanding of what the programs did or how they related to each other. To address this limitation, the current Plan Update has been re-organized along two tiers: (1) Support Level, which reflects the program's primary target of intervention/support (i.e., Community, Individual/Family, BHS System) and (2) Service Function, which reflects the primary intent of the services provided (i.e., Prevention, Crisis Services, Outpatient Services, etc.). The Service Functions and the MHSA programs contained within them are described in more detail in this Plan Update. Although some programs span multiple Support Levels (i.e., Individual/Family, Community), they are categorized according to their primary Service Function.

MHSA Plan Organizational Structure



BEHAVIORAL HEALTH PATHWAY TO SERVICES

HOMELESS INDIVIDUAL

When homeless individuals who are struggling with a mental health and/or substance use issue are living on the streets or are released from jail, they can be connected to:

Outreach and Engagement (O&E) provides outreach services to the homeless or those at-risk of homelessness. These services can include:

To learn more, call
(800) 364-2221

1. **Linkage** to Behavioral Health Services (BHS)
2. Homeward Bound
3. MOTEL Support
4. Linkage to Benefits
5. Assistance with obtaining identification for housing services (Photo ID, Birth Certificate, Social Security Card)
6. Case Management and Support Services

After the individual is assessed, a linkage can be facilitated to any of the following:

1 Housing and Shelter

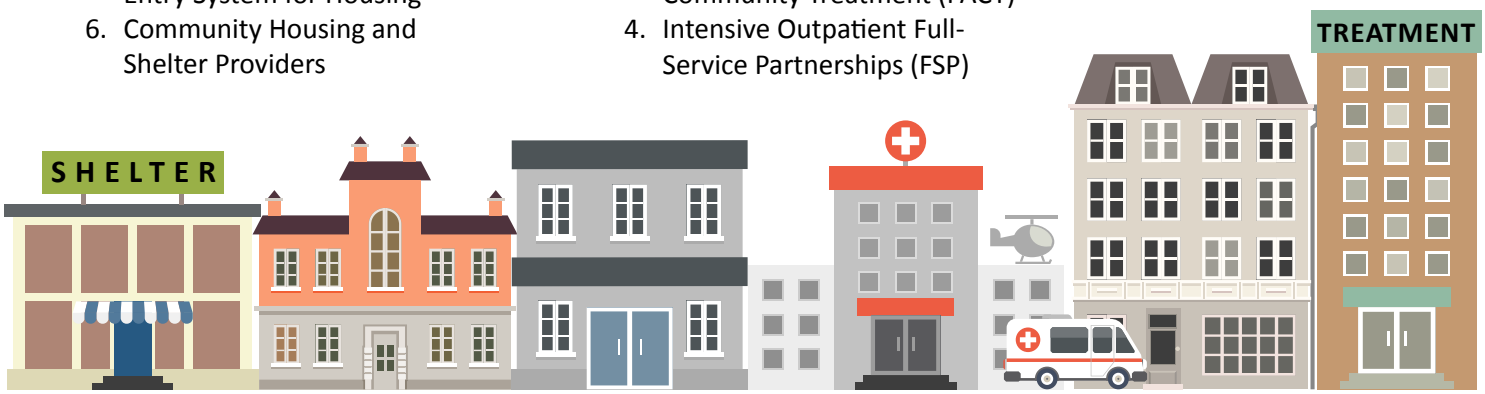
1. Courtyard Shelter
2. Bridges at Kraemer Place
3. Orange County Armories
4. Sober Living Homes
5. Assessment into Coordinated Entry System for Housing
6. Community Housing and Shelter Providers

2 Outpatient Services

1. Mental Health Clinics
2. Substance Use Disorder (SUD) Clinics
3. Intensive Outpatient Services BHS Program for Assertive Community Treatment (PACT)
4. Intensive Outpatient Full-Service Partnerships (FSP)

3 Residential Substance Use Treatment Services

1. Residential Drug Treatment
2. Detox



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BEHAVIORAL HEALTH PATHWAY TO SERVICES

MENTAL HEALTH CRISIS

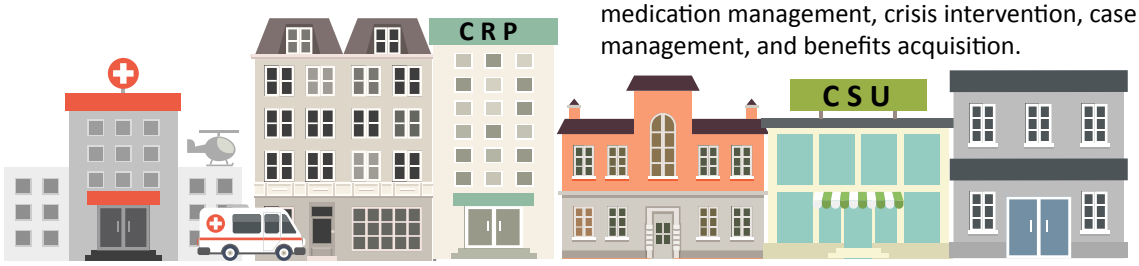
When an individual experiences a mental health emergency or crisis situation, they can be assessed by the Crisis Assessment Team (CAT) staff who provides 24-hour mobile response services to anyone experiencing a mental health crisis. Crisis assessment services are also available at the Behavioral Health Services (BHS) Outpatient Clinics during business hours or at the Crisis Stabilization Unit (CSU) 24 hours per day.

Crisis Assesssment Team (CAT) provides crisis intervention and can initiate involuntary holds for hospitalization when needed. CAT staff are also assigned to ride along with law enforcement officer partners to address mental health-related calls in assigned cities. This program is known as the Psychiatric Emergency & Response Team (PERT). PERT teams may be called into service by CAT Dispatch as well as their assigned City's Dispatch.

In a mental health emergency, call CAT (866) 830-6011 or 911.

After assessment, the individual is referred to one of the following:

1. **Crisis Stabilization Unit (CSU)** provides emergency psychiatric and crisis stabilization services that include crisis intervention, medication evaluation, consultation with significant others and outpatient providers, as well as linkage and/or referral to follow-up care and community resources.
2. **Hospitalization** CAT/PERT staff facilitate evaluation and treatment at a psychiatric hospital.
3. **Crisis Residential Programs (CRP)** are voluntary short-term programs for children, transitional age youth and adults who need additional support to avoid hospitalization. They provide stabilization and linkage to long-term support services.
4. **BHS Outpatient Services** provides assessment, individual/group/family therapy, substance abuse/educational/support groups, medication management, crisis intervention, case management, and benefits acquisition.
5. **Outreach & Engagement Services (O&E)** are offered to homeless individuals or those at-risk of homelessness of all ages with behavioral health conditions ranging from mild to moderate to severe and chronic mental illness. Staff frequents known gathering places for the homeless including food banks, shelters, and public areas such as parks and libraries to build trust and link them to behavioral health services and housing.



BEHAVIORAL HEALTH SERVICES (BHS) OUTPATIENT SERVICES

After inpatient or stabilization services or outreach follow-up, outpatient services are available. These services are based on a participant's level of impairment.

1. **BHS Outpatient Clinic Services** provides mental health or Substance Use Disorder services obtained through walk-in or appointment.
2. **Full-Service Partnerships (FSP)** provides intensive outpatient and field based services with a focus on special populations such as individuals with a severe mental illness and/or co-occurring substance use issue who are homeless or involved with the criminal justice system.
3. **Program for Assertive Community Treatment (PACT)** provides intensive outpatient and field-based services for individuals who have not been able to benefit from traditional outpatient programs.
4. **Assisted Outpatient Treatment (AOT)** provides court-ordered treatment for individuals with severe mental illness who are resistant to obtaining treatment.

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Health Care Agency
Outreach and Engagement and Crisis Stabilization Units

Outreach and Engagement

Behavioral Health Services Outreach and Engagement Program

The Behavioral Health Services Outreach and Engagement Team (BHS O&E) serves children, transitional-age youth and adults who are homeless or at-risk of homelessness and experiencing mild to serious behavioral health conditions while residing in Orange County. The program's services focus on linking individuals to needed mental health, substance use, and other supportive services by addressing their barriers to accessing programs. This is accomplished through developing and building trusting relationships with individuals in the community and collaborating with other service providers.

BHS outreach staff connect with individuals in need by responding to referrals made directly from the community, as well as through regular outreach activities throughout the county. Any individual can request Outreach and Engagement assistance by calling the BHS toll-free triage line at (800) 364-2221. Outreach staff responding to calls include mental health workers, clinicians, and nurses

BHS O&E offers short term case management for individuals with behavioral health conditions, including mental health and substance use issues, in order to help them develop a personalized action plan for success. The team also provides one-on-one services for those with severe and persistent mental illness. The ultimate goal is to link individuals with behavioral health and support services that they need.

Outcome Data

FY 16/17
Outreach Contacts: 35,692
Referrals: 6,649
Linkages: 2,576

FY 17/18
Outreach Contacts: 36,561
Referrals: 8,718
Linkages: 2,493

Health Care Agency
Outreach and Engagement and Crisis Stabilization Units

Crisis Stabilization Units (CSU)

The Crisis Stabilization Unit (CSU) provides emergency psychiatric evaluation and crisis stabilization to adults experiencing a behavioral health crisis 24 hours a day, 7 days a week. Crisis Stabilization services include psychiatric evaluation, nursing assessment, consultation with significant others and outpatient providers, individual and family education, crisis intervention services, counseling/therapy, basic medical services, medication services, and referral and linkage to the appropriate level of continuing care and community services, including Peer Mentoring services. As a designated outpatient facility, the CSU may evaluate and treat clients for no longer than 23 hours and 59 minutes. The primary goal of the CSU is to help stabilize and treat individuals in order to refer them to the most appropriate, non- hospital when indicated or to facilitate admission to psychiatric inpatient units when the need for this level of care is present.

The CSUs serve Orange County residents age 18 and older who are Medi-Cal beneficiaries or those without insurance as County of Orange Health Care Agency resources permit.

County CSU

Currently has 10 beds/recliners and average daily census of 15

As of July 2019, this CSU will be at 15 beds/recliners and an average daily census of 22

Costa Mesa CSU (tentatively scheduled to open July 2019)

Costa Mesa CSU will have 12 recliners and average daily census of 18

HCA Services Available to the Homeless Population

HCA Agency	Program/Resource	Program Description	Annual Client Volume	Percentage of Homeless
Public Health Services	Tuberculosis Prevention and Control	Diagnosis, treatment, case management, and health education for Orange County residents with active or suspected active tuberculosis (TB) disease. Tuberculosis screening services (TB testing, chest x-rays, symptom check, and physician evaluation, when appropriate) and treatment for latent TB infection.	1,500	1.85%
	Outpatient Ambulatory Health Services	Medical care for uninsured people living with HIV	700	4.3%
	Case Management Services	Case management services focused on health outcomes of people with HIV	3,000	8.3%
	HIV Housing Services	Housing coordination and case management, emergency and short term financial assistance, transitional housing, residential treatment and inpatient detox for people with HIV	600 est.	varies est 50%
	STD/HIV Screening, STD Treatment	STD Clinic Services - STD/HIV screening and treatment	6,000	4.3%
	Comprehensive Health Assessment Team - Homeless (CHAT-H)	Public Health Nurses (PHNs) link homeless clients to health insurance and medical care, assist them in overcoming barriers and link them with supportive services to meet health, safety, and psychosocial needs. Assistance with obtaining medical insurance and flu vaccinations.	FY 17/18: 3,740	100%
	Maternal Infant Services and Adult and Families Services	PHNs assess clients' needs, assist with access to medical & social services, provide health teaching and referrals for health care and community resources. Clients include high-risk pregnant and parenting individuals, medically high-risk newborns, motel families; youth & adults and older adults in need of PHN services.	FY 17/18: 12,187	3.30%
	Preventative pediatric services and basic sick-child care	Eligibility: Uninsured children, Medi-Cal recipients. Services: Pediatric physical examinations, immunizations and referrals for conditions found during the examination. Assistance and referral to apply for Medi-Cal.	FY 15/16: 3,248	Less than 1 %
	Immunizations for children, underinsured and uninsured adults and individuals seeking vaccine for travel purpose	Provides immunizations for: Adults & Children - uninsured or underinsured.	FY 15/16: 8,012	Less than 1 %
	Basic dental services for underinsured children and adults.	Includes three clinics: 1) basic dental services for children ages 4-18 who meet the eligibility criteria; 2)adult emergency dental services for infection & pain (extractions and treatment of infections); HIV specialty dental offering full scope services for eligible individuals with HIV.	1,500	Less than 1 %

HCA Agency	Program/Resource	Program Description	Annual Client Volume	Percentage of Homeless
	Food vouchers and nutrition education to women, infants and children up to 5 years old	Eligibility: Below 185% of Federal Poverty Level, live in Orange County, must be a pregnant, postpartum woman up to 6 months, exclusively breastfeeding woman up to 12 months, infants and children up to 5 years old, must have a nutritional risk. Participants living in shelters must keep their WIC foods separate from other shelter residents.	Allocation: 24,600	As of August 2016 no clients were identified as homeless
	Nutrition Education to the SNAP-eligible population	Nutrition education to the target population, improved coordination of local SNAP-Ed services and programs	#of SNAP-Ed eligible (2015): 816,007	Unknown
	Smoking cessation services and nicotine replacement therapy	The Tobacco Use Prevention Program's contracted cessation vendor provides smoking cessation services at the Courtyard, Grandma's House, Build Futures, and the Homeless Mulit-Services Center	During current fiscal year, 86 individuals have receive services as of 2/27/19	Unknown
Behavioral Health Services	Housing for Homeless	Provides interim housing and intensive housing coordination and navigation.	50 clients in first 6 mo. 40 beds	100%
	Housing and Year Round Emergency Shelter	Provides funding for mental health beds in a planned year-round emergency shelter or any other shelter opportunity program. **Program in development.**	In development	100%
	Programs for Assertive Community Treatment (PACT)	Provides assessment, linkage, individual and group therapy, extensive case management, advocacy, medication support and a variety of recovery services for adults. Typically, the individuals in this program have not been able to access or benefit from traditional treatment programs. **Referrals made from AOABH Outpatient Services. Locations in Anaheim, Santa Ana, Fullerton, Costa Mesa, Mission Viejo**	1,292	15%
	Drop-In Center	Provides an alternative Drop-In Center to provide day time services and linkages to community supportive services for these individuals. **Program in development.**	In development	100%

HCA Agency	Program/Resource	Program Description	Annual Client Volume	Percentage of Homeless
	Crisis Assessment Team (CAT) and Psychiatric Evaluation and Response Team (PERT)	CAT provides 24 Hour mobile response services to any adult who has a psychiatric emergency. This program assists law enforcement, social service agencies, and families in providing crisis intervention services for the mentally ill. CAT is a multi-disciplinary program that provides crisis intervention, conducts risk assessments, initiates involuntary hospitalizations, provides resources and linkage, and conducts follow up contacts for individuals evaluated. **Referrals are accepted from all County and community agencies, as well as self-referrals and community referrals.** PERT partners with law enforcement, which includes designated police officers and mental health staff that respond to calls from officers in the field. Mental health consultations are provided for individuals in an apparent mental health crisis. **PERT staff work directly with law enforcement in the community, and can work with any call to designated police agencies.**	3,672	18%
	Crisis Stabilization Unit (formerly known as Evaluation & Treatment Services or ETS)	Provides emergency psychiatric evaluation and crisis stabilization to adults ages 18 and older on a 24-hour, 7-days per week basis. Crisis stabilization includes crisis intervention, assessment, medication, evaluation and monitoring, consultation with significant others and outpatient providers, and linkage and/or referral to follow-up care and community resources. CSU provides telephonic follow up within five days to ensure linkage and telephonic psychiatric consultation for community emergency rooms and other county operated and contracted program staff requesting access to CSU or inpatient psychiatric services in the community. **Referrals are accepted from all County and community agencies, as well as self-referrals.**	2,999	40%
	Adult Crisis Residential Program (The Treehouse)	Provides a crisis residential program for adults experiencing a mental health crisis and needing additional support to avoid hospitalization, stabilize symptoms, and return to their previous level of functioning. The program provides short-term, voluntary services, typically lasting 7 to 14 days. **Referrals are accepted through AOABH Centralized Assessment Team (CAT)**	437	12%
	Administrative Services Organization (ASO)	Provides access to mental health services for Orange County Medi-Cal beneficiaries. These services include a 24-hour Access Line and referral to outpatient mental health providers. **Eligible medi-cal beneficiaries can self-refer for services.**	30,302	Unknown
	Assisted Outpatient Treatment (AOT)	Provides court-ordered treatment for persons with severe mental illness who meet specific criteria. The program is designed to assist individuals who are resistant to obtaining or maintaining treatment. **Referrals are accepted from all County and community agencies, as well as families or self-referrals.**	37	35%

HCA Agency	Program/Resource	Program Description	Annual Client Volume	Percentage of Homeless
	TeleCare and Orange (TAO) Full Service Partnership (FSP)	Provides mental health services to adults with serious, chronic and persistent mental illness. Services include outreach and engagement, housing, 24/7 emergency response, and community-based wraparound recovery services. **Referrals are accepted from all County and community agencies, as well as self-referrals. Program has a North and a South location.**	515	90%
	TeleCare STEPS Full Service Partnership (FSP)	Telecare STEPS (Striving Toward Enhanced Partnerships) uses a multidisciplinary team supervised by a licensed Program Administrator, which includes a psychiatrist, a nurse, a Master prepared Team Lead, a Clinical Director and Personal Service Coordinators. STEPS uses a wrap-around approach to assist clients with whatever they need to gain the skills and confidence to live successfully in the community. **Referrals are accepted from residential/locked facilities and the forensic system.**	148	3%
	Whatever It Takes (WIT)-Full Service Partnership (FSP)	Provides mental health services to adults with serious, chronic and persistent mental illness. Services include outreach and engagement, housing, 24/7 emergency response, and community-based wraparound recovery services. **Referrals made from the Collaborative Court.**	175	90%
	Opportunity Knocks Full Service Partnership (FSP)	Provides mental health services to adults with serious, chronic and persistent mental illness. Services include outreach and engagement, housing, 24/7 emergency response, and community-based wraparound recovery services. **Referrals are accepted from all County and community agencies, as well as self-referrals.**	225	90%
	Older Adult Support Intervention Systems (OASIS)	Provides services that include twenty-four hours a day, seven days a week intensive case management/wraparound services, community based outpatient services, peer mentoring, housing supports, meal services, transportation services, benefit acquisition, supported employment/education services, linkage to primary health care and integrated services for co-occurring disorder treatment. **Referrals are accepted from all County and community agencies, as well as self-referrals.**	211	75%
	MHSA Housing	Provides permanent housing for Severe and Persistent Mentally Ill (SPMI) individuals who are homeless or at risk of homelessness. Additional criteria may vary by site. **Referrals made through AOABH Outpatient Services and Residential Services**	249	100%
	Children and TAY Full Service Partnerships (FSP)	Provides mental health and intensive case management services to youth and their families who would benefit from increased integration into the community. **Referrals are accepted from all County and community agencies, as well as self-referrals. FSPs include: STAY, FOCUS, RENEW, YOW, and Collaborative Courts.**	1,320	15%

HCA Agency	Program/Resource	Program Description	Annual Client Volume	Percentage of Homeless
	Transitional Age Youth (TAY) Crisis Residential Program	Provides a six-bed residential program for transitional age youth who have experienced a mental health crisis but do not meet the criteria for inpatient hospitalization. The program provides assistance with stabilization and linkage to longer term supports. **Referrals are accepted through the CYBH Centralized Assessment Team (CAT).**	120	20%
	Social Rehabilitation Program	Provides a social rehabilitation program that assists youth with serious mental illness with an established daily living routine usually after a psychiatric hospitalization. The program works closely with the FSP in which the youth is enrolled. **Referrals are made through the referring FSP Program.**	72	15%
	OC4Vets	Provides screening and assessment, case management, brief counseling, housing assistance, employment assistance, supportive services and peer navigation to help Veterans and their family members navigate the various systems of care. **Referrals are accepted from all County and community agencies, as well as self-referrals.**	139	25%
	Veterans' Court Services	Provides case management to veterans in the OC Superior Court system and the Veterans Non-Criminal Domestic Violence Family Court. **Referrals are made through Veterans' Court, as well as self-referrals.**	34	6%
	OC Links	Provides telephone and online chat support for anyone seeking information or linkage to any of the Health Care Agency's Behavioral Health Services. **Any caller can self-refer.**	14,105	16%
	On-Site Engagement in Homeless Courts	Utilizes peer counselors with lived-experience and knowledge of behavioral health to provide services on-site at the Homeless Courts. Services are available to individuals age 18 and older who are participants of Orange County's Homeless Court System, as well as their family members and support persons. Services include: court outreach, participant and family engagement, behavioral health education courses, case management, referrals and linkages to community resources, and peer support.	100	95%
	Short Term Housing	Provides immediate temporary emergency housing for individuals with severe and persistent mental illness (SPMI). **Referrals made through AOABH Services.**	120	100%
	Acute Psychiatric Inpatient Treatment	Provides inpatient psychiatric services, which includes assessment, treatment and stabilization for clients with Medi-Cal who are in crisis. Treatment may include medications in conjunction with individual, group and activities group and recreational therapies in addition to discharge planning for aftercare. **Referrals made through AOABH Services or Centralized Assessment Team (CAT). Providers: Anaheim Global Medical Center, UCI Medical Center, and College Hospital (Costa Mesa, Long**	3,390	18%

HCA Agency	Program/Resource	Program Description	Annual Client Volume	Percentage of Homeless
	Residential Rehabilitation	Provides a master contract of licensed residential providers for enhanced residential care to adults stepping down from long-term care or acute hospitalization settings. **Referrals made through AOABH Outpatient Services or Telecare STEPS Program**	2,133	2%
	Shelter Plus Care Program	Provides Shelter Plus Care vouchers which are used for permanent supportive housing program that provides rental assistance. This program is in collaboration between Orange County Health Care Agency, Behavioral Health Services and Orange County Housing Authority. **Referrals made through AOABH Outpatient Services and Residential Services**	640	100%
	Inpatient Substance Abuse Detox	Provides medically monitored inpatient substance abuse detoxification services evaluation and withdrawal management. Services are up to 10 days. **Self-referrals are accepted.**	60	90%
	Outpatient Substance Use Treatment	Provides methadone maintenance and detoxification.	1,432	Unknown
	Outpatient Substance Use Treatment	Provides assessment and evaluation; individual, group, family and couple counseling; services for the dually diagnosed; domestic violence counseling; case management; substance abuse education, relapse prevention education; employment assistance, linkage and referral services. **Participants can self-refer for assessment. Locations: The Gary Center and Mariposa Women's and Family Center**	434	Unknown
	Substance Abuse Detox	Provides substance abuse detox and services include 24-hour supervision, assessment and evaluation; support services, assistance for financial, unemployment-related benefits, state disability, linkage and referral services. **Self-referrals are accepted. Programs are Woodglen Detox, Roque Detox.**	1,812	90%
	Adult Residential Drug Treatment	Provides residential treatment services are for up to ninety (90) days and are provided in a 24-hour supervised alcohol and drug-free environment. Services include assessment and evaluation; individual, group and family counseling; health education; services for co-occurring substance use disorders and mental illness; case management; relapse prevention; life skills, employment assistance and linkage and referral services. **Self-referrals are accepted. Programs are Cooper Fellowship, Inc., Hope House, Phoenix House, Straight Talk/Gerry House, The Villa Center, Woodglen Recovery, CA Hispanic Commission on Alcohol and Drug Abuse (CHCADA)/Casa Elena Recovery Home, Heritage House South and North**	3,200	90%

HCA Agency	Program/Resource	Program Description	Annual Client Volume	Percentage of Homeless
	Outreach & Engagement	Provides outreach and engagement services to the unserved and underserved, severely and chronically mentally ill population, who are homeless or on the verge of becoming homeless who are not connected to services. The team links individuals living with mental illness to housing and treatment services. **Referrals are accepted from all County and community agencies, as well as self-referrals.**	35,910	95%
	Adult Outpatient Clinics	Provides recovery mental health services which emphasize individual needs, strengths, choices and involvement in service planning and implementation, and substance use services to persons with challenges related to drug and/or alcohol use. Mental Health services include assessment, evaluation, collateral therapy, individual and group therapy, medication support, rehabilitation, linkage and consultation, placement, plan development, crisis intervention and specialized residential services. Substance use services comprise of three 8-week phases. Each phase addresses various issues associated with addiction. The perinatal program is a 9 to 12 month program. Participants can self-refer for assessment. County operated sites in Aliso Viejo, Anaheim, Santa Ana, and Westminster.	Mental Health Services: 6,248 Substance Use Services: 1,189	Mental Health Services 16% Substance Use Services N/A
	MHA Multi Service Center	Provides a drop-in center for homeless individuals with mental illness or co-occurring disorders. Services at the Center include evaluation and assessment, individual and group counseling, substance abuse prevention and education, case management, referral services, housing services, vocational services, and other therapeutic activities. **Referrals are accepted from all County and community agencies, as well as self-referrals.**	2,844	100%
	Peer Mentoring Services, Track III- Whole Person Care	The target population for the Adult and Older Adult Peer Mentoring Track Three program consists of homeless adults, or those at risk of homelessness, residing in Orange County, eighteen to fifty-nine (18 to 59) years of age, and older adults sixty (60) years of age and above, who have been diagnosed with a serious mental illness (SMI) and who may have a co-occurring disorder, and are pending discharge from an emergency department from specific hospitals located in Orange County, as identified by County. Clients must be Medi-Cal beneficiaries, have a permanent housing plan upon discharge, and be linked to a treatment provider. Program began services October, 2017.	33	100%
	Housing Navigation- Whole Person Care	Provides housing navigation and housing locating services.	Data from 4/1/18-1/31/18: 91	100%

HCA Agency	Program/Resource	Program Description	Annual Client Volume	Percentage of Homeless
	Project Kinship Safe Haven, Prop 47	Project Kinship, Safe Haven Program provides Community Support and Recovery Services to adults 18 years of age and older, including Transitional Age Youth (18 – 26 years old), who have mild to moderate mental health and/or substance use issues, and are involved in the criminal justice system. The goal of Project Kinship Safe Haven is to reduce recidivism in the criminal justice system by providing immediate access to treatment and supportive services to the target population upon release from custody. Referrals are primarily received from the Orange County Intake and Release Center (IRC) or main jail. Other referrals may come from the Public Defender, Probation, and other local stakeholders. Program began Services May, 2018.	150	45%
Regulatory Health Services	Coverage for urgent and emergent medical services	The Medical Safety Net (MSN) Program was established to meet the County's mandate under the California Welfare & Institutions Code Section 17000. Enrollment in the MSN Program is limited to persons who either: 1) present at an emergency room visit with an urgent or emergency condition that if left untreated would result in a serious disability, serious deterioration of health, or loss of life, or 2) are patients of a contracted community clinic and require a referral to specialty care that is beyond the community clinic's scope of practice for an urgent condition that if left untreated would result in serious disability, serious deterioration of health, or loss of life. The MSN Program does not provide primary care services, medical homes, chronic disease case management, or preventive health care. Eligible persons are lawful residents of Orange County who are otherwise eligible for, but have not purchased, health coverage through Covered California. **Referrals are accepted from hospitals and clinics.**	CY 2015:84	CY 2015: 0%

HCA Agency	Program/Resource	Program Description	Annual Client Volume	Percentage of Homeless
	Assistance to Shelter Operations	As cities open temporary or longer-term sites, Environmental Health Services is available to support shelter operations and residents by making sure public health and safety considerations are part of the process. Environmental Health is able to work with shelter operators to survey and assess health and safety areas to ensure the shelters meet the required standards in each of the following areas: • Housing (which includes, but is not limited to: linen and bedding, as well as storage of personal belongings) • Food service • Drinking water • Toilet rooms, handwashing and bathing facilities • Waste disposal (solid and liquid) • Proper disposal of Sharps or hypodermic needles	Aprox. 1,000 shelter residents	100%
Regulatory Health Services - Whole Person Care	Recuperative Care	Medical respite services for Medi-Cal beneficiaries that are too ill or too frail to recover from physical illness or injury on the streets, but are not ill enough to require hospital or skilled nursing level care.	CY 2018: 546 Admissions 18,668 patient days	100%
	Hospital and Community Clinic Based Homeless Navigators	Funding of outreach and navigation positions to develop trusting relationships, crisis interventions, obtaining social support systems, and linkages to services such as clothing, hygiene, bus passes, placement in recuperative care, detox and rehab placement, meals, benefits, etc.	CY 2018: 4,429	100%

THE STEPPING UP INITIATIVE

Date: December 12, 2017

To: Honorable Board of Supervisors, County of Orange

From: Stepping Up Initiative-Orange County Committee

Re: Stepping Up Initiative Report

We, the undersigned, are pleased to submit the enclosed Orange County-Stepping Up Initiative Report. This multidimensional document is intended to bring clarity of purpose in Orange County's ongoing effort to reduce the number of mentally ill persons incarcerated in the County jail system. It is by no means a complete action plan, rather it is intended to be the cornerstone for a more deliberate approach towards dealing with the mentally ill in a manner that maximizes financial and logistical resources, reduces redundancies, and improves efficiencies between service providers and the Criminal Justice System.

It is the collective hope of the undersigned that this report become an active catalyst in bringing about a strategic transformation for mental health treatment of adult and juvenile offenders in Orange County, and to serve as a model for the nation.

Respectfully,

Sandra Hutchens, Sheriff-Coroner

Steven Sentman, Chief Probation Officer

Sharon Petrosino, Public Defender

Tony Rackauckas, District Attorney

Honorable Charles Margines, Presiding Judge

Honorable Maria Hernandez, PJ Juvenile Court

Todd Elgin, Chief, Garden Grove Police Dept.

Richard Sanchez, Director Health Care Agency

THE STEPPING UP INITIATIVE

Dylan Wright, Director Community Resources

Michael Ryan, Director, Social Services Agency

Susan Price, Director, Care Coordination

Meghan Medlin, OCREP

THE STEPPING UP INITIATIVE

December 2017

Sheriff Sandra Hutchens
&
Supervisor Todd Spitzer

“No work is insignificant. All labor that uplifts humanity has dignity and importance and should be undertaken with painstaking excellence.”

— Martin Luther King Jr.

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EXECUTIVE SUMMARY

National statistics show that, each year, an estimated two million individuals admitted into the nations' jails are those with serious mental illnesses. Orange County is not exempt from this statistic. As the nation's sixth largest county, Orange County has an average daily jail population of over 6,000 individuals. Of those individuals, an estimated 20 to 25% have mental health needs. That would mean one out of four inmates in Orange County's jails suffer from a form of mental health affliction. Identifying those with substance use-related issues is more challenging given all the different parameters needed to be taken into consideration. The United States Bureau of Justice estimates that nation-wide, 70% are identified as having substance use-related issues.

The Stepping Up Initiative (Stepping Up) was launched in May 2015 "to reduce the number of people with mental illnesses in U.S. jails."[1] Recognizing the critical role local and state officials play in supporting change, the National Association of Counties, the Council of State Governments Justice Center, and the American Psychiatric Association Foundation are leading this unprecedented national initiative. In 2016, Orange County was selected, along with 49 other county-and regional-based teams throughout the United States to attend a National Summit in Washington, D.C. The Orange County delegation was led by Sheriff Sandra Hutchens and Supervisor Todd Spitzer. At the Summit, participating teams received expert guidance from national leaders in criminal justice and mental health issues, and were exposed to and evaluated model strategies working in other jurisdictions both urban and rural. Upon their return, Sheriff Hutchens and Supervisor Spitzer endeavored to co-chair Orange County's Stepping Up effort through the partner agencies of the Orange County Criminal Justice Coordinating Council (OCCJCC).

This report represents the County's work on the Stepping Up effort since March 2016 and is intended to accomplish the following:

(1) Assess Orange County's current jail, criminal justice, and mental health systems to determine whether it can meet Stepping Up's national goal to reduce the number of people with mental illnesses in U.S. jails.
(2) Use those findings from the assessment to develop a proposed framework consisting of recommendations and estimated resource needs for building a more comprehensive and cohesive collaboration between Orange County's law enforcement agencies, the criminal justice system, health and service providers, and nongovernmental organizations to meet the Stepping Up goal.

This report is not intended to be an action plan. Stepping Up, if successful on a national level, would result in a systems change in how the nation approaches those with mental illness and the

[1] American Psychiatric Association Foundation, " Stepping Up Initiative", http://www.americanpsychiatricfoundation.org/what-we-do/public-education/stepping-up-initiative, September 18, 2017

solutions and services available to divert them from the jail system. Therefore, given the gravity of Stepping Up, this report should instead be viewed as the cornerstone for Orange County's long-term integrated approach towards solving a very complex issue. It is the shared hope of its collaborators that the report can become an active catalyst in bringing about a strategic transformation for mental health treatment of adult and juvenile offenders in Orange County, and to serve as a model for others to emulate.

BACKGROUND

The national statistics show an estimated two million individuals admitted into the nation's jail system every year suffers some form of mental illness; thereby, making the nations' jails some of the largest providers of mental health treatment in the country. In Orange County, the County jails experience an average daily population of 6,000 individuals of which an estimated 20 to 25% are identified as having mental health needs. On a national level, 70% are estimated to have substance use-related issues. While the numbers vary from county-to-county or state-to-state, studies and surveys continue to show that the nations' jail systems are experiencing tremendous impacts from mentally ill individuals who enter the jail system when in fact, they should be diverted to treatment. The Stepping Up Initiative seeks to address this problem through achieving its goal to reduce the number of people with mental illness in the U.S. jail systems.

The Stepping Up Initiative was formally launched in May 2015 by the National Association of Counties, the Council of State Governments Justice Center, and the American Psychiatric Association Foundation. In 2016 Orange County was selected, along with 49 other county and regional-based teams throughout the United States to attend a National Summit in Washington, D.C. The Orange County delegation was led by Sheriff Sandra Hutchens and Supervisor Todd Spitzer. At the Summit, participating teams received expert guidance from national leaders in criminal justice and mental health issues, and were exposed to and evaluated model strategies working in other jurisdictions both urban and rural. Upon their return, Sheriff Hutchens and Supervisor Spitzer endeavored to co-chair Orange County's Stepping Up effort through the partner agencies of the Orange County Criminal Justice Coordinating Council (OCCJCC). Since Stepping Up's launch, more than 350 counties, including Orange County, have passed resolutions to support and join the effort.

Diversion[2]

Diverting low-level nonviolent offenders[3] with mental illness and/or substance use-related issues away from jails and toward more appropriate community-based treatment services

[2] Diversion, for purposes of this report is defined as the postponement of court action pending satisfactory completion of treatment program, which may, at the discretion of the court, result in dismissal of charges.

[3] Nonviolent crime, for purposes of this report is defined as property, drug, and public order offenses that do not involve a threat of harm or an actual attack upon a victim.

enhances public safety by addressing a repeat offender's underlying needs that are often at the root of his/her misconduct. It also provides police officers, judges and prosecutors with alternatives to incarceration as a remedy for dealing with community-based problems.

Types of Jail Diversion Utilizing Sequential Intercept Points

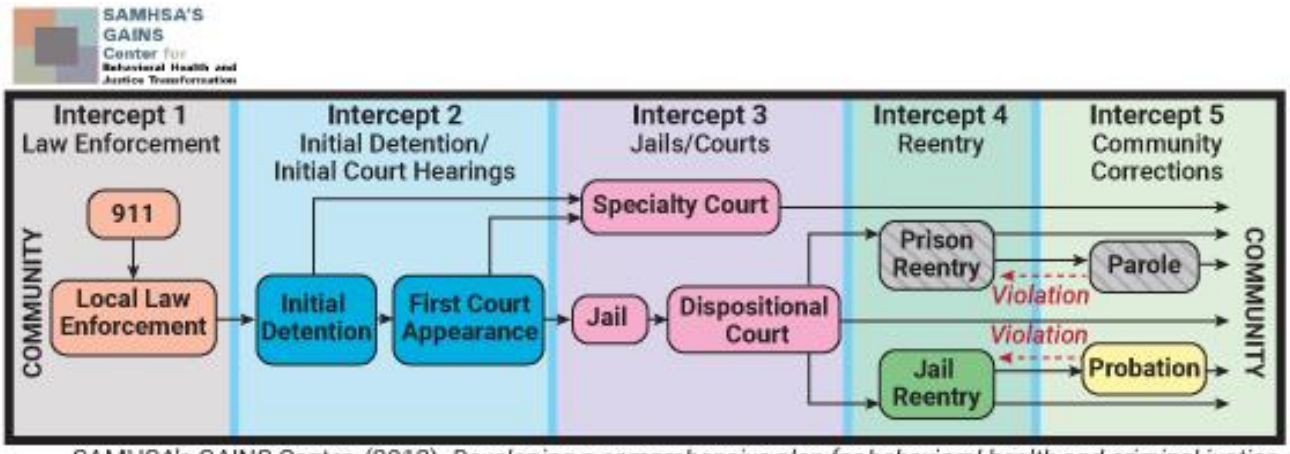
The California Mental Health Association's 2009[4] report on jail diversion and mental health outlines 10 types of jail diversion tactics:

1. *Outreach*: Proactive efforts by outreach teams targeting homeless areas and people at high risk of criminal justice system contact, to provide services before a crime has been committed.
2. *Pre-Arrest*: Officers and/or co-responders direct diversion at the commission of an offense that is considered minor or for which the officer does not find it necessary to file charges and directly transfers the individual to treatment services.
3. *Alt. Pre-Arrest*: Same as *Pre-Arrest*, except officer offers an ultimatum if the offender is unwilling to be enrolled in services; the filing of criminal charges or enrollment in services.
4. *Pre-Booking*: Police respond to 911 calls or other situations (often accompanied by mental health officials) through Crisis Intervention Team programs and make a referral to treatment instead of taking the person into court; also an alternative to taking a person to the hospital for a 5150 (involuntary psychiatric hold).
5. *Pre-Arraignment*: Involves taking the individual into custody, filing charges and transferring the individual to a mental health treatment program—with legal action initiated, but not court action.
6. *Pre-Trial*: After the filing of charges, the offender is diverted at the time of arraignment or the initial pleading of the case, but before there has been a trial.
7. *Pre-Sentencing*: After the trial, intervention is determined by a mental health court, in lieu of entering a conviction.
8. *Alternative Sentencing*: The more common form of the mental health court, which is an alternative sentencing approach after, and in response to a conviction.
9. *Insanity Plea:* Defendant determined not guilty by reason of Insanity plea-bargaining.
10. *Unfit for trial:* Defendant determined to be Incompetent to Stand Trial (debatable as to whether this is really diversion versus delay but when initiated it does result in treatment instead of incarceration and could lead to one of the other forms of diversion).

[4] Rusty Felix, E. D. (2009, January). *mhac.org*. Retrieved from mhac.org: http://www.mhac.org/pdf/jail%20diversion%20information.pdf

Ideally, local jurisdictions should implement as many of the diversion tactics as practical to allow for a continuum of *intercept* opportunities to identify and divert mentally ill offenders at all core stages of the justice process, and even prior to offenses being committed.

Chart 1 – SAMHSA's GAINS Center for Behavioral Health and Justice Transformation



SAMHSA's GAINS Center. (2013). *Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model* (3rd ed.). Delmar, NY: Policy Research Associates, Inc.

The five intercept points outlined in the Sequential Intercept Model above further illustrates points in the system where diversion can occur. As the County considered its approach to implementing Stepping Up, it became apparent that it was possible to combine the 10 points of diversion with the five points of intercept since the points of diversion are tactics that can be used at any of the five points of intercept.

Existing County Resources and Diversion Programs

To varying degrees, Orange County has engaged in diversion activities to help reduce the number of people with mental health issues in the jails. Additionally, the County operates a variety of supportive housing programs (both permanent and temporary) that target persons with a mental illness and/or substance abuse disorder. Below is a list of diversion activities that County departments and other entities in Orange County already implement:

- **Reentry Treatment Services:** The County offers a variety of reentry treatment services (both in-custody and post-custody), such as inpatient/outpatient, psychiatric, counseling, and case management services through the Health Care Agency and contracted care providers.
- **Law Enforcement – Behavioral Health Collaborations on Patrols:** Some municipal police agencies work in tandem with behavioral health experts to assist the mentally ill in their communities while on patrol. This effort has proven to be successful when available,

however it is not uniformly utilized and only available on a limited basis. Under Stepping Up, the County and its stakeholders explored how to address these issues.

- **Specialty Courts:** Orange County supports specialty courts for persons with a mental illness and/or chronic substance abuse, at which a panel of clinical professionals decide the best course of action for the offender. This program has proven itself to be highly effective and includes post release oversight by the Probation Department to ensure compliance with the program.
- **Healthcare Enrollment Program:** Orange County is implementing a health care enrollment program that provides Medi-Cal screening for inmates in the jails and enrollment into Medi-Cal prior to release. This includes efforts by a non-profit, Orange County Sheriff's Department (OCSD) jail staff, the Public Defender and Correctional Health Services. This work supports agencies outside of the jails who are also working towards this common goal.

  Enrolling inmates and clients exiting the criminal justice system into the Medi-Cal program ensures mentally ill persons will have greater access to medical/mental health and substance abuse treatment.

Juveniles

Finally, the importance of also applying these diversion efforts towards *juvenile offenders* cannot be overstated. In 2016, Orange County had 2,404 juvenile offenders. In the recent years, the County of Orange Probation Department, similar to the rest of the nation, has seen an increase in the number of juveniles with mental health or substance use-related issues afflictions in the system. Unfortunately, like the rest of the nation, capturing the data that can be used to show how many juvenile offenders suffer from mental health and/or substance use-related issues continues to be a challenge. This is why one of the main focuses of Stepping Up is data collection and analysis. Mental Health intervention at an early age can avoid a lifetime of suffering for both the juvenile offender and the community at large. Each subcommittee was asked to keep juvenile offenders in mind as they worked through their Recommendations. Therefore, the objectives and programs proposed by each Subcommittee are designed to impact both adults and juveniles.

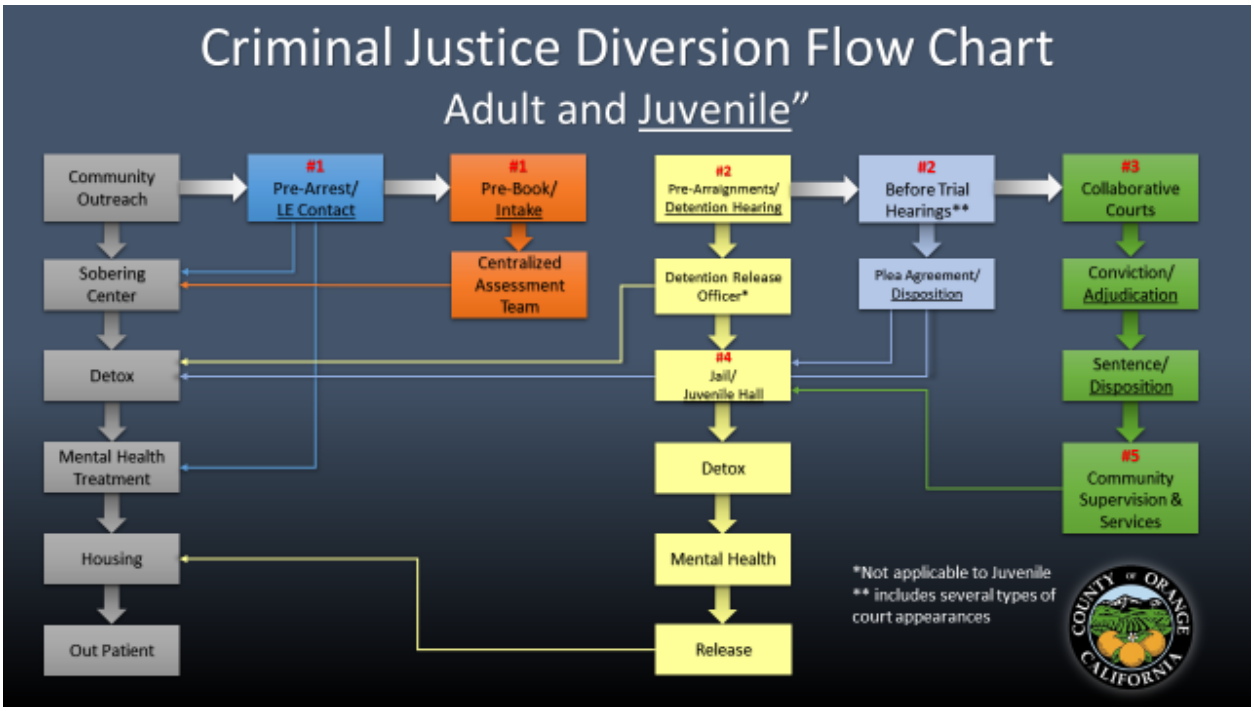
METHODOLOGY

In summer of 2016, Assistant Sheriff Steve Kea was appointed by the County of Orange's Stepping Up co-chairs, Sheriff Sandra Hutchens and Supervisor Todd Spitzer, as the Stepping Up Coordinator. Between summer and fall of 2016, Assistant Sheriff Kea identified an approach for how the County and its stakeholders could participate in Stepping Up and tackle the task set out by the nationwide initiative.

In fall 2016, an analysis was issued to the OCCJCC that defined what was meant by "diversion" of the mentally ill from the criminal justice system in Orange County. In the analysis, it recommended the County's Stepping Up effort use the 10 points of diversion identified by the California Mental Health Association as the roadmap for developing a proposed diversion framework for the County. The 10 points of diversion were then combined with the five points

of intercept and overlaid onto a flow chart illustrating the various routes offenders will navigate during their processing through Orange County's criminal justice system. Ideally, the sequential intercept points (highlighted in red) are opportunities to divert qualified mentally ill offenders into the treatment systems listed in the far left column (gray). The flowchart can be found in Chart 2 – Criminal Justice Diversion Flow Chart.

Chart 2 – County of Orange Criminal Justice Diversion Flow Chart



County of Orange

Using the Criminal Justice Diversion Flow Chart as a roadmap, 10 Recommendations were made to help guide the effort. These recommendations ranged from developing basic infrastructural or governance needs such as identifying a County-wide definition of "Mental Illness" to actually developing program or capital needs such as a crisis stabilization unit.

It should be noted that as work progressed under Stepping Up, the subcommittees did identify differences in the process between adult and juvenile offenders. These differences are in the "touch points" of the process such as "Pre-Book" under adults being replaced with "Intake" in juveniles and the "Pre-Arraignments" process in adults replaced by the "Initial/Detention Hearing Process" in juveniles.

On November 10, 2016, Sheriff Hutchens and Supervisor Spitzer hosted an off-site retreat to officially kick-off the effort. At the kick-off meeting, subcommittee chairpersons and members were identified to support each of the Recommendations. Each subcommittee was tasked with assessing the problem their recommendation was designed to address and determining how the recommendation would impact the County's effort to achieve the goal of Stepping Up. Once the assessment was complete, the subcommittees developed short, mid-, and long term objectives

and a proposed cost model that could be used for strategic financial planning purposes. Subcommittee chairs were responsible for driving progress.

Each subcommittee averaged around four or more subcommittee meetings between January and May 2017; some met on a weekly basis. Subcommittee meetings were best described as working meetings facilitated by the subcommittee chairs. In addition, two Subcommittee Chair meetings were held to allow the subcommittee chairs to discuss their individual progress, address challenges and discuss next steps. These Subcommittee Chair meetings were instrumental in piecing all 10 separate Recommendations together and allowing everyone involved to see the system as a whole.

Initial drafts of subcommittee reports were due to the Stepping Up Coordinator in May; subcommittee consultations with CEO/Budget on cost models and available resources began in late May and concluded in June.

RECOMMENDATIONS

The 10 Recommendations are derived from the Criminal Justice Diversion Flow Chart and therefore, are specific to Orange County's criminal justice system and the mental health system that supports the mentally ill who are or have been incarcerated. The recommendations are a combination of the 10 points of diversion tactics; five points of intercept; and, in some cases, current ongoing work by the County.

Each subcommittee report includes objectives that the subcommittee identified as important for meeting in order to fully implement the Recommendation. Each of these objectives include timetables for expected completion and are categorized into short term (6 months-1 year), midterm (1-3 years), and long term (over 3 years).

Cost estimates for staffing, facility needs, service costs, contracted services, etc. are included with the idea that the more complicated recommendations would require a multi-year approach, with a phased-in costing model. Funding sources, when available, are also identified (grants, AB 109, Prop 63, General Fund etc.); however, these funding sources should only be perceived as "potential funding sources" until a decision has been made to implement the objective. Once such a decision is made, the subcommittee and CEO/Budget will further explore the funding sources to determine their viability.

The 10 Subcommittee Recommendations

Subcommittee 1: Determine a standard definition of mental illness for purposes of the Stepping Up Initiative.

Subcommittee 2: Develop a screening/assessment tool to identify mentally ill persons who meet the criteria for the Stepping Up Initiative.

Subcommittee 3: Develop a comprehensive community outreach program to preemptively divert mentally ill persons towards treatment and away from the criminal justice system.

Subcommittee 4: Construct a County Urgent Care and Restoration Center with 24 hours/7 days a week access.

Subcommittee 5: Remodel the Intake Release Center in Santa Ana to expand mental health treatment services for offenders in the Orange County Jail and seek opportunities to replicate this effort for offenders in Juvenile Hall.

Subcommittee 6: Expand Reentry programs in the Orange County Jail for mentally ill offenders and those with co-occurring substance abuse disorders to include integration of community based service providers and enable a seamless handoff upon release.

Subcommittee 7: Expand collaborative court efforts to divert mentally ill offenders and those with co-occurring substance use disorders from the criminal justice system.

Subcommittee 8: Expand post-custody mental health and/or co-occurring outpatient services, increase post-custody housing opportunities, and expand intensive care treatment services for mentally ill offenders.

Subcommittee 9: Develop a comprehensive data collection and analysis plan to determine the efficacy of diversion services and measure recidivism.

Subcommittee 10: Create an Office of Integrated Services that extends beyond the Stepping Up Initiative to synergize cross-system re-entry services for former offenders, the mentally ill and the homeless. Similar systems currently exist in Los Angeles (Office of Diversion and Reentry), and Santa Clara County (Office of Reentry Services)[5].

[5] Santa Clara County. (2016, August 16). *sccgov.iqm2.com*. Retrieved from sccgov.iqm2com: http://sccgov.iqm2.com/citizens/Detail_LegiFile.aspx?MeetingID=7195&ID=82639

SUBCOMMITTEE AND RECOMMENDATIONS

This section includes brief overviews of each subcommittee's findings and estimated costs and resource needs. Most importantly, it provides brief synopses of the short, mid-, and long-term objectives the subcommittees determined were important in working toward implementation of the Recommendations. Detailed subcommittee reports for each of the 10 Recommendations can be found in Appendix A.

SUBCOMMITTEE #1

Create a standard definition of mental illness for the purpose of the Stepping Up Initiative.

Objectives:
- Define Mental Illness
- Define Serious Mental Illness

Nomenclature and common definitions was a major point of discussion amongst the subcommittees. For example, many found that certain words such as "diversion" were defined differently amongst different departments. "Mental Illness" was certainly a phrase that needed further clarification. The recommendation of Subcommittee #1 was critical for the direction and analysis done by all subsequent committees as the definition of "mental illness" is essential for determining the population to be served under Stepping Up. Given the significance of a standard definition, the results of the Subcommittee provided a definition that is comprehensive and met the needs of the participating departments. The definition below encompasses mental health and substance abuse, as well as the identification of development disabilities and brain injuries. The definition is derived from the Welfare and Institutions Code, Section 5600.3(b)(2), which require that services be "medically necessary" or meet what is commonly referred to as "medical necessity." This level of specificity is important in identifying the appropriate services for the individual.

Definition of Mental Illness:
Individuals who have a history or are at risk of mental health issues or substance abuse disorders and who have been involved in or are at risk of juvenile or criminal justice involvement.

- A person who has a history of mental health issues or substance use disorders include:
  - Has a mental health issue or substance use disorder that limits one or more of their life activities;
  - Has received services for a mental health issue or substance use disorder;

- Has self-reported that they have a history of mental health issues, substance use disorder or both; or
- Has been regarded as having a mental health issue or substance use disorder.

- A person who has a higher risk of developing a mental health issues or a substance use disorder because of the presence of risk factors and/or the absence of protective factors.
  *Risk factors are characteristics at the biological, psychological, family, community or cultural level that precede and are associated with a higher likelihood of negative outcomes. Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Risk and protective factors can have influence throughout a person's entire lifespan (SAMHSA).

Serious Mental Illness (See attachment 2)

Welfare and Institutions Code, Section 5600.3(b)(2) A serious mental disorder is defined as "a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. Serious mental disorders include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders."

***Developmental disability** is a diverse group of chronic conditions that are due to mental or physical impairments. It is acknowledged that this population also meets the initiative concepts for Stepping Up.

There are no costs associated with this recommendation.

SUBCOMMITTEE #2

Develop a screening/assessment tool to identify mentally ill persons who meet the criteria for Stepping Up.

Objectives:
- Develop a screening tool for first responders
- Develop a training plan
- Identify existing screening / assessment tools
- Add Pre-Trial Services Officers and Juvenile Intake Probation Officers for coordination

Similar to Subcommittee #1, the results of this subcommittee's efforts provide the basic foundation for which the subsequent subcommittees build upon. Early identification of someone considered to be a part of the County's Stepping Up population is essential to early and effective diversion. All other services and programs depend on the timely and accurate assessment of an individual in contact with the legal system at any of the identified intercept points. One of the main areas of focus revolved around the tool itself and whether it should be electronic or hard copy. The subcommittee favored mobile devices to allow law enforcement personnel to more easily capture first intercept data and exchange the information quickly. Given that the subcommittee recommends an electronic assessment tool, the objectives and concepts discussed in Subcommittee #2 will also impact the work of Subcommittee #9 (Data Collection and Analysis). Another notable recommendation from the subcommittee was the need to have the screening tool be coordinated with the identification of existing and available community-based services, and/or diversion programs and further expanded if a 24/7 restoration center or new treatment programs become available.

A. Short-Term Objectives:

The rollout of the developed screening tool concurrent with training of all first responders was the first priority for this Committee. Immediate adoption of this recommendation would allow information to be gathered to assess the number of individuals at the initial intercept point that meet the County's criteria and estimate the demand for the different types of services to be accessed.

In addition, as the screening tool is used, revisions and improvements to the questionnaire may be made which would then be incorporated into the development of an electronic application or on-line tool.

The analysis of existing screening and assessment tools was the second priority and included any needed revisions to ensure consistency in information obtained and validated for Stepping Up purposes. The Committee identified several existing assessments and mapped them to each intercept point; however, additional efforts would be needed to consolidate and ensure consistency.

Finally, training is essential to the success of this subcommittee's Recommendation. The training program, at its core would review the purpose, objective, definition and standardized use of the tool. The training would provide specialized training on the observable characteristics or symptoms associated with mental illness and substance abuse3 disorders in youth and adult population. Potential models include train-the-trainer and use of webinars and in-person trainings.

Costs associated with these recommendations include the following:

- Salary and benefit costs for staff time to analyze and consolidate existing questionnaires for the subsequent intercept points for diversion. It is anticipated that this would be a gradual cost as the need for additional questionnaires is determined and estimated to be minimal.
- Technology costs, either internal or contracted, to develop the on-line application or on-line tool which were based on estimated costs to build security, user interface, and data structure for devices.
- On-line storage to house the application and data for which the cost to host the application is estimated to be minimal. The data collection and storage portion, however, is expected to become significant and ties directly to the Data Collection Subcommittee. (See Recommendation #9.)
- Salaries and benefits associated with staff time to develop and implement a training program for first responders. This is anticipated to be on-going to ensure all users are trained on the most current information and practices.

Potential funding sources identified and known to be applicable to cover the costs listed above include Mental Health Services Act (MHSA), Public Safety Realignment (AB109), and Net County Cost (NCC).

Screening Tool & Training					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Screening/Assessment Tool	-	-	-	-	-
On-line application	25,000	25,000	7,500	25,000	17,500
Training Program	-	-	-	-	-
Total Costs	**25,000**	**25,000**	**7,500**	**25,000**	**17,500**
Potential Funding:					
MHSA	2,500	2,500	750	2,500	1,750
AB109	10,000	10,000	3,000	10,000	7,000
Total Funding	**12,500**	**12,500**	**3,750**	**12,500**	**8,750**
NCC	12,500	12,500	3,750	12,500	8,750

B. Mid-Range / Long-Term Objective:

If Stepping Up is successful in its diversion efforts from the jails to services, the demand for linkages to services will increase. Therefore, one of the objectives under this subcommittee will be to increase the number of Pre-trial Service Officers and Juvenile Intake Officers to be

able to accommodate the anticipated increase in release requests and linkages to services. This would be an increase up to three officers dependent on workload demand and approval from the Pretrial Assessment Release & Supervision (PARS) program stakeholders.

Associated costs are solely for the salaries and benefits for the Pretrial Service or Juvenile Intake Officers and are not expected to be incurred until workloads have reached the level to warrant the need and would be on-going from that point in time. It is assumed the needs are identified in year 1 and recruitment efforts undertaken with full costs then incurred beginning in year 2.

Eligible funding sources for these positions include Public Safety Realignment (AB109) and NCC.

Pretrial Service/Juvenile Intake Officers					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Add three officers	-	342,657	342,657	342,657	342,657
Total Costs	**-**	**342,657**	**342,657**	**342,657**	**342,657**
Potential Funding:					
AB109	-	171,329	171,329	171,329	171,329
Total Funding	**-**	**171,329**	**171,329**	**171,329**	**171,329**
NCC	-	171,328	171,328	171,328	171,328

COMMITTEE #3

Develop a comprehensive community outreach program to preemptively divert mentally ill persons toward treatment and away from the criminal justice system.

Objectives:
- Expand current behavioral health outreach and engagement
- Increase awareness of expansion of Crisis Assessment Team and need for Psychiatric Emergency and Response Team
- Provide training on Crisis Intervention Team and Mental Health response
- Educate the public on how to respond and services available
- Utilize navigators to obtain housing
- Utilize peer mentors in linking high users to services

This Subcommittee focused on the period of time where a mentally ill individual could be preemptively diverted towards treatment and prior to entering the criminal justice system. During the analysis of the components necessary for a comprehensive community outreach program, the Committee identified many existing programs already conducted within the County to serve this population and focused on the expansion of these services to address the gaps in service levels needed as well as address significant barriers for this population such as housing and the public response.

A. Short-Term Objectives:

Expand current outreach and engagement services, Psychiatric Emergency and Response Team (PERT), and training on the Crisis Intervention Team (CIT) for law enforcement agencies. These services already exists to some scale in the County and those law enforcement agencies or criminal justice personnel who use these services have noted the benefits. An example is HCA's Behavioral Health Services' Outreach and Engagement Team, which have been working the county's homeless population to link them to services.

A need for adding housing navigators was a key component in the Subcommittee's recommendation since many of those in the Stepping Up population have criminal history that makes finding housing a challenging task.

A public outreach media campaign is critical to the success of this program. Costs for the campaign would ramp up quickly and then decrease over time to reinforce the services provided. The targeted audience of the outreach campaign would be to reach the larger public and not just those who have mentally ill family members or law enforcement. The purpose would be to educate and reduce stigmas associated with mental illness as well as provide information on services and resources in the County.

Costs associated with this recommendation include the following:

- Salaries and benefits for additional staff hired to perform outreach and engagement services for this population.
- Salaries and benefits for additional staff hired for PERT teams to partner with law enforcement to assist in early identification of those who could be diverted.
- Salaries and benefits for additional staff hired as housing navigators to link individuals to various housing solutions.
- Salaries and benefits of existing staff to develop and implement a messaging campaign.
- Contracted services for strategically placed public announcements including radio, social media, printed materials, and advertisements.

All of the services identified for the comprehensive community outreach program are currently administered by the Health Care Agency and funded by the following:

- Mental Health Services Act (MHSA)
- Substance Abuse Prevention & Treatment Block Grant (SAPT)
- Whole Person Care Initiative (WPC)
- Public Safety Realignment (AB109)

There is no anticipated Net County Cost (NCC) associated with these recommendations.

Outreach & Engagement - Related Services					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Expand outreach & engagement	750,000	1,000,000	1,200,000	1,200,000	1,200,000
Expand PERT Team	910,000	910,000	910,000	910,000	910,000
Law enforcement training – crisis intervention	-	-	-	-	-
Public outreach campaign	100,000	350,000	165,000	165,000	165,000
Add Housing navigators	-	700,000	700,000	700,000	700,000
Total Costs	**1,760,000**	**2,960,000**	**2,975,000**	**2,975,000**	**2,975,000**
Potential Funding:					
MHSA	1,193,334	1,360,000	1,365,000	1,365,000	1,365,000
SAPT	283,333	450,000	455,000	455,000	455,000
WPC	250,000	1,033,333	1,100,000	1,100,000	1,100,000
Realignment	33,333	116,667	55,000	55,000	55,000
Total Funding	**1,760,000**	**2,960,000**	**2,975,000**	**2,975,000**	**2,975,000**
NCC	-	-	-	-	-

B. <u>Mid-Range / Long-Term Objective:</u>

Expand peer mentors in case management service for individuals with difficulty managing symptoms. Associated costs would be incurred if the need was identified which would be after Stepping Up related services were fully implemented. It is anticipated this would occur no earlier than three years after the above recommendations. Current services are

contracted based on need and would be adjusted accordingly, based on available funding which includes the Mental Health Services Act (MHSA), Public Safety Realignment (AB109) and Net County Cost (NCC).

Peer Mentors					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Expand peer mentoring	-	-	1,125,000	1,125,000	1,125,000
Total Costs	**-**	**-**	**1,125,000**	**1,125,000**	**1,125,000**
Potential Funding:					
MHSA	-	-	562,500	562,500	562,500
AB109	-	-	562,500	562,500	562,500
Total Funding	**-**	**-**	**1,125,000**	**1,125,000**	**1,125,000**
NCC	-	-	-	-	-

SUBCOMMITTEE #4

Construct a County Urgent Care and Restoration Center with 24 hours/7 days a week access.

Objectives:
- Develop a model for co-located services
- Prioritize services for both adults and adolescents

This gets to the core of what Stepping Up is trying to accomplish – get these individuals to the right treatment programs and services. Hospitals and jails are costly solutions to this problem. The co-location of mental health services in a campus-type setting with county-wide access was the ultimate goal for Subcommittee #4. The Health Care Agency currently provides most of the services listed throughout the county but this recommendation would create one location known for all services and available for community or law enforcement to seek services.

Mid-Range / Long-Term Objective:

The recommendation involves not only an increase in services level and types of services but also the addition of a facility which is envisioned to be operational no sooner than approximately year 3.

Costs associated with this recommendation include the following:
- Real-estate costs associated with securing a facility and any needed tenant improvements. An ideal situation would be to repurpose an existing county-owned facility or enter into a capital lease agreement.
- Facility costs such as janitorial services, utilities, maintenance, landscaping, etc., if the facility were to be county-owned.
- Salaries and benefits associated with County staff managing services provided at the campus.

- Contracted costs for the increase in services for the crisis stabilization unit, medical triage, residential detox unit, and intensive outpatient treatment. Treatment would be available for adult and juvenile populations.
- Contracted costs anticipated for the addition of a sobering station for both adult and juvenile populations.

All of the services to be offered at this campus, with the exception of the sobering station, are currently available through the Health Care Agency. The following are potential funding sources for this recommendation:

- Mental Health Services Act (MHSA)
- Substance Abuse Prevention and Treatment Block Grant (SAPT)
- Drug Medi-Cal (DMC)
- Public Safety Realignment (AB109)
- Net County Cost (NCC)

Urgent Care & Restoration Center					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Secure & furnish facility	-	5,000,000	5,000,000	-	-
Expand existing programs	-	-	4,000,000	5,000,000	5,100,000
Add sobering station	-	-	2,000,000	3,000,000	3,100,000
Total Costs	**-**	**5,000,000**	**11,000,000**	**8,000,000**	**8,200,000**
Potential Funding:					
MHSA	-	3,750,000	8,250,000	6,000,000	6,150,000
SAPT	-	250,000	550,000	400,000	410,000
DMC	-	250,000	550,000	400,000	410,000
AB109	-	250,000	550,000	400,000	410,000
Total Funding	**-**	**4,500,000**	**9,900,000**	**7,200,000**	**7,380,000**
NCC	-	500,000	1,100,000	800,000	820,000

Eligible funding sources for these positions include AB109 and NCC.

COMMITTEE #5

Remodel the Intake Release Center in Santa Ana to expand mental health treatment services for offenders in the Orange County Jail and seek opportunities to replicate this effort for offenders in Juvenile Hall.

Objectives:
- Increase the number of medical / mental health treatment beds
- Expand acute psychiatric treatment beds
- Increase the number of chronic step-down beds and integrated programs
- Establish transitional beds
- Seek designation for women's psychiatric care

- Add capability for Riese hearings and arraignments
- Identify costs and potential funding sources

The need for increased mental health services in the Orange County jail has been a long standing issue for the County. So much, in fact, that detailed plans of the remodel of the IRC to accommodate additional mental health services were in existence prior to the initiation of Stepping Up and required minimal adjustments to meet the needs of Subcommittee #6. The proposed renovations to the IRC include, among others, a repurposing and renovation of two housing and treatment Mods of the IRC.

Mid-Range / Long-Term Objective:

The project entails significant changes to increase the number of available beds, adds the female population, and improves the transporting of individuals to and from the mental health service area. As such, the implementation falls under a long-term objective.

Costs associated with this recommendation include the following:

- Contracted costs associated with the architectural and engineering design.
- Salaries and benefits for County staff providing project management.
- Contracted construction costs, including construction management for the remodel.
- Equipment and furnishings for remodeled area.
- Transportation cost of inmates to and from the Central Jail.
- Salaries and benefits for increase in correctional health staff to provide and monitor the mental health services.
- Salaries and benefits for increased Sheriff staff for increased population in mental health area of the facility.

Due to the incarceration component, potential funding sources are currently limited to Public Safety Realignment (AB109) and NCC.

Remodel the Intake and Release Center (IRC)					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Renovate IRC	2,500,000	2,100,000	14,200,000	13,500,000	-
Add Correctional Health Positions	-	-	-	1,047,415	1,093,560
Add Sheriff Positions	-	-	-	818,012	860,303
Total Costs	**2,500,000**	**2,100,000**	**14,200,000**	**15,365,427**	**1,953,863**
Potential Funding:					
AB109	-	-	-	1,865,427	1,953,863
Total Funding	**-**	**-**	**-**	**1,865,427**	**1,953,863**
NCC	2,500,000	2,100,000	14,200,000	13,500,000	-

COMMITTEE #6

Expand Reentry programs in the Orange County Jail for mentally ill offenders and those with co-occurring substance abuse disorders to include integration of community based service providers and enable a seamless handoff upon release.

Objectives:
- Increase collaborative programming
- Add new programming for adult and transitional age youths
- Implement programming to address high-risk-to-reoffend adults and youths

One of the intended consequences of the Stepping Up Initiative is the collaboration between law enforcement and mental health providers to address an individual's underlying mental health needs in hopes of reducing the rate of recidivism. The subcommittee identified two major themes for improvement of the process: (1) the need for full-time programming in order to better address the behavioral health needs of the adult and youth in-custody population with mental illness, coupled with substance use-disorder – the co-occurring disorder population and (2) systemic improvements that introduce new and effective tools, plus better-aligned efforts among county partners and community-based organizations to deliver evidence-based services. Subcommittee #6 looked at existing programs and made recommendations for an expansion of existing services as well as the addition of new services. With the implementation, additional staffing was identified; however, there is a strong likelihood that the additional staff request made under Subcommittee #5 could service effort under Subcommittee #6 as well.

A. Short-Term Objectives:

The Subcommittee's recommendation include beginning with a focus on a particular subset of the population identified with a high-risk-to-recidivate (adult and juvenile) and begin a pilot therapy-based treatment.

Costs associated with this recommendation are as follows:
- Salaries and benefits and minimal supplies associated with the additional staff needed for the targeted therapy programming.
- Salaries and benefits for staff to collect and monitor statistical data to provide management with needed information for future expansion and demonstrate success of programing.

Potential funding sources for the expansion of services include the following:

- Mental Health Services Act (MHSA)
- Whole Person Care (WPC)
- Public Safety Realignment (AB109)
- Net County Cost (NCC)

Enhance Full-Time Programming in Jails					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Add Mental Health Staff	346,000	346,000	346,000	346,000	346,000
Total Costs	**346,000**	**346,000**	**346,000**	**346,000**	**346,000**
Potential Funding:					
MHSA	86,500	86,500	86,500	86,500	86,500
WPC	86,500	86,500	86,500	86,500	86,500
AB109	86,500	86,500	86,500	86,500	86,500
Total Funding	**259,500**	**259,500**	**259,500**	**259,500**	**259,500**
NCC	86,500	86,500	86,500	86,500	86,500

B. Mid-Range / Long-Term Objective:

As the short-term objectives are implemented, additional needs are anticipated for other therapy models, such as Evidence Based Therapy (EBT). Additionally, contracted services may be needed to meet the more specific demands of the identified population, especially once the expansion at the James A. Musick jail complex is completed.

As these are more resource and labor intensive, implementation will be based on demonstrated need. Costs associated include salaries and benefits for staff for the following:

- Cognitive behavioral therapy and/or evidence based therapy program.
- Community and reentry case management services.
- Consultation and training.

Potential funding sources include Public Safety Realignment (AB109), various grant opportunities to be pursued, and Net County Cost (NCC).

Add New Programming for Co-Occurring Disorders					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Expand dedicated programming and case management	-	-	6,200,000	6,200,000	6,200,000
Total Costs	**-**	**-**	**6,200,000**	**6,200,000**	**6,200,000**
Potential Funding:					
AB109	-	-	2,066,666	2,066,666	2,066,666
Other Grant Funding	-	-	2,066,666	2,066,666	2,066,666
Total Funding	**-**	**-**	**4,133,332**	**4,133,332**	**4,133,332**
NCC	-	-	2,066,668	2,066,668	2,066,668

COMMITTEE #7

Expand collaborative court efforts to divert mentally ill offenders and those with co-occurring substance use disorders from the criminal justice system.

Objective:
- Expand the Collaborative Court Efforts for mental illness, substance abuse, re-entry, and juveniles

Since inception, the Orange County Collaborative Courts have provided monitored programmatic alternatives to incarceration and re-arrest and hence are included in the intercept points for diversion. According to the Orange County Collaborative Courts 2016 Annual Report, the Mental Health Courts, since its inception, have saved more than $9.5 million in jail and prison bed costs and maintains a 31.4% reconviction rate for mental health program graduates.[6] The Mental Health Courts are only one sector in a total of nine different collaborative courts. In analyzing the needs and capacity of the existing courts and gaps in services, the recommendations for the subcommittee are detailed and centered on an expansion for capacity as well as the establishing and re-establishing of additional collaborative court models.

There were 10 recommendations:
- Four included a modification or expansion of an incremental increase of 40 clients.
- Three were centered around establishing a new court for a target population identified as a gap in existing services.
- Three were to re-establish or continue courts that had or were in jeopardy of losing funding.

In determining the implementation plan, priority was placed on the courts that would be easy to implement or expand and have the most impact on the population. Other courts would be phased in, knowing that the increased capacity may require an increase in facility costs, which are not included as it is unknown at the moment of this report's publishing date.

A. Short-Term Objectives:

The Mental Health Courts and proposed Senate Bill (SB8) were considered "immediate needs" for the subcommittee. In addition, prevention services provided to juveniles to keep them out of the adult side of the criminal justice system was also considered priority. The estimates for the expansion of the Mental Health Court is based on current demand and any future expansion or budget needs will be assessed as capacity is reached and additional Stepping Up-related programs are implemented.

[6] Superior Court of California, County of Orange, Collaborative Courts 2016 Annual Report, March 27, 2017

The costs associated with these recommendations are as follows and include both County and State (Court) costs:

- Salaries and benefits associated with Probation, District Attorney, and Public Defender staff dedicated to the specific Collaborative Court.
- Salaries and benefits associated with Court staff dedicated to the specific Collaborative Court. Note these expenditures would be funded by the Courts and included for informational purposes along with offsetting revenues.
- Contract costs for mental health services provided to court participants.

As there are many departments involved, there are also several potential funding sources to cover both the County and State costs including:

- Mental Health Services Act (MHSA)
- Public Safety Sales Tax (Prop 172)
- Mental Health Realignment
- Net County Cost (NCC)

Expand / Establish / Continue Collaborative Courts					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Expand Mental Health Court	783,399	783,399	783,399	783,399	783,399
Expand Drug Court	-	-	-	-	-
Establish Mental Health Diversion Court	507,300	507,300	507,300	507,300	507,300
Continue CSEC Court	653,931	653,931	653,931	653,931	653,931
Continue Boys Court & Girls Court	1,011,944	1,011,944	1,011,944	1,011,944	1,011,944
Total Costs	**2,956,574**	**2,956,574**	**2,956,574**	**2,956,574**	**2,956,574**
Potential Funding:					
MHSA	2,341,534	2,341,534	2,341,534	2,341,534	2,341,534
Prop 172	72,370	72,370	72,370	72,370	72,370
Realignment	254,315	254,315	254,315	254,315	254,315
Total Funding	**2,668,218**	**2,668,218**	**2,668,218**	**2,668,218**	**2,668,218**
NCC	288,355	288,355	288,355	288,355	288,355
State (Court) Costs	272,659	272,659	272,659	272,659	272,659

B. Mid-Range / Long-Term Objective:

The remaining recommendations for the expansion or addition of other Collaborative Courts require additional strategic analysis to determine spacing needs, timing, staffing, demand, and funding. As such, these would occur over a period of time based on immediate needs of the programs. As stated above, costs associated with the addition of facility space are unknown and not included in the amounts presented for these recommendations.

The costs associated with these recommendations are as follows and include both County and State (Court) costs:

- Salaries and benefits associated with Probation, District Attorney, and Public Defender staff dedicated to the specific Collaborative Court.
- Salaries and benefits associated with Court staff dedicated to the specific Collaborative Court. Note these expenditures would be funded by the Courts and included for informational purposes along with offsetting revenues.
- Contract costs for mental health services provided to court participants.

As there are many departments involved, there are also several potential funding sources to cover both the County and State costs including:

- Mental Health Services Act (MHSA)
- Public Safety Sales Tax (Prop 172)
- Office of Traffic Safety (OTS)
- Substance Abuse Prevention and Treatment Block Grant (SAPT)
- Juvenile Justice Crime Prevention Act (JJCPA) Grant
- Mental Health Realignment
- Public Safety Realignment (AB109)
- State and Federal Grants
- Net County Cost (NCC)

Expand / Establish / Continue Collaborative Courts					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Expand DUI Court	-	212,000	212,000	212,000	212,000
Establish Reentry Court	-	502,950	502,950	502,950	502,950
Modify Felony Probation Violation Calendar	-	502,950	502,950	502,950	502,950
Establish Juvenile Mental Health Court	-	2,444,000	2,444,000	2,444,000	2,444,000
Re-establish Dependency Drug Court	-	742,000	742,000	742,000	742,000
Total Costs	**-**	**4,403,900**	**4,403,900**	**4,403,900**	**4,403,900**
Potential Funding:					
MHSA	-	2,228,000	2,228,000	2,228,000	2,228,000
Prop 172	-	24,000	24,000	24,000	24,000
OTS	-	28,000	28,000	28,000	28,000
SAPT	-	41,000	41,000	41,000	41,000
JJCPA	-	496,000	496,000	496,000	496,000
Realignment	-	575,000	575,000	575,000	575,000
AB109	-	36,000	36,000	36,000	36,000
State / Federal Grants	-	330,000	330,000	330,000	330,000
Total Funding	**-**	**3,758,000**	**3,758,000**	**3,758,000**	**3,758,000**
NCC	-	645,900	645,900	645,900	645,900
State (Court) Costs		364,000	364,000	364,000	364,000

COMMITTEE #8

Expand post-custody mental health and/or co-occurring outpatient services, increase post-custody housing opportunities, and expand intensive care treatment services for mentally ill offenders.

Objectives:
- Expand housing opportunities
- Increase post-custody treatment services
- Provide transportation

Committee #8 understood the importance of focused services upon release from custody and the impact those services had on the individual's rate for recidivism. The subcommittee identified the biggest gap needs for adults to be: housing instability, linkages to community-based treatment, and transportation to the services. Regarding juvenile offenders, the subcommittee identified (1) linkage to appropriate behavioral health services due to existing family barriers and (2) a designated housing navigator to provide support, coordination, and case monitoring as the two major gap areas. The recommendations provided comprehensive services for both adults and juveniles and looked at existing programs to expand and identified gaps in programming to accommodate anticipated increase needs in services.

A. Short Term Objectives:

Focus on increasing housing opportunities by providing more sober living beds, short-term housing beds, and motel vouchers, add transportation services, and expand outreach and engagement and co-location of services for juveniles.

Associated costs include the following:
- Expansion of existing contracted services to manage and issue motel vouchers.
- Expansion of existing contracted services to provide sober living beds and other short-term housing.
- Contracted services for transportation.
- Salaries and benefits for additional staff added to expand health care team dedicated for juveniles and adults and co-located at Probation Field Offices.
- Salaries and benefits for additional staff added to expand outreach and engagement activities dedicated to the juvenile Stepping Up population.

With the range of proposed services, there are many potential funding sources which have been estimated and listed below:
- Mental Health Services Act (MHSA)
- Substance Abuse Prevention and Treatment Block Grant (SAPT)
- Whole Person Care (WPC)
- Mental Health Realignment

- Drug Medi-Cal (DMC)
- Public Safety Realignment (AB109)
- Juvenile Justice Crime Prevention Act (JJCPA) Grant
- Youth Offender Block Grant (YOBG)
- State and Federal Grants (includes Prop 47, HUD programs, Emergency Solutions Grant)
- Net County Cost (NCC)

Expand Post-Custody Services (Short-Term)					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Increase motel assistance	200,000	200,000	200,000	200,000	200,000
Increase sober-living & short-term housing	365,000	657,000	1,241,000	1,241,000	1,241,000
Dedicated transportation	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Expand Health Care Team for Juveniles & Adults	-	2,600,000	3,100,000	3,100,000	3,100,000
Expand outreach and engagement for juveniles	-	300,000	300,000	300,000	300,000
Total Costs	**1,565,000**	**4,757,000**	**5,841,000**	**5,841,000**	**5,841,000**
Potential Funding:					
MHSA	156,500	475,700	584,100	584,100	584,100
SAPT	156,500	475,700	584,100	584,100	584,100
WPC	156,500	475,700	584,100	584,100	584,100
Realignment	31,300	95,140	116,820	116,820	116,820
DMC	156,500	475,700	584,100	584,100	584,100
AB109	626,000	1,902,800	2,336,400	2,336,400	2,336,400
JJCPA	78,250	237,850	292,050	292,050	292,050
YOGB	31,300	95,140	116,820	116,820	116,820
State & Federal Grants	93,900	285,420	350,460	350,460	350,460
Total Funding	**1,486,750**	**4,519,150**	**5,548,950**	**5,548,950**	**5,548,950**
NCC	78,250	237,850	292,050	292,050	292,050

B. Mid-Range / Long-Term Objectives:

As initial services are implemented, there remains greater needs which require more strategic planning and resources. These include increased facility needs and greater coordination among partnering departments such as for a reentry facility, shelter and permanent supportive housing, and expansion of the Health Care Team.

As the costs for many of these recommendations can be expensive, additional collaborations with contracted services or other local governmental agencies should be considered to assist in the implementation. The following are the anticipated costs anticipated to be incurred with these recommendations:

- Contracted costs for management of temporary residential facility.

- Contracted costs for additional permanent supportive housing
- Lease of a facility to be used for reentry services.
- Contract costs for management and providing of reentry services.
- Salaries and benefit costs of staff associated with addition of reentry facility (if needed).

The potential funding sources are consistent with those listed under the Committee's Short-Term Objectives.

Expand Post-Custody Services (Short-Term)					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Add temporary residential facility	500,000	900,000	1,800,000	1,800,000	1,800,000
Add permanent supportive housing units	-	-	1,200,000	2,400,000	2,400,000
Establish a reentry facility	4,500,000	4,500,000	4,500,000	4,500,000	4,500,000
Total Costs	**5,000,000**	**5,400,000**	**7,500,000**	**8,700,000**	**8,700,000**
Potential Funding:					
MHSA	500,000	540,000	750,000	870,000	870,000
SAPT	500,000	540,000	750,000	870,000	870,000
WPC	500,000	540,000	750,000	870,000	870,000
Realignment	100,000	108,000	150,000	174,000	174,000
DMC	500,000	540,000	750,000	870,000	870,000
AB109	2,000,000	2,160,000	3,000,000	3,480,000	3,480,000
JJCPA	250,000	270,000	375,000	435,000	435,000
YOGB	100,000	108,000	150,000	174,000	174,000
State & Federal Grants	300,000	324,000	450,000	522,000	522,000
Total Funding	**4,750,000**	**5,130,000**	**7,125,000**	**8,265,000**	**8,265,000**
NCC	250,000	270,000	375,000	435,000	435,000

COMMITTEE #9

Develop a comprehensive data collection and analysis plan to determine the efficacy of diversion services and measure recidivism.

Objectives:
- Establish a technical working group to function as the governance
- Complete a gaps/needs assessment
- Initiate implementation

Each recommendation made requires a form of measurement or statistical analysis done to show progress made or level of demand for services. Many of the funding sources, especially if competitive, will require metrics to support the requests made for funding or assistance. This

made the need for a comprehensive data collection and analysis plan essential for the County's implementation of the Stepping Up Initiative.

In analyzing how to move forward, the initial plan is to start with one need, such as an assessment tool, and then build on as other projects or recommendations move forward. A decision was made not to integrate existing information from current or older systems and capture only new data. This approach controls costs and matches the capital outlay to the needs and uses of the County. Implementation would be on-going and evolve as new requirements are identified and reporting requirements are known. Thus, the project is considered to be a short-term objective for the subcommittee as the long term objectives will evolve based on progress made.

The costs associated with developing a comprehensive data collection and analysis plan include:

- Salaries and benefits for staff associated with the analysis of existing systems and identifying gaps and needs in any new system.
- Salaries and benefits or contracted costs for the development of a data base and application(s).
- Infrastructure costs.
- Salaries and benefits or contracted costs for maintenance and upgrades to the database and application(s).

Potential funding sources are limited due to the nature of the recommendation but may include Public Safety Realignment (AB109), State and Federal Grants specific for innovative technology or Stepping Up, and Net County Cost (NCC).

Develop Comprehensive Data Collection and Data Analysis Plan					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Data Collection and Analysis	1,400,000	2,200,000	-	-	-
Infrastructure / Maintenance	150,000	150,000	650,000	500,000	500,000
Total Costs					
Potential Funding:					
AB109	775,000	1,175,000	325,000	250,000	250,000
State & Federal Grants	155,000	235,000	65,000	50,000	50,000
Total Funding					
NCC	620,000	940,000	260,000	200,000	200,000

COMMITTEE #10

Create an Office of Integrated Services that extends beyond the Stepping Up Initiative to synergize cross-system re-entry services for former offenders, the mentally ill and the homeless. Similar systems currently exist in Los Angeles (Office of Diversion and Reentry), and Santa Clara County (Office of Reentry Services)[7].

Objectives:
- "One-stop shop" for Board offices and others for countywide services
- Inventory of Stepping Up related services
- Strategy and navigating implementation to meet goals and objectives

The need for coordination of efforts was uniformly agreed upon by Subcommittee #10 where they also identified functions already performed by the CEO's Office that met this need. Further coordination of these efforts, however, is required to move the County forward and provide proper attention and direction to enable a successful implementation of the Stepping Up Subcommittees' Recommendations and objectives. In addition, by aligning the efforts to this initiative, potential funding from the Mental Health Services Act may be available to cover the costs incurred by existing staff.

Office of Integrated Services					
Costs:	Year 1	Year 2	Year 3	Year 4	Year 5
Existing staff costs	200,000	200,000	200,000	200,000	200,000
Total Costs					
Potential Funding:					
MHSA	200,000	200,000	200,000	200,000	200,000
Total Funding					
NCC	-	-	-	-	-

[7] Santa Clara County. (2016, August 16). *sccgov.iqm2.com*. Retrieved from sccgov.iqm2com: http://sccgov.iqm2.com/citizens/Detail_LegiFile.aspx?MeetingID=7195&ID=82639

STRATEGIC FINANCIAL PLANNING

A key element of the Stepping Up initiative includes the analysis of services currently provided and realigning or expanding them to address the needs of the Stepping Up population. The premise behind the nationwide initiative is that the services are often already being provided and through a realignment of those services, individuals subject to incarceration or recidivism can have their underlying issue addressed and thereby diverted from jail and/or the justice system without significant new investments in programming and unknown results. This approach is envisioned to provide a starting point for the initiative with new services and programs added as the need becomes more prevalent and warranted.

Although each Committee's recommendations are shown over a five-year span, it is understood that implementation periods may overlap and this does not equate to a five-year fiscal year plan. Each recommendation will be analyzed to determine if the demand exists at the level needed to sustain and justify the service and also the resources available at that time. As such, all projects shall continue to be included in the County's Strategic Financial Planning process until either implemented or deemed not applicable.

CONCLUSION

To reiterate, the Stepping Up Initiative, at its core, is asking the nation to re-envision how it treats its mentally ill population in the criminal justice system. Its goal seeks changes in the current systems and therefore, any major systems change is only possible through a long-term commitment from all involved to make that change. However, what those who worked on Orange County's Stepping Up effort have come to realize is that the changes do not have to be great; even the smallest change can have an impact. In this report, the proposed Recommendations and objectives range from small to large. What should be stressed is that one of the greatest findings from this effort was how much the County and its partners are already doing to support the goal of Stepping Up.

Again, this report was never designed to be an action plan but a framework for how to support the national Stepping Up Initiative. There is no doubt that the county is experiencing the problem Stepping Up seeks to address; therefore, this report represents the proposed solutions the Board of Supervisors and others in the county can consider in making progress toward addressing it. Additionally, the County recognizes that there are additional stakeholders in the county that can participate in Stepping Up and as the effort moves forward, the County looks forward to working with those stakeholders.

APPENDIX A

SUBCOMMITTEE 1

Determine a standard definition of mental illness for purposes of the Stepping Up Initiative

Executive Summary:

An overarching goal of the Stepping Up Initiative is to provide early intervention for individuals that meet the initiative's mental illness definition to possibly intercept/divert them from being booked into jail and towards community services. To achieve this goal, Committee 1 was tasked with developing a standard definition for mental illness in order to screen qualifying offenders.

Objective: Determine a standard definition of mental illness for purposes of the Stepping Up Initiative:

The Committee decided to develop a broad mental health definition that encompasses mental health and substance abuse, as well as the identification of developmental disabilities and brain injuries in order to refer individuals to appropriate services. The complete definition is outlined in Attachment 1. Many of the programs have specific target populations, with the majority of the treatment programs for those with "Severe Mental Illness" having specific criteria for admission. In order to have a County standard definition for "Severe Mental Illness" the criteria for those programs will be used. It is taken from Welfare and Institutions Code, Section 5600.3(b)(2) which require that services be "medically necessary" or meet what is commonly referred to as "medical necessity." This language is outlined in Attachment 2.

There are no costs associated with the implementation of the recommendation.

ATTACHMENTS

ATTACHMENT 1 - MENTAL ILLNESS DEFINITION

ATTACHMENT 2 - SERIOUS MENTAL ILLNESS DEFINITION

Stepping Up Initiative

Committee 1 Final Report Attachment 1

Definition of Mental Illness

Definition:

Individuals who have a history or are at risk of mental health issues or substance abuse disorders and who have been involved in or are at risk of juvenile or criminal justice involvement.

- A person who has a history of mental health issues or substance use disorders include:
  - Has a mental health issue or substance use disorder that limits one or more of their life activities;
  - Has received services for a mental health issue or substance use disorder;
  - Has self-reported that they have a history of mental health issues, substance use disorder or both; or
  - Has been regarded as having a mental health issue or substance use disorder.
- A person who has a higher risk of developing a mental health issues or a substance use disorder because of the presence of risk factors and/or the absence of protective factors.

  *Risk factors are characteristics at the biological, psychological, family, community or cultural level that precede and are associated with a higher likelihood of negative outcomes. Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Risk and protective factors can have influence throughout a person's entire lifespan (SAMHSA).

***Developmental disability** is a diverse group of chronic conditions that are due to mental or physical impairments. It is acknowledged that this population also meets the initiative concepts for Stepping Up.

Stepping Up Initiative

Committee 1 Final Report — Attachment 2

Definition of Serious Mental Illness

Serious Mental Illness
Welfare and Institutions Code, Section 5600.3(b)(2)

A serious mental disorder is defined as "a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. Serious mental disorders include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders."

Medical Necessity Criteria for Medi-Cal Specialty Mental Health Services Title 9, California Code of Regulations, Chapter 11, Section 1830.205

(a) The following medical necessity criteria determine Medi-Cal reimbursement for specialty mental health services that are the responsibility of the Mental Health Plan (MHP) under this Subchapter, except as specifically provided.
(b) The beneficiary must meet criteria outlined in Subsections (1)-(3) below to be eligible for services:

(1) Have one of the following diagnoses in the *Diagnostic and Statistical Manual of Mental Disorders* (Fourth Edition, DSM4), published by the American Psychiatric Association:

a. Pervasive Developmental Disorders, except Autistic Disorders
b. Disruptive Behavior and Attention Deficit Disorders
c. Feeding and Eating Disorders of Infancy and Early Childhood
d. Elimination Disorders
e. Other Disorders of Infancy, Childhood, or Adolescence
f. Schizophrenia and other Psychotic Disorders, except Psychotic Disorders due to a General Medical Condition
g. Mood Disorders, except Mood Disorders due to a General Medical Condition
h. Anxiety Disorders, except Anxiety Disorders due to a General Medical Condition
i. Somatoform Disorders
j. Factitious Disorders

k. Dissociative Disorders
l. Paraphilia's
m. Gender Identity Disorder
n. Eating Disorders
o. Impulse Control Disorders Not Elsewhere Classified
p. Adjustment Disorders
q. Personality Disorders, excluding Antisocial Personality Disorder
r. Medication-Induced Movement Disorders related to other included diagnoses.

(2) Have at least one of the following impairments as a result of the mental disorder(s) listed in Subsection (b)(1) above:
   a. A significant impairment in an important area of life functioning.
   b. A reasonable probability of significant deterioration in an important area of life functioning.
   c. Except as provided in Section 1830.210, a reasonable probability a child will not progress developmentally as individually appropriate. For the purpose of this Section, a child is a person under the age of 21 years.

(3) Meet each of the intervention criteria listed below:
   a. The focus of the proposed intervention is to address the condition identified in Subsection (b)(2) above.
   b. The expectation is that the proposed intervention will:
      1. Significantly diminish the impairment, or
      2. Prevent significant deterioration in an important area of life functioning, or
      3. Except as provided in Section 1830.210, allow the child to progress developmentally as individually appropriate.
   c. The condition would not be responsive to physical health care based treatment.
   d.

(c) When the requirements of this section are met, beneficiaries shall receive specialty mental health services for a diagnosis included in subsection (b)(1) even if a diagnosis that is not included in subsection (b)(1) is also present.

SUBCOMMITTEE 2

Develop a screening/assessment tool to identify mentally ill persons who meet the criteria for the Stepping Up Initiative

Executive Summary:

Committee 2 was tasked with developing a screening/assessment tool to identify the focus population. Committee 2 also assumed the task of considering the addition of a Pretrial Service Officer to coordinate efforts between Correctional Health Services and post-custody multi-disciplinary teams within the Intake/Release Center (IRC). Due to the interdependencies of these topics with the mental health definition developed by Committee 1, committee members met jointly to develop the recommendations contained herein.

The Committee's objectives were to: 1) develop a screening/assessment tool, 2) develop a training plan, 3) identify existing screening and assessment tools at each intercept point and potential gaps in information exchange, and 4) determine feasibility of adding a Pretrial Services Officer to assist with coordination efforts.

The Committee discussed each sequential intercept point and identified a primary need to develop a screening tool for use by first responders (i.e. law enforcement officers, outreach advocates and social services providers) who may encounter the initial intercept and identify persons with mental illness and/or substance abuse. The screening tool would assist with initial identification of mental illness and/or substance abuse indicators in order to refer individuals to appropriate services for more in-depth assessment(s).

The Committee recommends that implementation of the screening tool be coordinated with the identification of existing and available community based services, and/or diversion programs (i.e. treatment center, programs, etc.) and further expanded when the 24/7 restoration center and new treatment programs become accessible. Although the screening tool can be implemented via a paper form, it is recommended that an electronic application or intelligent form version be developed to facilitate the capturing of first intercept data and exchange of information.

Implementation of the screening tool may include partnership with the following agencies:

- Health Care Agency
- Law enforcement/Probation
- Outreach advocates
- Social services providers
- Mental health/substance abuse treatment providers

Objective 1- Develop a screening tool for first responders:

The Committee considered various screening questionnaire tools and observational guides. Since Orange County already utilizes a variety of assessment tools throughout intercepts 2 through 5, the Committee decided to focus on intercept 1 - pre arrest/booking. The Committee agreed to develop a simple screening tool for first responders to use at initial contact to identify indicators of mental illness and substance abuse. First responders would then refer the appropriate individuals to additional service providers for a complete assessment.

The screening tool (Attachment 1) is modeled after a tool used in Ventura County. It is intended to be utilized in conjunction with comprehensive training as defined in Objective 2.

The Committee recommends that implementation of the screening tool be coordinated with the identification of existing and available community based services and/or diversion programs (i.e. treatment center, programs, etc.) that can accept individuals for full mental health assessments. Further coordination can be realized when the 24/7 restoration center and other new treatment programs become accessible. Otherwise, it would be challenging for first responders who apply the screening tool to properly divert the focus population. In addition, an electronic screening tool is necessary to eliminate duplication of data entry and facilitate the exchange of information to more efficiently identify the individual's service needs; consideration should include the use of current technology utilized by ILJ.

In addition, it is recommended that a stakeholder group convene to engage in discussions regarding legal issues relating to the exchange of this type of information, and the possibility of developing guidelines to define who receives the information at each intercept point and the limited purpose of such information. This discussion should include information contained in Objective 3. This topic should be referred to the data governance committee that is recommended by Committee 9.

The implementation approach, timeline and estimated cost for Objective 1 are as follows:

- Year 1 – Security, user interface for BYOD, and data structure built: $25,000
- Year 2 – Training and implementation/roll-out/testing completed; decision on final repository for larger Stepping Up data structure/governance completed: $25,000
- Year 3 – Data Sharing model between LE and CBO's and other Counties designed and begin build: $7,500
- Year 4 – Data Sharing model between LE and CBO's/County build complete: $25,000
- Year 5 – Data Sharing training and implementation completed at end of year: $17,500

Objective 2- Develop a training plan:

The Committee recommends a training curriculum (Attachment 2) that provides first responders with comprehensive training associated with the purpose, objective, definition and standardized use of the screening tool. The course would provide specialized training on the observable characteristics/ symptoms associated with mental illness and substance abuse disorders in youth and adult population.

In-person and webinar trainings would be conducted by healthcare professionals and law enforcement. The training would be delivered with a train the trainer approach, providing the various agencies with flexibility in utilization of the screening tool to assist in early identification of mental illness or substance abuse disorders.

An important component of the training would be to provide guidance to first responders regarding available community based programs and diversion resources. It is recommended that training materials be developed with inclusion of existing referral services. The training material should evolve in conjunction with expansion of services, such as the 24/7 restoration center.

The implementation approach, timeline and estimated cost for Objective 2 are as follows:

- Develop training curriculum/materials and offer training to all officers: 6 months to 1 year from the date the screening tool is developed; cost is anticipated to be minimal as this can be achieved through existing clinicians from Health Care Agency, a UCI partnership, law enforcement, etc.
- Health Care Agency to lead this process through their Community Emergency Response Team (CERT) training.
- Screening tool information to be incorporated into mental health training provided in law enforcement training academies.
- Use of modern training delivery methods to be explored, such as, webinars and self-learning tutorials.
- Training curriculum and materials be updated every 3 to 5 years after the initial training to include new diversion options.

Objective 3- Identifying existing screening/assessment tools:

The Committee developed a matrix (Attachment 3) to identify existing screening and assessment tools at each intercept points. The review identified the following: 1) gap in exchange of information across intercept groups and intercept points, 2) gap in mental health and/or risk-needs screening at some intercept points (i.e. re-entry), and 3) gap in capturing adult population that is screened as needing mental health intervention but are referred to services (i.e. CSU, in-patient) and do not move into intercept 2.

As previously mentioned in Objective 1, it is recommended that a stakeholder group convene to engage in discussions regarding legal issues relating to the exchange of this type of information and the possibility of developing guidelines to define who receives the information at each intercept point and the limited purpose of such information. This topic should be referred to the data governance committee that is recommended by Committee 9.

In addition, it is recommended that a stakeholder group also consider the possibility of standardizing and/or expanding the utilization of existing tools for the adult population. Specifically, discussions should include the possibility of selecting a county-wide assessment tool for the Sheriff, Probation and Collaborative courts. The existing Drug Court Steering Committee can be leveraged to begin these discussion under the leadership of a Collaborative Court Judicial Officer.

The implementation approach, timeline and estimated cost for Objective 3 are as follows:

- Minimal costs are anticipated for implementation.
- Develop screening/assessment tool information sharing policy: 6 months to 1 year from establishment of data governance committee.
- Select a county-wide assessment tool for the Sheriff, Probation and Collaborative courts: 6 months to 1 year from the approval of the Stepping Up recommendations.

Objective 4 – Addition of Pretrial Services Officer and Juvenile Intake Probation Officers to assist with coordination

The Committee was tasked with discussing the feasibility of assigning Pretrial Services Officers at the IRC and Intake Probation Officers at Juvenile Hall to coordinate release requests for low risk in-custody Stepping Up participants who may benefit from mental health or substance abuse treatment out-of-custody.

Due to the confidentiality of mental health screening and assessment tool information and the communication with On Call Magistrates, it is recommended that this topic be referred to the Pretrial Assessment Release & Supervision (PARS) program stakeholders and that Juvenile Probation, Juvenile Court, Health Care Agency, and the data governance committee for Committee 9 be invited to engage in the discussion regarding the feasibility of this recommendation.

If the recommendation is approved, additional Pretrial Services Officers will be required to support an increase in workload.

The implementation approach, timeline and cost for Objective 2 are as follows:

- Develop policy to incorporate release recommendations through Pretrial Services Officers: 6 months to 1 year from establishment of data governance committee.

- Increase staffing for Pretrial Services Office by one resource per shift; yearly cost of salary and benefits is approximately $114,229 per resource x 3 shifts= $342,657 per year.

ATTACHMENTS

ATTACHMENT 1 - SCREENING TOOL

ATTACHMENT 2 - TRAINING PLAN

ATTACHMENT 3 - MATRIX- EXISTING SCREENING/ASSESSMENT TOOLS

Attachment 1

CIT EVENT SUMMARY **AGENCY:** **BEAT:** **INCIDENT/CASE#**

DATE	OFCR NAME	I.D. #	
DISPATCH TIME	ARRIVAL TIME	DISPO TIME	☐ MALE ☐ FEMALE ☐UNKNOWN
LOCATION	CITY		RACE: ☐UNKNOWN RACE
L/NAME	F/NAME	M/NAME	DOB:

CRISIS TEAM RESPOND?
☐YES ☐NO ☐UNAVAILABLE

SERVED IN U.S. MILITARY?
☐ NO ☐ PAST ☐ CURRENT
BRANCH:

HOUSING?
☐FAMILY/FRIEND or SELF
☐HOMELESS
☐SHELTERED
☐UNSHELTERED
☐BOARD & CARE
☐GROUP HOME

CURRENTLY TAKING MEDS?
☐UNKNOWN
☐NO
☐SUPPOSED TO ISN'T
☐YES TYPE: _____
LAST TIME: _____

PRIOR HOSPITALIZATION? *
☐MENTAL HEALTH ☐SUBSTANCE
☐NO ☐UNKNOWN

PRIOR TREATMENT? *
☐MENTAL HEALTH☐SUBSTANCE
☐NO ☐UNKNOWN

CURRENT TREATMENT? *
☐MENTAL HEALTH☐SUBSTANCE
☐NO ☐UNKNOWN

THOUGHTS OR ATTEMPTS TO HURT/KILL SELF/OTHERS? *
☐PRIOR ☐ CURRENT ☐ NO ☐ UNK

REGIONAL CENTER INVOLVEMENT
☐YES ☐NO

PREFERRED LANGUAGE

DISPOSITION OF SUBJECT:
☐CONTACT ONLY ☐VOLUNTARY TXP
☐5150/5585 ☐ OTHER:_____
☐ER ☐JAIL/JUVI:_____

AUTISM SPECTRUM DISCLOSED?
☐YES ☐NO

PROBATION/ PAROLE STATUS:
☐ YES ☐ NO

DID YOU OBSERVE/SUSPECT/LEARN THE FOLLOWING? *

☐NOTHING UNUSUAL
☐ABSURD, ILLOGICAL RAPID THINKING/SPEECH
☐ AGITATION, PACING_____
☐ BIZARRE BEHAVIOR
☐ DISHEVELED
☐ HOSTILITY
☐ OVERLY ELATED MOOD
☐ SUICIDAL GESTURE AND/OR ACTIONS (E.G. OD, CUTTING)
☐ SIGNS OF INTOXICATION/DRUG USE
☐ TREMORS
☐ UNTREATED WOUNDS
☐ WITHDRAWN
☐ SOILED CLOTHING

☐ ANXIETY
☐ BELIEFS WITH NO BASIS IN REALITY
☐ DISORIENTED (TIME/PLACE/SIT.)
☐ HEARING VOICE
☐ HOPELESSNESS
☐ MEMORY PROBLEMS
☐ PARANOIA OR SUSPICIOUSNESS
☐ PTSD/TRAUMA
☐ SEVERE, DEPRESSED MOOD, CRYING
☐ SUICIDAL TALK
☐ THREAT PHYSICAL HARM TO OTHER
☐ VISUAL HALLUCINATIONS
☐ OTHER: _____

* CHECK ALL THAT APPLY

PLEASE USE THIS PAGE FOR ADDITIONAL COMMENTS AND/OR ATTACH EXISTING REPORT(S).

If subject went on a 5150/5585, was it for: ☐ DTS ☐ DTO ☐ GD
Name / Relationship / Phone # of a parent, Family Member, or Caregiver:

THIS FORM IS FOR INTERNAL DEPARTMENT USE ONLY. PLEASE COMPLETE IT AND TURN IT IN. ☐ **COORDINATOR REVIEWED**

ATTACHMENT 2

Screening Tool First Responder Training Plan

Stepping Up Initiative: The overarching goal of this initiative is to divert low-level non-violent offenders with mental illness and/or substance abuse away from jails and into appropriate community-based treatment services. One method for achieving this goal is the utilization of screening tools at the earliest intercept points.

Training Plan Objective: The screening tool was developed for use by first responders, i.e. law enforcement officers, outreach advocates and social services providers who may encounter the initial intercept and identification of persons with mental illness and/or substance abuse. The screening tool is designed to assist first responders in identifying individuals with mental health issues or substance use disorders who may be intercepted and/or diverted from being booked into juvenile hall or the intake and release center and instead taken to community based services.

Course Description: To provide first responders with comprehensive training associated to the purpose, objective, definition and standardized use of the screening tool. Provide specialized training on the observable characteristics/symptoms associated with mental health issues and substance use disorders in youth and adult population.

Target Audience: The training will focus on training trainers from the various agencies that may benefit from utilizing the screening tool to assist in early identification of mental health issues or substance abuse disorders

Trainers: Mental Health Professionals – A train the trainer approach

Training Delivery Method: Live training with classroom demonstration and practice.

Learning Objectives

1. Describe the purpose and value of using the screening tool, why it is used, and the meaning of the tool

2. Differentiate between screening and assessment

3. Describe the structure and unstructured interview while using the screening tool

4. Explain and demonstrate the effective technique for using the screening tool, and how it is conducted

5. Discuss possible scenarios when the screening tool would be appropriate to administer

6. Describe and identify basic mental health terminologies so to identify behaviors appropriately

7. Provide education on the various observable behaviors that could be associated with mental illness and/or substance abuse amongst adults and youth

8. Guidelines to aid in decision making criteria for criminal and juvenile community based services, i.e. detox, 24/7 County Urgent Care Restoration Center

9. Suggested guidelines for using the information gathered in the tool, i.e., to assist the transfer of information to the receiving community based service, to support the development of a data base for tracking and problem-solving, etc.

Attachment 3

Intercept Point	Screening/ Assessment Tool	Validated	What it Assesses	Who Administers It
#1. Community				
First responders (Proposed tool for Stepping Up)	(OC First Responders CIT)	No	Signs of mental health problems, signs of substance use, veteran, prior hospitalization, prior treatment, current treatment, meds, autism, probation/parole status, suicidal thoughts/attempts	Field officers, outreach workers, advocates, CBOs, Social Service workers (observations and conversation)
Homeless outreach officers				
PERT & CAT teams	Risk Assessment	No	Presenting Problem, risk factors for suicide, danger to others, or grave disability, collateral information from others, drug and/or alcohol presence or history, current medications or medical problems, and client strengths	PERT and CAT staff
HCA Outreach & Engagement	Psychosocial Assessment	No	Mental Health and Substance Use Issues including mild/moderate/severe levels of impairments	BHS Outreach Staff
Restoration Center*				
**To be established*				
#2. Initial Jail Detention/Juvenile Hall/ Court Appearance/Shelter-Juvenile*				
Booking	SOBO (Statement of Booking Officer)	No	Appear to be under the influence of drugs/alcohol, disoriented, confused or impaired level or loss of consciousness, sustained injuries, made any statement or behaviors to hurt themselves or others	Community police offices, CHP or OCSD patrol officers

Intercept Point	Screening/ Assessment Tool	Validated	What it Assesses	Who Administers It
Booking	Proxy	No	Consist of three questions asked in the booking process: Current age, age of first, arrest, Number of prior arrests. Jail computer system then does a calculation automatically to export a scores. Supervisor reviews scores every week or so and parses out the inmates who scored in the high-risk range and also are sentenced for a month or longer. Also sends list to each Inmate Services Supervisor in the various jail facilities where a staff goes to each person and offers to complete a longer risk/need assessment- the Wisconsin Assessment. If they agree, the assessment is done and release plan is created for that individual person.	OCSD staff
Booking/HCA-CHS	Receiving Screening	No	General medical & mental health screening for history, current problems-acute and/or chronic	HCA-CHS Nursing Staff
Booking/HCA-CHS	Mental Health Screening	No	Triage @ intake for mental health stability, suicidality, homicidality, psychotic-cognitive status (unable to program in regular housing areas); current psychiatric medication needs	HCA-CHS Mental Health Nurses
Booking/PTSU	VPRAI	Yes	Risk assessment tool that considers criminal history and other factors to assess probability of failure to appear in court and re-offend while on OR release; tool not validated on OC population	Pretrial Services Officers
Juvenile Hall/HCA-BHS	MAYSI-2	Yes	Alcohol/drug use, anger, depression/anxiety, suicidality, somatic complaints, thought disturbance, trauma	BHS clinical staff
Jail/OCSD	Wisconsin Risk Needs (WRN)	Yes	Criminogenic risk	OCSD staff

Intercept Point	Screening/ Assessment Tool	Validated	What it Assesses	Who Administers It
Juvenile Hall/ Intake	(1)CRAFFT; (2)YOQ; (3)BHS 3-Item Trauma Screen; (4) Substance and Choices (SACS) (5) CSE-IT	(1)Yes; (2)Yes; (3)No; (4) Yes (5)	(1)Substance use; (2)Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction; (3) trauma exposure; (4) Type of substance used, frequency, duration, and risky behaviors (5)Commercial Sexual Exploitation Identification Tool	Clinician interview (YOQ sometimes self-administered)
YRC	(1)CRAFFT; (2)YOQ; (3)BHS 3-Item Trauma Screen; (4) SACS (5) CSE-IT	(1)Yes; (2)Yes; (3)No; (4) Yes (5) Yes	(1)Substance use; (2)Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction; (3) trauma exposure; (4) Type of substance used, frequency, duration, and risky behaviors (5)Commercial Sexual Exploitation Identification Tool	Clinician interview (YOQ sometimes self-administered)
Probation Camps (Youth Guidance Center, Youth Leadership Academy, Joplin)	(1)CRAFFT; (2)YOQ; (3)BHS 3-Item Trauma Screen; (4) SACS (5) CSE-IT	(1)Yes; (2)Yes; (3)No; (4) Yes (5) Yes	(1)Substance use; (2)Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction; (3) trauma exposure; (4) Type of substance used, frequency, duration, and risky behaviors (5)Commercial Sexual Exploitation Identification Too	Clinician interview (YOQ sometimes self-administered)

Intercept Point	Screening/ Assessment Tool	Validated	What it Assesses	Who Administers It
Orangewood*	0-5 Years old: Ages & Stages Questionnaire 5-18 Years Old: (1)CRAFFT; (2)YOQ; (3)BHS 3-Item Trauma Screen; (4) SACS (5) CSE-IT	Yes (1)Yes; (2)Yes; (3)No; (4) Yes	(1)Substance use; (2)Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction; (3) trauma exposure; (4) Type of substance used, frequency, duration, and risky behaviors (5)Commercial Sexual Exploitation Identification Tool	Clinician interview (YOQ sometimes self-administered)
#3. Courts (Specialty, Dispositional)/ Jail				
Jail	Mental Health Evaluation	No	Psychosocial assessment to evaluate coping/level of functioning, mental status exam, symptoms & behaviors and substance use issues	HCA-CHS Mental Health clinicians
Jail	Psychiatric Evaluation	No	History of psychiatric hospitalizations, MH treatment-outpatient, psychotropic medication use-current & history of, substance abuse issues, and current symptoms & behaviors	HCA-CHS Psychiatrists and Psychiatric Nurse Practitioners
Juvenile Hall	(1)CRAFFT; (2)YOQ; (3)BHS 3-Item Trauma Screen; (4) SACS (5) CSE-IT	(1)Yes; (2)Yes; (3)No; (4)Yes (5) CSE-IT	(1)Substance use; (2)Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction; (3) trauma exposure; (4) Type of substance used, frequency, duration, and risky behaviors (5)Commercial Sexual Exploitation Identification Tool	Clinician interview (YOQ sometimes self-administered)
Specialty Courts- All Programs	Wisconsin Risk Needs (WRN)	Yes	Criminogenic risk	Probation staff

Intercept Point	Screening/ Assessment Tool	Validated	What it Assesses	Who Administers It
Specialty Courts- Mental Health	SBIRT (Screening, Brief Intervention, and Referral to Treatment)	Yes	Depression, anxiety, risky alcohol use, drug/prescription medication abuse, exposure to family violence, PTSD symptoms	Clinician interview+ motivational interviewing
Special Courts- Substance Abuse	HCA DUI Court Evaluation	No	Drug/Alcohol use and treatment history, biopsychosocial factors (e.g., social support, living arrangement, children, history of psychotropic meds, recent hospitalizations, suicidality, chronic medical conditions/meds), employment, DUI history/other legal issues, program suitability, transportation	Clinician interview
	ASAM (American Society of Addiction Medicine) Assessment	Yes	Level of functioning (intoxication/ withdrawal, medical conditions, emotional/ behavioral, treatment acceptance/ resistance, relapse/ continued use potential, recovery environment) - used to determine level of care needed	Clinician interview
Specialty Courts- Veterans	(1) PHQ-2/PHQ-9 (2) PC-PTSD-5 (3) Suicide Screening (4) Drug and alcohol use history (5) full biopyschosocial history	1. yes 2. yes 3. No 4. No 5. No	(1) Depression (2) PTSD (3) Suicide (4) Presence of alcohol or drug use disorder (5) social risks and strengths, including trauma history, MST, acute medical or psychiatric needs	Clinicial Interview by LCSW and/or Psychiatrist *Further screening and assessments conducted once participant is referred to specialty care
Specialty Courts- Homeless	Life Interview	No	Mental health and drug treatment needs	Public Defender Paralegal

Intercept Point	Screening/ Assessment Tool	Validated	What it Assesses	Who Administers It
Juvenile Recovery Court	(1) CRAFFT; (2) YOQ; (3) BHS 3 Item Trauma Screen (4) SACS (5) CSE-IT	(1)Yes; (2)Yes; (3)No; (4)Yes (5) Yes	(1)Substance use; (2)Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction; (3) trauma exposure; (4) Type of substance used, frequency, duration, and risky behaviors (5)Commercial Sexual Exploitation Identification Tool	Clinician interview (YOQ sometimes self-administered)
Juvenile Commercial Sexual Exploited Children (CSEC) Court	**Not a collaborative court, no behavioral health staff. Assessment may be administered Orangewood at intercept.** 0-5 Years old: Ages & Stages Questionnaire 5-18 Years Old: (1)CRAFFT; (2)YOQ; (3)BHS 3-Item Trauma Screen; (4) SACS (5) CSE-IT	Yes (1)Yes; (2)Yes; (3)No; (4) Yes	**Assessments may be administered at Orangewood intercept.** (1)Substance use; (2)Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction; (3) trauma exposure; (4) Type of substance used, frequency, duration, and risky behaviors (5)Commercial Sexual Exploitation Identification Tool	Clinician interview (YOQ sometimes self-administered)

Intercept Point	Screening/ Assessment Tool	Validated	What it Assesses	Who Administers It
Juvenile Boys Court	Palette of CYBH mandatory screening and assessment measures completed prior to referral to Boys Court. Additional measures are: (1)Partnership Assessment Form (PAF) 2) Monthly administration of YOQ	(1) N/A (2) Yes	1) Base line of strengths and needs upon entering the FSP including homelessness, school, employment, and psychiatric hospitalizations 2) Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction;	Clinician interview (YOQ sometimes self-administered)
Juvenile Girls Court	Palette of CYBH mandatory screening and assessment measures completed prior to referral to Boys Court. Additional measures are: (1)Partnership Assessment Form (PAF) 2) Monthly administration of YOQ	(1) N/A (2) Yes	1) Base line of strengths and needs upon entering the FSP including homelessness, school, employment, and psychiatric hospitalizations 2) Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction;	Clinician interview (YOQ sometimes self-administered)
4. Reentry				
Jail	Discharge Planning Tool	No	Behavioral Health and substance abuse needs, current psych meds, medical conditions, Primary care MD, F/U linkage to BHS/Other referrals, housing plans, financial assistance/income, social support, probation/parole/AB 109	HCA-CHS Mental Health Clinicians
AB109 Population	Life Interview	No	Mental health and drug treatment needs	Public Defender
5. Parole/Probation				

Intercept Point	Screening/ Assessment Tool	Validated	What it Assesses	Who Administers It
Probation (AB109 only)	(1-tbd); (2)Modified Colorado Symptom Inventory; (3)AB109 Initial Screening	(1)tbd; (2)yes; (3)no	(1) Threat to self/others; (2) Psychiatric symptoms; (3) Housing, employment, education, medical issues, mental health issues, substance use, social relationships	AB109 Screening Team (interview)
Probation	Wisconsin Risk Needs (WRN)	Yes	Criminogenic risk	Completed by DPO
Juvenile Probation Camps	(1)CRAFFT; (2)YOQ; (3)BHS 3-Item Trauma Screen; (4) SACS (5) CSE-IT	(1)Yes; (2)Yes; (3)No; (4)Yes; (5) Yes	(1)Substance use; (2)Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction; (3) trauma exposure; (4) Type of substance used, frequency, duration, and risky behaviors (5)Commercial Sexual Exploitation Identification Tool	Clinician interview (YOQ sometimes self-administered)
Juvenile Out of Custody - Probation Officer Supervision	(1)CRAFFT; (2)YOQ; (3)BHS 3-Item Trauma Screen; (4) SACS	(1)Yes; (2)Yes; (3)No; (4)Yes	(1)Substance use; (2)Substance use, psychosis, aggression, self injury, suicidality, somatic symptoms, social relationships and problems, behavioral dysfunction 3) trauma exposure (4) Type of substance used, frequency, duration, and risky behaviors.	Clinician interview (YOQ sometimes self-administered)
AB109 Population	Life Interview	No	Mental health and drug treatment needs	Public Defender

SUBCOMMITTEE 3

Develop a Comprehensive Community Outreach Program

Executive Summary

Committee number three was assigned the recommendation that the County develop a comprehensive community outreach program to preemptively divert mentally ill persons towards treatment and away from the criminal justice system. The committee identified the following objectives for achieving this recommendation, which are:

- Expand current behavioral health outreach and engagement services and staffing
- Ensure law enforcement is aware of current expansion of Crisis Assessment Team (CAT) services and identify need for expanded Psychiatric Emergency and Response Teams (PERT) services
- Continue to make Crisis Intervention Team training (CIT) available to County law enforcement agencies
- Educate Orange County public regarding how to respond when finding oneself in a mental health crisis either personally or with a loved one experiencing a mental health crisis
- Utilize housing navigation services for assisting individuals obtain housing
- Utilize Peer Mentors in assisting individuals who are high utilizers of law enforcement link to services.

Some of the above identified objectives are already in process. Others are expected to be put in place as part of the overall implementation of the Stepping Up Initiative and as funding is identified. Partnerships that are expected to collaborate in this effort are Orange County Sheriff's Department (OCSD), local law enforcement agencies, Orange County Health Care Agency (HCA), Orange County Probation, Orange County Community Resources, Orange County Re-entry Partnership, Orange County Mental Health Board, National Alliance on Mental Illness (NAMI), community based organizations and other representation of family members with lived experience.

Objective 1 – Expand current behavioral health outreach and engagement services and staffing

During calendar years 2016 and 2017, HCA has expanded its outreach and engagement (O&E) efforts, including staffing numbers and continues to do so in order to meet the increased need of engaging individuals who are homeless or are in danger of being homeless for purposes of linking them to the many resources available in the community. Many individuals in the community who are homeless suffer from one or more mental health and/or substance use disorders. As such, the HCA O&E team seeks out any individual who is homeless and strives to link her/him to services, including housing services. The O&E team often partners with law enforcement to provide intervention in

lieu of incarceration. As a primary focus of the Stepping Up Initiative is to divert individuals away from incarceration, the O&E team will continue to provide these essential services and HCA will continue to evaluate the staffing needs of the team in order to meet the needs of the community. As of the writing of this report, HCA's O&E team consists of 30 staff and is in the process of recruiting to increase the staffing to 40 to serve the County. This staffing increase will take place in fiscal year 2017-18. Four of the new O&E staff will be assigned as part of the Whole Person Care (WPC) Initiative to outreach to homeless individuals who seek services at hospital emergency rooms. Presently, the O&E team makes over 2,200 contacts per month. When fully staffed, it is anticipated that the O&E team will achieve approximately 2,700 contacts per month. HCA will be the lead agency for the Stepping Up O&E effort, which includes ongoing evaluation of staffing needs with input from partner agencies and the community. Staffing will be adjusted as the need dictates and as funding allows. Currently, the O&E team is funded through Mental Health Services Act, Federal Substance Abuse Prevention and Treatment Block Grant and through the WPC initiative. The annual cost to fund the O&E team of 40 is $4.8 million, which includes the expansion cost of $750,000. The goal is to meet the needs of the community as timely as possible to assist in diverting individuals from incarceration.

Objective 2 – Ensure law enforcement is aware of current expansion of Crisis Assessment Team (CAT) services and identify need for expanded Psychiatric Emergency and Response Teams (PERT) services

One of the primary goals of the Stepping Up initiative is to prevent incarceration and divert individuals with mental health and substance use disorders into community based programs and/or services. Maintaining robust Crisis Services is a key aspect of preventing individuals with mental health needs from becoming offenders. The CAT and the PERT currently provide crisis services for any individual in Orange County and are often the first point of contact in identifying persons with mental illness and/or substance abuse. The mobile PERT is a program that is staffed with mental health professionals and law enforcement officers. Through this partnership, the team is able to provide appropriate intervention and resources and help maintain the person in the community thus reducing unnecessary incarceration.

Currently, there are 15 PERT teams in Orange County that are staffed by 9 clinicians and include partnerships with: Costa Mesa, Orange, Westminster, Garden Grove, South County Sheriff, Newport Beach, Irvine, Anaheim, Fullerton, Tustin, Laguna Beach, Huntington Beach, Santa Ana, Buena Park and Fountain Valley. The Committee discussed how an expansion of PERT would further the efforts of law enforcement in diverting individuals from unnecessary incarceration through identifying them at an early stage and linking them to community support services. A needs assessment was conducted with existing PERT team partners to determine the need of additional staffing. It was

recommended that an additional 8 full time equivalents (FTE) positions be added to the existing PERT team. The estimated cost is $910,000 and MHSA can be a possible funding source. The staffing recommendation was based on direct feedback from law enforcement, requests for evaluations from the departments, and overall community calls for service. The input from Police Chiefs was crucial in determining the additional staffing level to better serve their community.

Once funding is approved, additional staff could be hired, trained and placed in their PERT assignments in 6-12 months. Each law enforcement agency will be contacted yearly to determine their current needs.

For the year of 2016, CAT and PERT provided 4,253 evaluations. With the projected increase in staffing, about 5,000 total evaluations would be provided. Additionally, PERT staff would be able to increase the amount of contacts with clients who are diagnosed with a mental illness or dual diagnosis by about 80%, thus being able to link more clients to appropriate services.

The outcomes would be to provide a more comprehensive PERT coverage throughout Orange County. A significant impact will be made by having a clinician assigned to the police and sheriff's departments more often. PERT would be able to provide culturally appropriate multidisciplinary assessments to stabilize the mental health crisis and establish linkages with appropriate mental health services, physical healthcare, substance abuse services, and social services to promote wellness and recovery. Additionally, it would increase social supports, provide support to families, decrease isolation, and prevent the recurrence of a crisis situation and/or hospitalization or incarceration. Other outcomes would include: rapid response time, assist police in identifying individuals with mental health needs, facilitate hospitalizations, provide alternative care in the least restrictive environments and provide more mental health training for law enforcement.

Objective 3 - Continue to make available to County law enforcement agencies Crisis Intervention Team training (CIT) and Mental Health response training for line officers such as Mental Health First Aid

In order to achieve this objective, the committee determined it is necessary to assess the need for CIT training in the County. CIT training is currently available to law enforcement agencies in the County and it is to continue make these trainings available in the county. The method for assessing the current and future need is to survey Orange County's law enforcement training needs. The attached survey is recommended by the committee (See attachment 1). The survey will be presented by a HCA Behavioral Health Manager along with a representative from the Garden Grove Police Department at the regular meetings of the Orange County Training Managers Association (OCTMA). The goal is to obtain feedback from as many law enforcement officers as possible as to their training needs and possibly incorporate the training needs into the present CIT training or devise

new trainings to meet the needs. A representative from Orange County Sheriff's Department and a Behavioral Health Manager will attend the regular meeting of the Orange County Chiefs and Sheriff Association to identify the training needs of the respective departments. The plan is to also present the survey to the Orange County Probation Department to determine its needs as well.

At the time the surveys are completed with the law enforcement agencies in Orange County, the existing CIT program can begin to expand or be modified as needed based on the survey results. The expansion could be funded through MHSA dollars and at the approval by the MHSA Steering committee can begin. This can be expanded within 6-12 months. Currently 250 officers are trained per year and with expansion more can be served. The current annual cost of CIT training is $239,395 annually. Expected outcomes of Behavioral Health training for law enforcement and public safety personnel is to increase their competence in handling emergency situations involving persons with mental illness to enable a safe and appropriate response for both officers and individuals in crisis.

Objective 4 – Educate Orange County public regarding how to respond when finding oneself in a mental health crisis either personally or with a loved one experiencing a mental health crisis

HCA provides support services including outreach and engagement, prevention and intervention, outpatient, intensive outpatient, and crisis services for any individual in Orange County. Many times, people in the community needing support while in crisis do not know how to talk to their family or loved ones about what they are experiencing. And when they do, many do not know where to find the existing services to support them in their situation. When people don't understand where to turn, they try to manage their issues by making other choices that result in law enforcement contact, incarceration, or hospitalization. If they understand where to call and what services are available for them, those interactions with the justice system could be avoided. With that in mind, as part of a comprehensive outreach plan for the Stepping Up Initiative, a public outreach media campaign is recommended to educate the community about how to talk to loved ones when in crisis, what behavioral health services are available, and how to access them.

These recommendations include:

Development of a messaging campaign about how to talk to others about mental health issues. For example, HCA is developing a video for Mental Health Awareness Month that can be posted online and on YouTube. Links can be emailed out to various agencies to share with staff.

Distribution of existing brochures focused on mental health awareness, Each Mind Matters, HCA Behavioral Health programs, navigation, Crisis Services

Use of existing social media platforms including Facebook, Twitter, and Agency websites to post messaging about the HCA Behavioral Health System and how to access it through OCLinks

Coordination of Agency websites (HCA, OCSD, Law Enforcement Agencies, Jails, Community Agencies, Colleges, Libraries, etc.) to link resource pages using hyperlinks and logos for individuals seeking behavioral health and support services

Bus and Bus Shelter Advertisements about how to access behavioral health services

Newspaper Supplement distributed through the OC Register, LA Times, and local newspapers about reducing mental health stigma, success stories of individuals who have used behavioral health services, what behavioral health resources are available to the community, and how to access them

Pursuit of innovative public education through social media ideas including mall advertising, public access cable, etc.

Mental Health can be seen as a continuum ranging from having good mental health to having a mental disorder. A person will vary along this continuum at different points in his or her life. A person with good mental health will feel in control of their emotions, will have good cognitive functioning, and will have positive interactions with people around him or her. This state allows a person to perform well at work, school, family, and other social relationships.

A mental disorder can affect a person's thinking, emotional state, and behavior and disrupts the person's ability to work or carry out other daily activities and engage in satisfying personal relationships. Someone struggling with mental health issues may have difficulties communicating their needs to others or even themselves.

When someone is dealing with a difficult mental health issue or feels that they or a family member are in crisis, they may feel unsure about how to act on behalf of themselves or in support of their loved one. A public media campaign focused on how to talk to others or how to reach out for help themselves would be impactful in providing the community a greater understanding of how to talk to others about mental health and how to find available resources.

This campaign would include how to talk to loved ones about mental health. For individuals struggling with mental health issues or in a crisis, the campaign would also include information on how to reach out for support and help through the HCA Behavioral Health System.

The Crisis Assessment Team performs assessment and evaluation of individuals experiencing psychiatric emergencies including threats to harm self, others, or being gravely disabled due to their mental health condition.

This public media campaign can be accomplished over the course of a three-year timespan including with short term, midterm, and long term goals.

In the first six – twelve months, short term goals include the development of the campaign itself, and reaching out to the appropriate agencies that handle advertisements including bus and bus shelter ads, shopping center advertisements, newspaper inserts, movie theatres display during pre-film entertainment sections, cable television public access coordinators, and social media messaging development.

The midterm goals include public dissemination of the campaign itself. Once funding is approved, bus ads and newspaper inserts can be distributed in the first year. The campaign ads will have the OCLinks number and website listed, so that callers can be tracked. OCLinks Navigators ask all callers how they heard about OCLinks. This data can be tracked. Also, web hits can be tracked on the website.

Long term goals 1 to 3 years will include the analysis of data from callers. This data can be used as a summary report of the impact of the public campaign to the community.

Social media postings will focus on how to talk to loved ones and how to seek out support for oneself. Facebook advertising can be used to target specific populations or groups like Veterans, LGBTIQ, parents, etc.

Estimated costs include bus advertising (estimated at $50,000 per 3 months), Facebook advertising (estimated at $200/month), Newspaper insert (estimated at $50,000 for 100,000 hard copy inserts), shopping center advertising (estimated at $50,000 per center), movie theatre advertising (estimated at $15-20,000 for 3 months at multiple sites)

Free or in-kind campaign components include: social media posts by HCA HPC staff, public access cable television flyer display on community hours, and media coverage and articles written on mental health.

Funding sources can potentially include: MHSA – Prevention and Intervention funding, seeking out public/private partnerships for grants to increase community knowledge of mental health.

Objective 5 – Utilize housing navigation services for assisting individuals obtain housing

As lack of housing is one of the immediate precursors to recidivism and rearrests; as well as a stressor that exacerbates mental health symptoms and impairments, the subcommittee explored the use of Housing Navigators (HN) to facilitate linkage to community or permanent supportive housing.

The housing market in Orange County is exceptionally challenging for several reasons including a very low vacancy rate (< 4%) and historically high rents. Clients of HCA's Adult and Older Adult Behavioral Health (AOABH) system have even greater difficulties in

locating and leasing an apartment. Typically these applicants have limited resources to identify and to negotiate housing opportunities. In addition, they have no transportation with which to travel from site to site, poor credit histories, and in many cases, criminal records which make it difficult for them to compete for rentals. As a result, even when the individual has a voucher or means to pay rent, they are not able to access housing or utilize their vouchers. Clients become discouraged by their inability to secure a unit and the resulting continuation of their homeless status and loss of the voucher. The overarching role of the HN is to work with landlords throughout Orange County to build a greater inventory of potential units, maintain records of available units, and assist clients to find and lease units in a timely manner.

HNs would have two primary roles; to work with property managers, builders, faith based communities, and any entity that can provide a housing option for the target population, and to assist clients who have been identified as eligible through the county coordinated entry system to be placed in housing. Although many of the individuals that will utilize these housing resources will have vouchers, it is not mandatory to have a voucher.

HNs must have a strong knowledge of the voucher program, housing programs, coordinated entry, an understanding of mental illness, and an understanding of the cycle of homelessness. Individual caseloads should not exceed 20 clients in order to be effective. HNs should be culturally competent and must have a valid driver's license. It will be important for HNs to work in collaboration with various Outreach and Engagement staff as well as providers of BHS in order to provide individuals with the services need to obtain housing and maintain housing.

For a description of HN duties, see attachment 2.

This is a new program, providing a service that has not been done before in OCHCA. The opportunity to provide this program was provided through the Whole Person Care grant. OCHCA – BHS will be the lead agency to initiate and implement the HNs. BHS will work in collaboration with various agencies and community partners. Within the next 6-12 months, HCA- BHS will develop and release an RFP for housing navigation services. Within one year, the housing navigation program will be awarded to a contract provider and implemented. Housing Navigation will be looking at staffing regions of Orange County. The HNs will need to be experts on their assigned regions and develop a network of housing providers and landlords. It is roughly anticipated that housing navigators would be able to house 300 - 500 individuals from the coordinated entry system within one year. This is only an estimate, as the services have not been provided previously in the county. It is anticipated that the services would be short term in nature. Primarily identifying housing resources and assisting with placement. Approximately 2-3 months. Outcomes will range from how many housing resources are made available to how many people are actually placed. The cost is estimated at $700,000. The Whole Person Care grant has allocated money to support a housing navigation contract.

Objective 6- Utilize Peer Mentors in Linking High Utilizers to Services.

We are proposing the Orange County Stepping Up Initiative create a "high user" peer mentor case management service designed for those persons who have more difficulty managing symptoms, and whose difficulty managing symptoms subsequently leads to greater risk for incarceration, hospitalization, more frequent use of emergency services in local ER's and with mobile assessment teams, and a greater risk of chronic homelessness. These individuals will be identified through local law enforcement agencies as their top 10% calls of service.

These peers will work with local law enforcement agencies and will have the knowledge of how to access both mental health and substance abuse systems. Peers will be familiar with local resources and referral sources, especially those with specialized programs for clients with co-occurring disorders. They will have knowledge and experience with the substance abuse/addiction recovery process, including the disease concept and the 12-step model.

Within the "high user" case management services, we are also proposing that Peer Specialists that are trained and supervised to provide additional support, also support the intervention of the social workers. According to the "Development of Competencies and Capacities to Address Behavioral Health" by SAMSHA (2016), people in recovery from behavioral health disorders and their family members are being trained as specialists and are contributing to the field in a variety of roles: as health educators, patient navigators, outreach and engagement workers, and crisis support among others. These evidence-based recovery supports have expanded the workforce and access to effective services. The real-world experiences of peer professionals bolster workforce expertise and guarantee inclusion at all levels of the delivery system.

This program is proposed to be a track within the existing Peer Mentoring program within Behavioral Health. This may be funded through AB109 dollars and MHSA funding if approved. The approximate cost of an additional track for Peer Mentoring would be $1,125,000. The program could serve approximately 500 clients on an annual basis. The timeline to implement once approved may be 1-3 years.

ATTACHMENTS

ATTACHMENT 1 – LAW ENFORCEMENT TRAINING NEEDS ASSESSMENT 2017

ATTACHMENT 2 – HOUSING NAVIGATOR

ATTACHMENT 1

Law Enforcement Training Needs Assessment 2017

The purpose of this Training Needs Assessment Survey is to gather information about the training needs of your program or division so that the Workforce Education & Training Program of Orange County Health Care Agency/Behavioral Health Services may effectively plan upcoming training activities. This survey takes fewer than five minutes to complete. Thank you for your time and cooperation!

Please rate the trainings below based on the level of needs for your program using number 1 to 5 (where 1 is the LEAST and 5 is the MOST).	**Scale**				
	Least				**Most**
Introduction to Mental Illness	1	2	3	4	5
Post-Traumatic Stress Disorder (PTSD) and Veteran's Issues	1	2	3	4	5
Mental Health First Aid for Public Safety	1	2	3	4	5
Psychiatric Medications	1	2	3	4	5
Community Resources	1	2	3	4	5
Understanding Stress and Mental Illness	1	2	3	4	5
Suicide and Suicide by Cop	1	2	3	4	5
Legal Issues/5150	1	2	3	4	5
Tactical Communication	1	2	3	4	5
Suicide Prevention: safe TALK - Community Track	1	2	3	4	5
Client Culture (Online)	1	2	3	4	5
Substance Use Issues and Treatment	1	2	3	4	5
Updates on Current Street Drugs	1	2	3	4	5
Developmental Disorders Including Autism	1	2	3	4	5
Working with Deaf and Hard of Hearing Population	1	2	3	4	5
Laura's Law Training	1	2	3	4	5

Please identify other training topics that you, your staff, or unit currently need to strengthen skills:

ATTACHMENT 2

Housing Navigator

Purpose: To assist clients in the County of Orange's behavioral health system to secure housing. This includes individuals with housing certificates/vouchers to identify affordable housing. The housing market in Orange County is exceptionally challenging for several reasons including a very low vacancy rate (< 4%) and historically high rents. Clients of the Adult and Older Adult Behavioral Health (AOABH) system have even greater difficulties in locating and leasing an apartment. Typically these applicants have no transportation with which to travel from site to site, poor credit histories, and in many cases criminal records. As a result these certificates are going unused and awarded clients are discouraged by their inability to secure a unit and the resulting continuation of their homeless status. The role of the HN is to work with landlords to build a greater inventory of potential units, maintain records of available units, and assist clients to find and lease units within the allotted period of time.

Basic to this position is a strong knowledge of the Shelter Plus Care program, housing programs and coordinated entry. Caseloads should not exceed 20 clients. HNs should be culturally competent and must have a valid driver's license.

Duties:

1. Canvass the county for potential housing units. This includes:
   a. Visiting current landlords to see if they are willing to continue renting to AOABH clients and to meet new landlords to develop more potential leads.
   b. Educate landlords on the benefits of accepting Shelter Plus Care residents.
   c. Create a database of likely buildings and maintain an inventory of current openings.
   d. Act as the liaison between the resident and the landlord.
2. In collaboration with assigned Plan Coordinators/Case Managers, work with clients to find and secure housing:
   a. Transport or arrange for transportation of clients to potential housing
   b. Assist with the application process, and secure Reasonable Accommodation letter(s) as needed.
   c. Ensure that the tenant has deposit and link to resource assistance as needed
   d. Ensure that residents arrange for their utilities to be turned on.
   e. Ensure clients have essential housing furnishings, that include, but limited to refrigerator, seating furniture, bed and basic housekeeping items.
   f. Assist in the linking to needed resources in the area, i.e., medical provider, food banks, bus, etc.
   g. Educate tenants on housekeeping issues such as maintenance and avoidance of bedbugs and other pests, how to interact with neighbors and landlords, and other independent living skills.
3. Maintain client records
4. Identify appropriate level of housing and work collaborative with the Co-Ordinated Entry System

SUBCOMMITTEE 4

Construct a County Urgent Care and Restoration Center with 24 hours/7 days a week access

Executive Summary:

An overarching goal of the Stepping Up Initiative is the diversion of low-level nonviolent offenders with mental illness and/or substance abuse away from jails and towards community services. To achieve this goal, Committee 4 was tasked with planning a County Urgent Care and Restoration Center with 24 hours/ 7 days a week access. The goal of this Center is to provide a county-wide community drop-off site for law enforcement that would divert individuals to treatment, rather than adult or juvenile detention. Individuals served at this Center would be assessed for their behavioral health treatment needs and referred to the appropriate level of care in the community. The Center would include sobering services and possibly detox services, as well as services to address housing, case management, psychiatric and medical needs. Recommendations for site location, staffing, funding sources, and treatment services were to be considered by the Committee.

The Committee's objectives were to: 1) develop a model for Co-located Services that would divert low-level non-violent offenders with behavioral health conditions from jail, and 2) prioritize services for both adults and adolescents.

The Committee leveraged the 2016 Strategic Financial Plan and the initial planning for the Behavioral Health Services Integrated Services. Based on this framework, the Committee elaborated on the model for the diversion of both adults and adolescents from custody. While the Committee was able to identify/prioritize services and estimate overall cost of a Center, more specifics on individual program component details, such as space and staffing were not defined. Before these specifics are determined, more planning is needed, including the following information: the co-located services that will be actually implemented, the location of the facility, the size of the facility, the scale of each program component, and the number of clients needing to be served, and if multiple centers are needed or preferred.

The costs associated with this recommendation include the following:

- Start-up costs.
- Operating costs
- Potential funding sources include, MHSA, Drug MediCal (DMC), AB109, Substance Abuse Prevention Treatment Block Grant (SAPT BG) and NCC.

Implementation of the County Urgent Care and Restoration Center may include partnership with the following agencies:

- CEO
- Health Care Agency
- Public Works
- Law enforcement/Probation
- OC Courts
- Mental Health/Substance Abuse treatment providers
- Other Health Care providers

Objective 1- Develop a model for Co-located Services that would divert low-level non-violent offenders with behavioral health conditions from jail:

The Committee decided to leverage the Strategic Priorities contained within the 2016 Strategic Financial Plan which outlines a framework for a Behavioral Health Services Campus. Based on this initial concept, the Committee elaborated on the model. The Committee agreed with the continuum of services concept with five components, which provides 3 levels of engagement as described below.

The initial point of diversion (engagement) takes place in a Crisis Stabilization Unit (CSU) or a Sobering Station, which provides services up to 24 hours. Both of these programs would also have a built in Medical Triage component for assessing the immediate medical need and linking individuals to the appropriate level of medical care. The Committee recommended that the CSU be non-designated (voluntary). These two receiving programs would be able to refer individuals to a second level of engagement, a co-located Crisis Residential Unit or a Social Model Detox Unit (medically unsupervised). Individuals needing medically supervised detox would be referred to appropriate services. Both of these programs are designed to provide services up to 2 weeks. Finally, a third level of engagement would be Behavioral Health Intensive Outpatient Treatment.

While a primary emphasis for the co-located services is for law enforcement to have a location to drop off low-level non-violent offenders with behavioral health conditions, the Center is also intended to serve individuals and families members directly from the community who are in need. All five program components would be able to make referrals and link individuals to the appropriate level of care. Four of these programs are currently provided in Orange County. The fifth would be an expansion of services with the co-location as a new feature. Only the Sobering Station would be a new service for Orange County. The Co-Located Services: Draft Concept diagram is illustrated in Attachment 1. This diagram also includes a listing of the Center's referral capabilities.

The 2016 Strategic Financial Plan (Attachment 2), estimates one-time and annual operational cost estimates for a single integrative center with the five co-located services. These estimates were used with a few adjustments in the timeline as follows:

Year 1: $0 costs
Year 2: $5,000,000 one-time costs
Year 3: $5,000,000 one-time costs; $6,000,000 operational costs
Year 4: $8,000,000 operational costs
Year 5: $8,200,000 operational costs
Year 6: $8,405,000 operational costs
Year 7: $8,615,125 operational costs
Year 8: $8,830,503 operational costs
Year 9: $9,051,266 operational costs
Year 10: $9,277,547 operational costs

Additional considerations impacting cost include: 1) the actual agreed upon co-located services; 2) the scale of each program component; and 3) the number of centers needed throughout the County. Potential funding would include MHSA, Drug MediCal (DMC), AB109, SAPT BG, and NCC.

The estimated time for implementation is dependent upon site identification, plan development, procurement process timelines, and funding availability. Respective licensure and certifications would also need to be addressed. These items are typically addressed during the startup period, and service delivery would begin after the startup period. The timeline to accomplish these tasks would be long term, 3-5 years. The same agencies listed in Executive Summary would partner with HCA taking a lead on the implementation of the Center.

Objective 2- Prioritize services for both adults and adolescents:

The Committee wanted to ensure that services were available to divert both adults and adolescents. In addition, the committee decided to prioritize services for both adults and adolescents in case available funding required the scaling back of services.

For Adults services, the CSU, the Sobering Station, and Medical Triage were prioritized since these are the entry services that are the first point of diversion. The Second prioritized services are the Crisis Residential and Social Model Detox components. These are existing programs in Orange County that take referrals. Finally, the Behavioral Health Intensive Outpatient Treatment Services was prioritized last. All of these individual programs would be able to make referrals for crisis and treatment services and link individuals and families to a variety of services.

For Adolescents, the CSU was prioritized first, the Sobering Station was prioritized second, and medical triage was prioritized third. The Committee agreed that it made more sense to

refer out Crisis Residential and Behavioral Health Intensive Outpatient Services since they are currently existing in Orange County along with new services under development. The committee wanted to ensure that programs would assist families in linking to services and would assist in overcoming barriers to access.

A need was identified for Sobering and Detox Services to divert minors from detoxing at Juvenile Hall and to link minors immediately to appropriate services. However, consensus could not be reached regarding how this would be accomplished. Currently there are no Sobering or Social Model Detox Services for adolescents. Specific adolescent services would have to be developed, creating a new program for Orange County since there are no known programs in existence. Adolescent care beds (separate from Adults) in the Sobering Station and/or in the Social Model Detox Program, is one option. However, there may be additional costs and operational details that will require study and development.

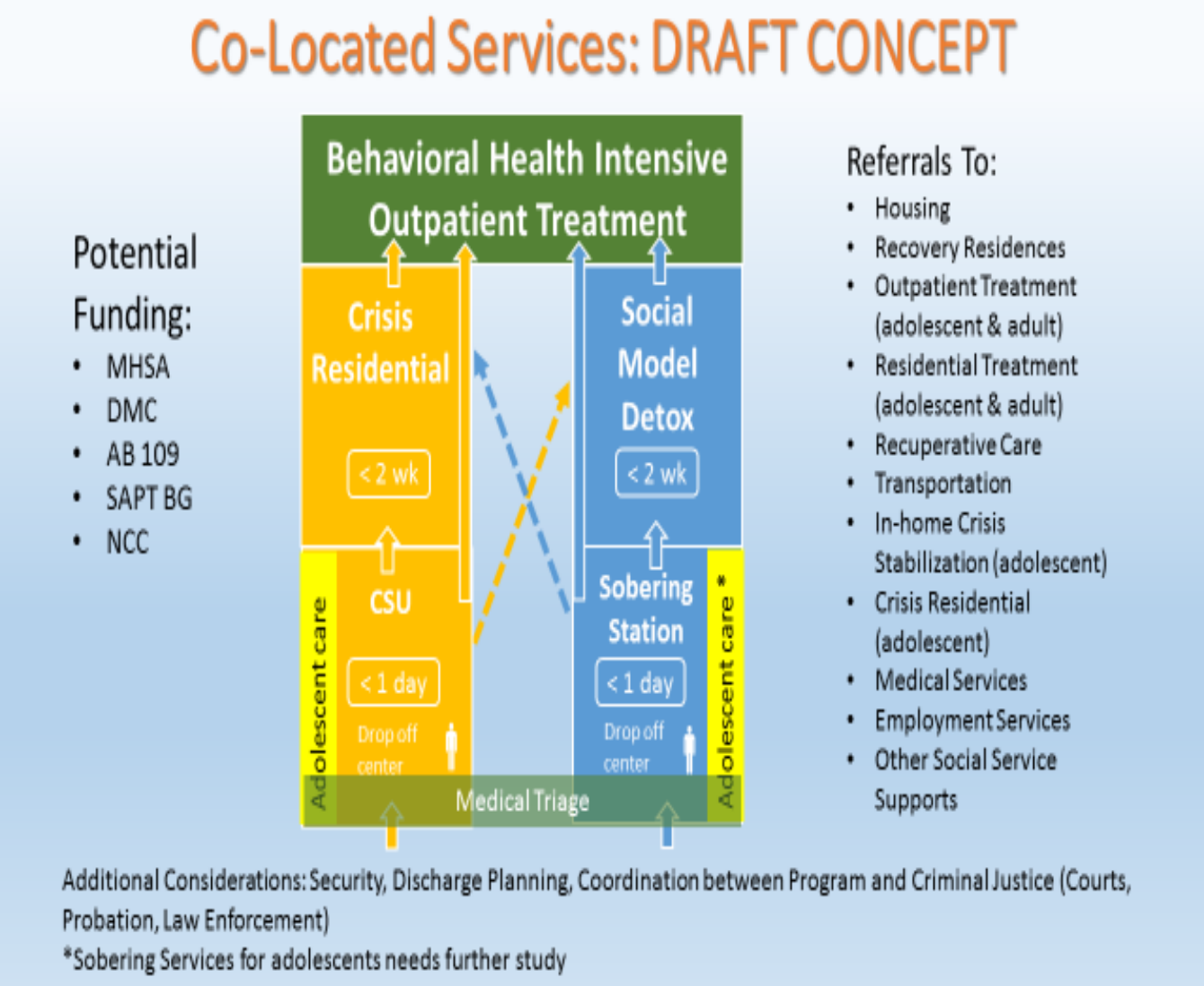
Another option would be to incorporate the sobering service function into the CSU, which would also have the medical triage component. With this option, a youth could remain in the CSU for up to 24 hours while being assessed for appropriate services in the continuum of care. A youth deemed to be in need of further sobering/detoxification services or any other services would then be linked accordingly in the county. In any case, it is recommended that a stakeholder group convene to further engage in discussion regarding the need for Orange County sobering services for minors and how to best address the need in this integrated service center model. As services are implemented, gaps in services and unmet needs will continually need to be addressed.

ATTACHMENTS

ATTACHMENT 1- CO-LOCATED SERVICE: DRAFT CONCEPT

ATTACHMENT 2- 2016 STRATEGIC FINANCIAL PLAN

ATTACHMENT 1



ATTACHMENT 2

2016 Strategic Financial Plan *Strategic Priorities*

Integrated Services

The County of Orange continues to be committed to providing for the health, welfare, and safety of its residents. With the passing of certain legislative measures such as the Public Safety Realignment in 2011 and Proposition 47 in 2014, the population served in the County changed requiring departments to analyze their programs and services to best meet the changing needs of their residents while keeping public safety as their primary concern.

Recently, the County successfully implemented an integrated service model to deliver services to reduce homelessness. Currently, a Director of Care Coordination is responsible for strategically coordinating the variety of services provided by multiple agencies to reduce homelessness. This results in a more effective use of budgets and staffing and maximizes the impact of these services.

Integrated Services is an umbrella concept that covers five (5) Strategic Priorities individually submitted for the 2016 Strategic Financial Plan. These proposed initiatives focus on providing a host of services aimed at: mental health and substance abuse treatment, recidivism reduction, and post incarceration reentry to the community.

The five Strategic Priorities included within the **Integrated Services** umbrella are still in the preliminary development stage. Specific details pertaining to resources and funding will be defined as the projects are developed. Where possible, general estimates have been provided to assist management in making critical decisions. Below are a list of the Strategic Priorities and brief descriptions of each.

Stepping Up Initiative

Multiple agencies are working on the development of this initiative. In May 2015 the Board of Supervisors adopted a "Stepping Up Initiative" Resolution to demonstrate the County's interest in reducing the number of people with mental illness in County jails and share lessons learned across the state and nation. Across the country, jails and prisons are the primary providers of mental health treatment. A primary goal of this initiative is to divert low-level nonviolent offenders with mental illness and/or substance abuse away from jails and toward more appropriate treatment services.

Behavioral Health Services Campus

This initiative was submitted by the Health Care Agency. It proposes the creation of a hub of co-located services in a campus like setting is being identified as a strategic priority. These services would include a Crisis Stabilization Unit; a sobering station – where law enforcement could drop off someone who is severely intoxicated rather than taking them to jail; detoxification services – where individuals could initiate recovery from substance use disorders; outpatient mental health and substance use disorder treatment; and crisis residential services.

In-Custody & Post-Custody Drug Treatment Program

This initiative was submitted by the Sheriff. As proposed, the In-Custody/Post-Custody Drug Treatment Program would provide professional substance use disorder treatment to eligible inmates while incarcerated; continuing post-custody treatment services; and case management services during the entire program period. Additionally, a continuum of post-custody community-based treatment services and post-custody supportive sober-living would be provided for one year.

Recidivism Reduction Community Reintegration

This initiative was submitted by the Sheriff. The Recidivism Reduction Community Reintegration Program will provide professional case management and cognitive behavioral program services to eligible inmates while incarcerated and continued case management post-custody for one year.

Reentry Facility

This is a multi-agency initiative. Returning to the community from jail is a complex transition for most offenders, as well as their families and the community, and can have profound implications for public safety. Those released often struggle with substance abuse, lack of adequate education and job skills, limited housing options and mental health issues. In April 2016, the Community Corrections Partnership Executive Committee began to explore the need for a dedicated reentry facility. An Ad-Hoc meeting was convened and began to work on developing the model for Orange County.

The potential funding sources of these initiatives are varied and include: Mental Health Services Act, Proposition 47 Grants, AB 109, and County General Fund. Given the commonality, consideration of an integrated approach in the implementation of these programs provides opportunities to leverage the overlap (services, funding, and data collection) to more effectively and efficiently deliver these services.

2016 Strategic Financial Plan *Strategic Priorities*

Stepping Up Initiative

1. **Program Area:**
   Integrated Services/General Government Services

2. **Identify agencies and departments involved.**
   This is a multi-department initiative involving the public safety and community service agencies including the County Executive Office, District Attorney, Sheriff-Coroner, Probation, Public Defender, Health Care Agency, OC Community Resources, Social Services Agency as well as the Court system, municipal law enforcement and community based organizations.

3. **Is the Strategic Priority new or previously identified in an earlier Strategic Financial Plan; if previously identified, indicate what has changed and why; identify any progress made in reaching the goals/expectations of the previously identified priority; and identify dollar amounts, by major object category, for any funding related to the Strategic Priority that is included in the current fiscal year budget.**
   This is a new Strategic Priority.

4. **Provide a description of the project/program – what it is and what it will achieve. Identify how the strategic priority aligns with the mission, values, strategic initiatives and goals of the County and, if applicable, how it relates to the health and/or safety of the community.**
   There are an estimated two million people living with serious mental illnesses admitted to jails nationwide each year. Of this total, approximately 75% (1.5 million) also have a drug or alcohol problem. Jail resources are limited to deal with this population, and adults with mental illnesses tend to stay longer and have a higher risk of recidivism thereby putting an additional strain on the jail system.

   Orange County's Stepping-Up Initiative aims to break the cycle of recidivism and address the underlying causes by diverting low-level nonviolent offenders with mental illness and/or substance abuse away from the jails and towards more appropriate community-based treatment services. Much of the framework and services currently exist within the County, but have never been aligned purposefully to provide an opportunity for a comprehensive care model.

   The preliminary model includes diversion points beginning with the point of initial contact with an individual through the process of the criminal justice system. Low-level nonviolent offenders identified with mental or substance abuse issues would be diverted away from the jail system toward more appropriate community-based treatment services. To varying degrees, Orange County already engages in activities to reduce the number of individuals with mental health issues in the jails and operates a variety of treatment programs, some of which include housing for those with mental illness or substance abuse issues.

- The Health Care Agency and contracted providers offer a variety of reentry treatment services such as outreach and engagement, crisis services, outpatient, residential and inpatient services, and housing programs. Many of the services include medication evaluation and monitoring.

- The Probation Department provides post-release oversight for those offenders who participate in the Mental Health and Drug Treatment Courts where a team of professionals, including the Court, Public Defender, District Attorney, Probation and Health Care Agency decide the best course of action for the offender.

- Sheriff-Coroner, Public Defender, Social Services Agency and Health Care Agency implemented a program that provides Medi-Cal screening for inmates in the jails and optional enrollment in Medi-Cal prior to release.

Developing and implementing a comprehensive community outreach program to preemptively divert low-level nonviolent offenders towards treatment and away from the criminal justice system would benefit the individual by addressing the underlying causes of their criminal behaviors and potentially reduce recidivism. It could also allow for the efforts of the Sheriff, District Attorney, Public Defender and the Court system, for example, to focus resources to address the more significant criminal activity and behaviors and thereby increase public safety.

5. Identify personnel – will the program/project require additional staffing? If so, estimate the number of positions by classification.

The planning and development of a comprehensive plan for the integration of services is in process. It is not known at this time if additional staffing will be needed or contracted services will be utilized.

6. Identify cost – estimate and identify separately one-time (e.g., equipment purchases) and ongoing costs (e.g., maintenance contracts).

The Strategic Priority is in the preliminary development phase and encompasses all of the elements presented under Integrated Services. Many of the services are currently provided in the County and this initiative would result in an increase in the scope and workload potentially increasing costs for personnel as well as anticipated increases in contracted services through community-based organizations. However, the increase in costs may be offset by savings from efficiencies created due to lower cost to treat mental illness and substance abuse in a community-based organization as opposed to the jail system; availability of Medi-Cal outside of the jail system; potentially reduced recidivism and decrease in general staff time when processing a mentally ill individual through the criminal justice system. Estimated costs are included with the related Strategic Priority included under Integrated Services.

7. Identify potential funding sources (e.g., State, Federal, General Fund, fees) and any possible limitations on those sources.

Funding sources are included with the estimated costs in the related Strategic Priority under Integrated Services.

8. Identify stakeholders.

The low-level nonviolent offenders would be provided alternatives to incarceration, thereby, addressing their underlying needs; the community will have increased public safety; the County Departments will align services and work collaboratively to address a nationwide issue at the County level.

9. Is the program/project mandated or discretionary?

Although this has been identified as a nationwide initiative, the program itself is discretionary.

10. Identify the implementation period if funding were available.

Planning will begin in FY 2016-17 to identify the services and framework and will be implemented in phases with a target of FY 2017-18 for the main availability of aligned services.

SUBCOMMITTEE 5

Remodel the Intake Release Center in Santa Ana to expand mental health treatment services for offenders in the Orange County Jail and seek opportunities to replicate this effort for offenders in Juvenile Hall

Executive Summary

Recommendation #5 is specific to the repurposing of the Intake Release Center (IRC) to expand mental health treatment services in Orange County Jail system while reducing the number of rated beds. The IRC serves as the primary intake location for arrestees in the County of Orange, and also includes specific housing and accommodations for medical and mental health needs. The objectives of this effort that directly support the Stepping Up Initiative include 1) Increasing the number of medical/mental health treatment beds; 2) expanding acute psychiatric treatment beds; 3) increasing the number of chronic step down beds and integrated programming; 4) establishing transitional beds; 5) seeking designation for women's psychiatric care (Crisis Stabilization Unit); 6) Riese hearing and arraignment capabilities; and 7) identifying costs and potential funding sources, as applicable

Although the IRC is a functional jail facility, it was not designed and constructed for the frequency and severity of medical and mental health care needs, the phenomenon of Co-occurring disorders within the inmate population, or adequate medical and mental health beds for female inmates. In a comprehensive treatment and programming model, pre-custody, in-custody, and post-custody programming and treatment must be included to provide the best treatment possible. These items have been included in Department of Justice reports and the Orange County Grand Jury.

The proposed solution and objectives for improved in-custody care and inmate safety involves a repurposing and renovation of two housing and treatment Mods of the IRC. The proposed project addresses various safety, efficiency and offender treatment needs at the IRC while directly increasing treatment space in this facility and centralized mental health and medical services beds. Safety improvements include enclosed mezzanine level catwalks, widened catwalks for mezzanine level gurney movement, improved inmate observation by the nursing staff for recurring inmate safety checks, Closed Circuit Television (CCTV) coverage, and direct connections between the two medical/mental health Mods. Efficiency improvements center on intake/booking area layout changes that allow for improved offender evaluations while meeting Health Insurance Portability and Accountability Act (HIPPA) requirements during the booking process, and elevators that streamline inmate movement from intake to medical/mental health housing while enhancing the facility's ADA capabilities.

Offender treatment is greatly enhanced with separate medical/mental health housing and treatment for male and female offenders, medical wards for offender health care and treatment, an increase in the number of acute psych beds, an increase in the number of transitional/chronic step down beds with integrated programming spaces, new mental health transitional beds,

additional respiratory isolation/negative pressure cells, additional safety cells, Tuberculosis cells, and obstetrics and gynecology rooms for improved specialty care.

The timeline and estimated costs required to accomplish the objectives of this renovation project are shown in the table below and annualized costs are shown on the following page:

	Estimated Cost	Duration
Design	$3,200,000	16 months
Construction	$26,900,000	26 months
Project/Administrative/Approval processes	n/a	9 months
Construction Management	$1,700,000	n/a
Other Project Costs	$500,000	n/a
Total	$32,300,000	51 months

Project/Administrative/Approval processes include design RFQ requirements, BOS approval to negotiate for design, BOS approval to award design contract, BOS approval for permission to advertise for construction bid, and BOS approval to award construction.

Funding options are limited at this time for detention facility projects. Due to the age of the facility, grant funds awarded from the State or Federal government could require additional costs of approximately $10 million to meet current seismic retrofitting requirements for detention facilities. Funding under Senate Bill 863, was applied for through a competitive RFP process in 2015. The County did not receive a conditional award through this competitive process and there are currently no other external funding opportunities known to be available at this time for jail construction or renovation.

Agencies that will partner on this specific recommendation include:

- Sheriff-Coroner Department
- Health Care Agency
- Superior Court
- Public Defender
- CEO

Objectives - 1

Each of the 7 objectives for recommendation #5 would be completed concurrently within the confines of this single proposed project.

Recommended Action	Funding and project approval by the Board of Supervisors to support design and construction of the IRC renovation.
Timeline to accomplish this goal	Long term (8-9 years)
List of agencies that will participate	• Sheriff-Coroner Department • Health Care Agency • Superior Court • Public Defender • CEO
Lead agency	Sheriff-Coroner Department
Staffing model	Additional staffing requirements • Deputy Sheriff I – 4 positions • Registered Nurse – 2.5 positions • Licensed Vocational Nurses (LVN) – 5 positions
Number of clients you intend the goal to serve (per day, week, month, or year)	Medical/Mental health housing for up to 257 inmates per day. Expanded treatment, programming, and specialty care to not only meet the needs of the inmates housed in these units, but also available to inmates housed in the other areas of the Orange County Jail system.
Length of time service or program is provided	Medical and mental health services are provided from the onset of contact within the IRC. These services continue throughout the detention period of a given inmate with medical and/or mental health needs.
Expected outcomes	Offender treatment is greatly enhanced with separate medical/mental health housing and treatment for male and female offenders, an increase in the number of acute psych beds, an increase in the number of transitional/chronic step down beds with integrated programming spaces, new mental health transitional beds, additional respiratory isolation/negative pressure cells, additional safety cells, Tuberculosis cells, and obstetrics and gynecology rooms for improved specialty care.

Cost (broken down by fiscal year if cost is ongoing)	Renovation Project Design & Construction (*based on funding approval at the start of FY 17-18*) **One-time Project Costs** FY 17-18 $2,500,000 FY 18-19 $2,100,000 FY 19-20 $14,200,000 FY 20-21 $13,500,000 Staffing requirements over and above existing staff - **Ongoing Staffing Costs** <u>OCSD</u> FY 20-21 $818,012 FY 21-22 $860,303 FY 22-23 $904,780 FY 23-24 $951,558 FY 24-25 $1,000,828 <u>HCA</u> FY 20-21 $1,047,415 FY 21-22 $1,093,560 FY 22-23 $1,143,482 FY 23-24 $1,195,710 FY 24-25 $1,250,351
Funding sources (grant, general fund, AB 109, fees, etc.)	Design & Construction – General Fund Orange County Staffing • Sheriff's Department – General Fund • Health Care Agency – General Fund
Expansion of an existing program	Expansion of existing inmate housing and treatment programs at the IRC to address: 1) Expanded mental health and medical special use beds and services for female inmates 2) Rising medical and mental health trends and complexities for male and female offenders in the County of Orange Adult Detention System that can only be addressed with the physical plant changes and modifications proposed by this project.

SUBCOMMITTEE 6

Expand Reentry programs in the Orange County Jail for mentally ill offenders and those with co-occurring substance abuse disorders to include integration of community based service providers and enable a seamless handoff upon release

Executive Summary

Committee #6 focused on improvement of adult and youth jail/detention based behavioral health services that are provided to the incarcerated adult and youth and linkage to services post custody. The Committee was chaired by Geoff Henderson of OCSD and Coletta Franciscus of HCA. The Committee Membership consisted of representatives of OCSD, HCA, Probation, CEO, Public Defender, Judges, and the Orange County Reentry Partnership (OCREP) - see appendix for full acknowledgement list. Each of the represented agencies provide a stakeholder group for the implementation of improved custody-based services.

The Committee focused efforts in confirming the current strengths of our custodial system; identification of gaps in the youth and adult detention facilities; created a wish-list of more ideal provisions of services; and began planning for the design of an improved system. The Committee identified two major themes for the improvement process: 1) the need for full-time programming in order to better address the behavioral health needs of the adult and youth in-custody population with mental illness, coupled with substance use disorder- the co-occurring disorder population; 2) systemic improvements that introduce new and effective tools, plus better-aligned efforts among county partners and community-based organizations to deliver evidence-based services.

Objectives:

Background

Guiding principles

- All Adult Jail and Juvenile Hall Operational functions ought to support the view that the majority of in-custody based activities provide an opportunity to positively impact successful community reentry- effectively realized through cross functional competency-building and teamwork.
- An integrated, holistic and collaborative environment provides the opportunity for safe and effective detention-based rehabilitative programming- all public and private stakeholders are respected for role and expertise with the clients' health and safety the focus.
- An evidence-based model is best deployed involving the commitment of all stakeholders- processes and results are openly reported through regular feedback loops with the aim of quality assurance and improvement.

- An appreciative focus of effort cultivates a healthy work environment and positive regard for staff and participants- builds strength, respect and upholds dignity.

Priority given to establish inter-departmental vision and cultivate collaborative facility work environments in order to achieve collective goals- reduce recidivism through the application of evidenced-based corrections approaches while ensuring safety, public interest and legal requirements.

The implementation of custody-based programs calls for a cooperative collaboration between treatment and corrections. As both treatment and sanctions are equally important for offenders with mental health issues, they function from separate philosophies. Specifically, the philosophy of the juvenile justice system is that of rehabilitative and reunification of families. In terms of adult, youth and transitional age youth offenders with co-occurring disorders, treatment and corrections both prioritize safety and security- corrections tends to primarily view drug use as a crime, and focus on punishment and incarceration, and treatment views substance use as a chronic debilitating disease that is treatable. Efforts to conduct treatment-oriented services that operate in a correctional facility can result in the subordination of the treatment programs toward traditional correctional methods. Thus, the treatment program's ability to provide effective methods may become restricted by unequal power distributions. In order for treatment services to be effective in correctional institutions, the organization needs to maintain an appropriate culture supportive to inmates- with open communication, strong collaboration, and respectful working relationships between professional partners. Cross-functional training and development need to be conducted collaboratively with custody-staff and treatment-staff. The training sessions are conducted in unison to educate, inform, cultivate unity of vision and build cooperative teamwork.

The following goals and action steps are based on the committee's input and review of the body of knowledge regarding science-based recidivism reducing methods in adult and youth correctional settings. The body of knowledge was reviewed from, but not limited to:

- Dr. Edward Latessa, University of Cincinnati- Corrections Institute
- Dr. Igor Koutensok, MD, UC, San Diego- United Nations Office on Drugs and Crime, Forensic Addiction Specialist
- National Institute on Corrections- Best Practice Model for Transition-From-Jail-To-Community (TJC)
- US Department of Justice- BJA- Second Chance Act Best Practice Models
- Texas Christian University- Behavioral Research Institute- Criminal Thinking models

Objective 1. Increase collaborative programming among agencies involved in adult jails and youth detention activities: OCSD Inmate Services, HCA's Correctional Mental Health & Behavioral Health Divisions, Probation Department, Court Departments, and Community-Based Provider Agencies.

Timeline:

Short (1-6 months)

- Integrate Proxy (risk-to-recidivate screening tool) and Mental Health assessments between Inmate Services (ISD) and Correctional Health Services (CHS) staffs. The CHS will receive risk scores from ISD to use with programming decisions. CHS will explore ways to implement into the new Electronic Medical Record (EMR) in the future.
- Establish policies to facilitate continuity of care: i.e. MOU between ISD & CHS to address information sharing of aggregate data, HIPPA documents between ISD/CHS for collaborative programming and treatment services for in-custody programs.
- Begin Cognitive-Behavioral Therapy (CBT) Program Pilot: include inmates who score as high-risk-to-recidivate from the Housing Mods at the Theo Lacy facility into Mental Health clinician groups- using a CBT curriculum.
- Begin Pilot: develop collaborative programming for high-risk-to-recidivate inmates to include county partnerships (pilot began at IRC with females on 3/6)
- Increase adult, youth and transitional age youth (TAY) pre-enrollments into applicable Public Benefit Programs, conducted by the Social Services Agency (SSA) for post-custody participation, i.e. SSI, Medi-Cal, CalWorks, CalFresh

Midterm (1 to 3 years)

- Integrate CHS/Inmate Programs into existing Classification process for housing decisions- with aim to group inmates into risk/need cohorts for targeted programming
- Expand CBT Program Pilot to include male inmates and increased numbers of clients
- Expand/Add Evidence-Based Treatment (EBT) programs for specialized populations: to include but not limited to, Women's Issues, Substance Use Dependence, Co-Occurring disorders, Domestic Violence, Sex Offenders. (Fig. 1) CHS clinical staff will be trained in the following evidenced-based treatment modalities utilized by probation to provide easy transition the community programs and outpatient treatment: Moral Reconation Therapy (MRT), Trauma-Informed Care and Seeking Safety. Efficacy of treatment will be assessed using validated pre/post screening tools.
- Once inmate has been screened in triage area utilizing the risk and needs assessment, inmates will be placed in appropriate in-custody program housing module for continued treatment.

- Expand discharge and re-entry planning: Utilize Case Managers from multi-agencies based on need (Fig. 1 below) CHS clinical staff will coordinate continued discharge planning, release, pick-up, appointments with Probation, AB 109, Correctional Programs, Public Defender, and HCA's Behavioral Health Services staffs. Standardize data collection of discharge referrals/linkage.

Long term (3 to 5 years)

- Integrate data and reporting systems in order to measure outcomes, to include post-custody behavior that links to other public services
- Develop alternative jail worker assignments for High-Risk/Mental Health inmates to provide emphasis on programming time.
- Further develop programs in order to be prepared for expansion into new James Musick Jail treatment units.
- Maintain and evaluate programs for improvement and quality assurance-measure outcomes.
- Revalidate standardized screening tool- such as LSI-R or ORAS.
- Expand the limited medication formularies: Inmates in-custody (with ongoing outpatient treatment) can continue their current medications (excluding benzodiazepines and high street value medication. (Lugwig)[8]
- Increased community integrated treatment: provide ongoing training to modify traditional mental health and substance abuse treatment programs to offer specialized services for Co-Occurring Disorders to address the complex needs of those offenders such as interventions to reduce "criminal thinking" (Osher)[9]

Figure 1: Projected staffing and supplies needed for Correctional Health Services:

STAFFING	3 CLINICIANS, 1 PSYCHOLOGIST	280,000
TRAINING/SUPPLIES	T4C, MRT, LSI-R, ORAS, SEEKING SAFETY	20,000
DATA COLLECTION/RESEARCH	RESEARCH ANALYST	46,000

[8] Lugwig, A. S., & Peters, R. H. (2014). Medication-assisted treatment for opioid use disorders in correctional settings: an ethics review. *The international Journal on Drug Policy, 25,* 1041-1046. http://dx.doi.org/10.1016/j.drugpo.2014.08.015

[9] Osher, F. C. (2008). Integrated mental health/substance abuse responses to justice involved persons with co-occurring disorders. *Journal of Dual Diagnosis, 4,* 3-33. http://dx.doi.org/10.1300/1374v04n01_02

Anticipated funding sources:

- HCA- Whole Person Care funding; Mental Health Services Act (MHSA)
- AB 109- allocation funds
- Net County Cost- TBD

Objective 2 - Background

Adult Jails

The Committee recommended the addition of new appropriate programming provided to the adult and transitional age youth inmates based on gaps of services for inmates with co-occurring disorders. The existing paradigm consists of a two-fold approach: Correctional Health Services provides an array of mental health services targeted predominately toward inmates who assess with more significant mental health disorders who are clustered in specific housing units or housed with the general population and receive clinical visits from clinicians on a rotating basis. Secondarily, the Sheriff's Department Inmate Programs target outreach and an array of general rehabilitative programs toward those who screen as 'high-risk-to-recidivate' and wish to volunteer to participate rather than accept a work assignment.

Gaps have been identified as a lack of formal substance use disorder treatment program services inside the custody facilities, as well as including the largest sector of population- inmates experiencing co-occurring disorders- or a combination of both symptoms of mental health and substance use disorders. The current combined program services methods are negatively affected by eligibility, housing/work assignment and other security risk factors. As such, the voluntary program participants tend to reflect low-security risk inmate profiles and others with mental health symptoms. Unfortunately, the percentage of low-security risk inmates has decreased- with the majority assigned work assignments. Therefore, in order to provide responsive programming options during incarceration, additional approaches to the delivery of services are recommended.

In the past, the Sheriff's Department in partnership with the Health Care Agency contracted with a community-based treatment provider to provide full-time in-custody and post-custody programming for substance use disorder services, coupled with comprehensive community case management. The committee recommends considering the reinstatement of such a program as the prior program demonstrated a reduction in recidivism as measured by an independent researcher.

Three main gaps were identified in the planning process:

1. Lack of full-time dedicated programming for the high-risk and high-need inmates with co-occurring disorders. The committee recommends a segregated housing unit specific to full-time programming where inmates do not interact with other jailed inmates. The programming would be provided seven days a week and address each of the risk and responsively principals needed to impact recidivism.

2. Lack of comprehensive community case management services that begin in-custody and follow post-custody to ensure continuity of care. The current level of case management is limited to clinical release plans by Correctional Health Services or release plans provided to small targeted voluntary inmates who participated in general programming. The committee recommends expanding and integrating case management practices to engage a larger group of high-risk inmates and connecting services directly following release.

3. Lack of programming opportunities for higher security risk inmates. The percentage of inmates who are eligible to participate in large group programming has decreases as a result of safety risk classification. As a result, the higher security risk inmates need alternative methods in order to address risks and needs. The implementation of tablet-based services would provide learning and treatment opportunities that are not currently served. Many custody facility across the nation, including California have implemented tablet-based services without incident and have filled a gap in services utilizing this technology-enhanced approach. Services that can be delivered through a tablet device include education, mental health and drug treatment services, religious programs, library and legal library, vocational certificate programs, job readiness, and among others.

Objective 3 - Create and implement programming to address high-risk-to-reoffend adult and transitional age youth inmates with high needs for co-occurring disorder treatment services: 1) full-time segregated co-occurring disorder treatment program; 2) comprehensive case management program; and 3) tablet-based programming.

Timeline:

Short (1-6 months)

- Develop program model and identify funding method: 1) full-service treatment programming in-custody; 2) Case Management services; and tablet-based programming. The Committee is planning to develop the framework for the proposed program services. (see sample outlines in Appendix)

Midterm (1 to 3 years)

- Implement programming- to include drug treatment/co-occurring disorder programming, case management and tablet-based care services.

Long term (3 to 5 years)

- Maintain and evaluate programs for improvement and quality assurance-measure outcomes

Anticipated funding sources:

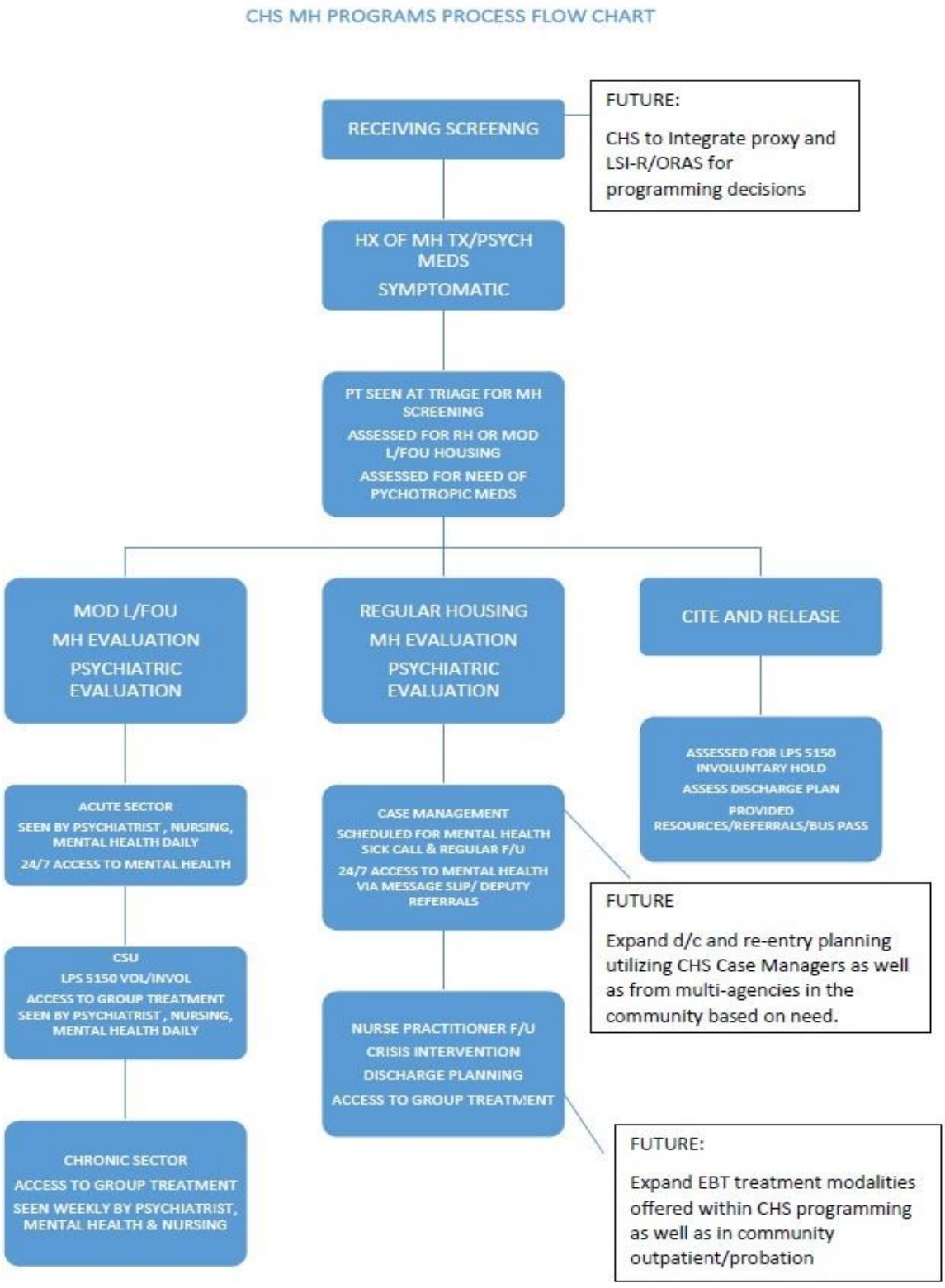
- JAG funding cycle RFP to BSCC- 2018

- AB 109- allocation funds
- Net County Cost- TBD

ATTACHMENT

ATTACHMENT 1 - SAMPLE FLOWCHART- CORRECTIONAL MENTAL HEALTH

Attachment 1



New Programming

Sample Program Framework

Behavioral Health- Co-Occurring Treatment Programming

The following description is proposed for the implementation of the following services with the aim to reduce recidivism- with collaboration among county partner agencies. The service descriptions herein represent programmatic gaps identified as best-practices during the county consultation grant known as Transition-From-Jail-to-Community (TJC) as prescribed by the National Institute on Corrections (NIC) from 2009-2011. Following the TJC Training/Consultation Grant, the county experienced recessionary pressures and resulted in significant reductions to programs- marking the need to restore evidence-based services and fulfill identified recidivism-reducing goals. The proposed services include:

1. In-Custody/Post-Custody- Co-Occurring Treatment/Cognitive-Behavioral Therapy Program (CBT) • In-Custody • Post-Custody Community Tx • Community Case Management	$4,000,000 annual
2. Consultation & Training	$200,000 annual
3. Reentry Case Management	$2,000,000 annual
4. Software- Reentry Referral & Tracking	$100,000 annual

Stage	**Model**	**Summary**
In-Custody	CBT/Modified-Therapeutic Community Treatment Model	Contracted provider- services both in-custody and post-release services- as per Scope of Work
Reentry Transition	Community Case Management	Assessment, linkage, monitoring from pre-release through reentry- up to 6 months
Community Treatment	Individualized Treatment levels of service- Day-Reporting Center, Residential, Outpatient, Sober Living, Recovery/Case Management	Network of community service providers across continuum of care

Consultation & Training	TJC-focused environmental assessment of criminal justice service system	Provide scholarly assessment and recommendations to county partner agencies to fully realize evidence-based service system
Software- Tracking & Referral	Social Solutions	Provide common technical capability to coordinate referral tracking and outcome measures across county agency partners

Service Descriptions

Co-Occurring Disorder In-Custody/Post-Custody- Drug Treatment/Cognitive-Behavioral Therapy Program (CBT)

The program will consist of two cross-functional teams providing evidence-based programming, targeting high-risk-to-recidivate with co-occurring disordered inmates. The program will consist of two locations with 64 male participants and 40 females.

The Program will contain components addressing each stage- from incarceration through community reentry.

Staffing:

- Counselors- Provide group and one-on-one counseling, facilitate group curriculum, and clinical documentation
- Case Managers- Provide in-custody recruitment & outreach, clinical assessments, linkage, monitoring and referrals beginning in-custody and continuing care for six months post-release.
- Clinical Supervisor- Provide mental health assessments, individual client therapies, referrals and clinical supervision to Counseling staffs.
- Administration- Provide Program oversight and management, quality assurance, tracking & reporting and liaison with custody operations.
- OCSD Inmate Services Program Technicians/Supervisors- Support Program recruitment to inmates, coordinate collateral services (i.e. education, materials and equipment)
- Deputy Probation Officer- Provide engagement activities to community supervision, co-facilitate specific curriculum, post-custody transition

- HCA Case Manager/Clinician- Provide assessment, referrals and linkage to appropriate community treatments, tracking and reporting.
- Public Defender- provide Social Worker-level staff to aid with resource and reentry development

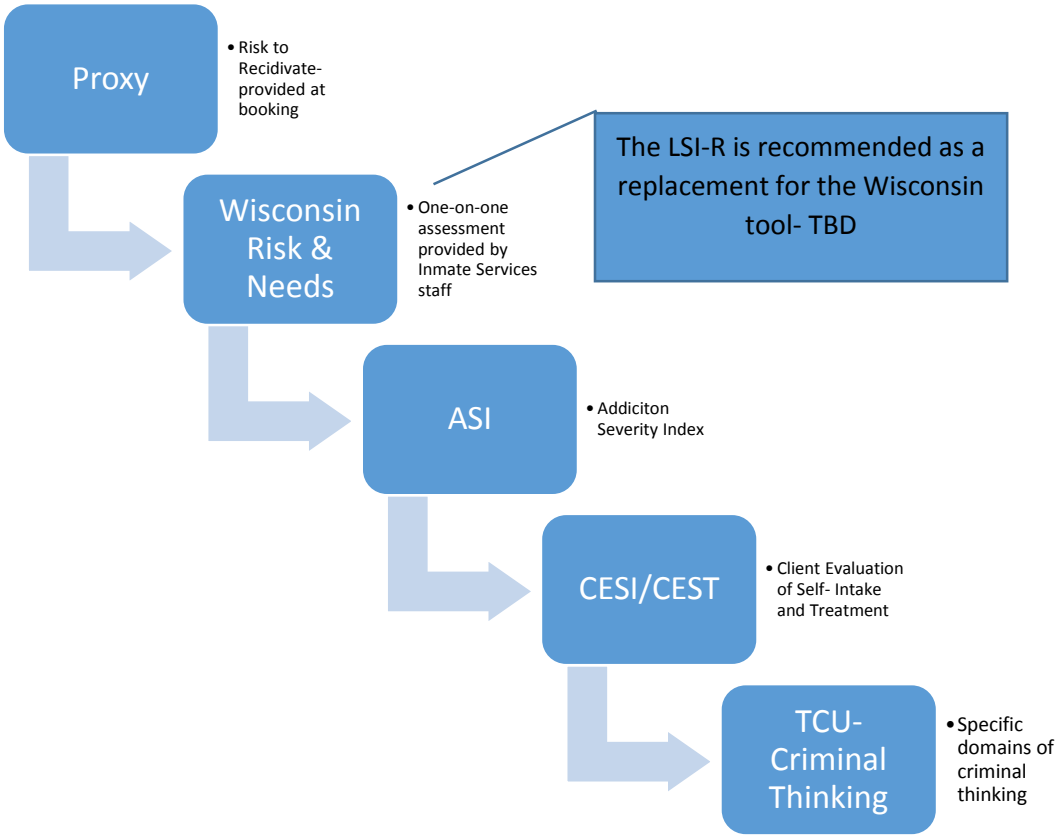
The Program curriculum will consist of a combination of evidence-based practices- with a minimum of 200+ hours of Cognitive-Behavioral Therapy (CBT)

- Moral Reconation Therapy (MRT) - The MRT curriculum will be delivered via contracted staff. In the event that a participant does not complete the prescribed 'steps', the program progress will transfer seamlessly into the Probation-led Day Reporting Center.
- Anger Management- the SAMHSA-developed curriculum will be utilized
- TCU- Texas Christian University- Criminal Thinking Curriculum
- Female program- Women's Recovery
- Male program- Time Out for Men
- Co-Occurring topics- Seeking Safety, Double Trouble/Dual-Recovery groups

The **Clinical Assessments** to be utilized consist of:

- ASI (Addiction Severity Index)- provides level of severity of reported addiction behaviors and risks
- CEST/CESI- (Client Evaluation of Self at Treatment/Intake)- provides readiness to change and treatment willingness- CESI is provided upon Intake and CEST is provided as progress monitor each 30 days in-custody and 90 days post-release.
- TCU Criminal Thinking Scales (Texas Christian University) - provides assessment of specific domains of participant's criminal thinking patterns and resulting behaviors- provides for clinical treatment planning, engagement tool and progress monitoring.
- ASAM (American Society of Addiction Medicine)- provides level of care assessment for community treatment: for example- determines residential versus outpatient
- Bio psychosocial History

Program Eligibility and Admissions: The Program staff will recruit specifically to pre-determined inmates who have scored as high-risk-to-recidivate upon facility booking. The participants will not permit sex offenders or individuals with high levels of violence. The Screening and Assessment process in summary:



Program Phases

The following describes the three phases of development during the program:

Phase One – "Orientation" (2-6 weeks)

The focus of orientation is to help implement healthy living patterns and to provide knowledge of various recovery issues. One of the primary goals of this phase is to help the participant take an interest in a healthy life post-custody.

The participants live in a monitored module and participate in a variety of groups, individual sessions, specialty programs, coping skills classes, Twelve-Step meetings, and a personalized goal-setting program.

Participants are assigned a job that entails various responsibilities. These job functions teach specific work skills and foster broad social and psychological competencies such as self-confidence, interpersonal communication, and leadership. They will help to address a broad spectrum of work-related challenges, including work habits, organizational skills, following directions, working effectively with authority, and impulse control.

Phase Two – "Primary" (6 weeks)

In this phase, the participant begins to develop an in-depth understanding of self-sufficiency and learn to balance daily activities with personal growth while under supervision. Participants are allowed to practice handling more responsibility, including responsibility for others- as well as continuing to develop assertiveness and increase self-confidence.

Phase Three – "Re-Entry" (4 weeks)

Re-entry, the final phase of this program, is where participants actively work toward the long term goals established in the individualized transition plan. With help from Re-Entry staff, participants make plans for release, which might include further treatment, securing housing, obtaining necessary basic resources, and seeking sustainable employment. We encourage participants to seek community based support services upon leaving jail in order to ensure a smooth transition to living independently as well as to prevent relapse.

A major goal during Re-entry is to strengthen personal identity and the internalization of the community's values and norms, which comes as a direct result of enforcing community rules. The demands in this phase require greater responsibility, coping skills, accountability, and ability to withstand negative peer pressure.

Program Incentives

The program is designed to encourage participation inside the jail environment. During recruitment, the participants will be informed of the incentives made available as a result of admission. The incentives will include, but not limited to:

- Good time credits for early release at the same level of accrual as other work credits and educational programming- based on Sheriff's approval
- Additional access to recreational areas- to include specially planned recreation activities not available to other inmates
- Ability to receive access to special rewards- access to entertainment media, additional open dayroom privileges- based on behavior plans and custodial approval
- Access to community services following release- specifically-funded services and referrals to support

Participant Rewards

The program will involve a combination of evidence-based models, including the Modified-Therapeutic Community, which employs a variety of behavioral modification principals. The program structure, culture and staff interventions aim to focus on positive reinforcement as a primary tool for encouraging behavior change. The use of positive reinforcement involves the introduction of a reward as a result of a participant displaying desired behavior.

Motivational Enhancement Approaches and Stages of Change: The program staff will be trained and supervised in Motivational Interviewing techniques and strategies. Consistent with Motivational Interviewing strategy, Motivational Enhancement Techniques are to be utilized in services by creating a therapeutic alliance with the client through empathy, help clients appreciate the value of change by exploring the discrepancy between how clients want their lives to be vs. how they currently are; accepting client reluctance to change as natural rather than pathological; embrace client autonomy (even when clients choose to not change) and helping clients move toward change successfully and with confidence.

According to SAMHSA's Treatment Improvement Protocol (TIP) Series 35, Enhancing Motivation for Change in Substance Abuse Treatment (1999), positive reinforcement through praise, recognition and acknowledgement of milestones are important factors for maintaining a motivated self. TIP 35 also provides a recommended framework for aiding the individual to transition from one stage of readiness to change to another. Building on therapeutic gains, program staff utilize strategies such as these to assist clients in identifying their individual strengths, needs, abilities and preferences; recognizing their ties to negative influences that led them down a path of delinquent and criminal behavior in the past; and connecting them with supports to provide for a healthier and positive way of life. This approach is based on the *best-practice* philosophy of Stages of Change theory.

Participant Sanctions

Program sanctions are to be utilized as a behavioral shaping tool as a discourager to demonstrated behavior and primary focus of individual and peer group accountability. Sanctions are to be presented as a result of infractions of program rules and expectations. Behavioral infractions are to be shared with custodial staff as required, with participant safety as a guiding priority with regards to consequences. The sanctions may involve a range of interventions: verbal disapproval- staff and peer; controlled ignoring; assigned tasks- related to the undesired behavior, such as writing assignments, chores and other assignments; formal written warning behavior contracts; program expulsion. Any participants expelled from the program due to behavioral problems may re-apply for admission after 30 days and dependent on management approval.

Case Management: Case Management begins upon admission into the program, through case assignment by the Supervisor. The Case Managers will aim to build initial client rapport through the completion of assessments and the bio-psych-social history. The Case Manager will meet with the client to support the on-going Discharge Planning process and serve as a resource in recommending community linkages. During the Re-Entry Phase of the program, the Case Manager reviews the Discharge Plan with the client to support motivation and ensure commitment from the participant to follow-up appropriately with community resources. The staff will hold regular Re-Entry Group sessions with the clients who are near release, to cultivate peer support, address reentry concerns and motivate for change.

During the Reentry Phase, the Case Managers will create a file for each client in order to track services and contacts made for each individual. The tracking sheets will be maintained for the duration of services. The tracking of case management services include:

- Contacts: each contact, including attempted contacts, via in-person, telephone, email, and collateral persons, such as family, employer, counselor, housing support, etc.
- Referrals: each formal referral provided, such as housing, employment, community resource, etc.
    - Factors: Referral provided to whom, successful or unsuccessful linkage, contact follow-up information, any barriers/strengths are noted
- Status changes: all changes in status, to include program changes, academics, housing placement/status, significant relationship (marital status change), achievements
- Legal issues: court issues, special probation issues needing to be tracked or communicated
- Drug testing: testing schedule, test results
- Special Occurrences: any unusual circumstances, such as victim, serious incidents of significant persons in the client's life, environmental issues of significance

Following jail release, the Case Managers are to be expected to be in contact with each client in the following frequencies (dependent on client need):

- Minimally 1 time per month to review any status changes, assess needs, recognize milestones and provide drug test.

Program Fidelity

Clinical Supervisor will provide oversight to ensure the prescribed program curriculum and model are implemented according the intended design. The fidelity measures will include direct observation, group supervision face-to-face individual sessions and survey techniques. The measure of program fidelity will

Community Treatment

The proposed program will provide funding to Health Care Agency to ensure treatment availability as nearly 'on-demand' as possible. The levels of care services will include Residential, Outpatient, Sober Living and Recovery Management. The participants will receive concurrent Community Case Management services from providers to support successful program outcome, provide alternative placement services as needed and provide drug screening services. All services, activities, and outcomes will be documented and coordinated through the Social Solutions software package.

SUBCOMMITTEE 7

Expand collaborative court efforts to divert mentally ill offenders and those with co-occurring substance use disorders from the criminal justice system

Executive Summary

Orange County is a nationally recognized leader in the implementation of highly successful collaborative courts since 1995. These courts provide the highest level of supervision and accountability with rigorously monitored rehabilitative services. The target population for these courts include: Veterans, homeless, people suffering from mental illness, drug addicts and people with multiple driving under the influence charges.

The following committee objectives were made after conducting a multi-agency data analysis of services and potential populations to determine how collaborative courts can more effectively "divert mentally ill offenders and those with co-occurring substance use disorders from the criminal justice system".

Objectives

1. Expand the Mental Health Courts

The Community Court (CCB1) currently has 5 separate Mental Health Courts. As of July 2017, these programs were serving 190 participants with moderate to severe mental illness and co-occurring disorders. These courts accept and treat participants with histories of violence, prior strike convictions and open strike charges who are found suitable for the programs. These programs have existed for over 10 years in Orange County.

The success of these programs have been measured in reduction of recidivism and potential jail beds. These measures do not calculate the collateral benefits to children, the reduction of homelessness, reductions in law enforcement contacts and potential hospitalizations, and the ability of the successful graduates to be productive in our community. While not part of the actual measure of success, current participants have 109 children who benefit from family treatment in these programs. The success measure of these program is significant in light of the types of charges and histories which are accepted.

Expansion of existing mental health courts and/or creating additional mental health courts is supported by data. As of April, 2017, there were nearly 1,600 inmates in the Orange County jail who had been diagnosed with mental illness, nearly 600 of whom, *not including* those with co-occurring mental health and substance abuse disorders, were assessed as having moderate to severe mental illness. It is anticipated that, as a result of

the early mental health assessment of criminal offenders and increased coordination with jail staff, potential Mental Health Court participants will be identified earlier.

It is recommended that the capacity of the Mental Health Courts be expanded incrementally. The Community Court location can absorb a 20% (40 participant) increase in the current CCB1 location with additional support from the court and all stakeholders. Subsequent incremental increase would require an additional court room in the Community Court location at CCB1. This recommendation includes a reassessment of data every six months.

2. Expand the Drug Court

Drug Courts have been in operation in Orange County for over 20 years, and presently are offered at each of the four justice centers serving adult criminal offenders. As of June 2017, there were over 320 active participants: however, prior to the passage of Proposition 47, there were about 30% more participants. Drug Court is designed to give priority to those facing felony criminal charges who meet the criteria of having a substance abuse disorder and have the highest risk of recidivism. Data indicates that, if the following changes were made, the OC Drug Court participant population would see substantial increases beyond the pre-Proposition 47 maximums.

Presently, in a majority of cases, the applicants are not identified or remain in custody pending evaluation for over 90 actual days prior to entering treatment. This delay is both contraindicated by treatment and gives the applicant more than 180 days towards a sentence which might then be completed by another 30 to 60 days in custody. These applicants will often decline the program and opt for jail time with no treatment – increasing both costs and recidivism. The first recommendation is to identify and evaluate potential applicants within the first two weeks of incarceration. This recommended change requires data collection and analysis to project increases in program capacity.

Research has shown that, because Drug Courts involve both the highest level of supervision and the highest level of required treatment, they can have the highest rate of success with violent offenders. The second recommendation is to expand existing eligibility criteria of Drug Court to include crimes of violence, strike offenses and violent criminal history. The Orange County Drug Court Oversight Committee will evaluate the potential criteria expansion to ensure that all changes are consistent with known evidence based practices. As the applicant criteria expands, priority will be given to highest risk and highest need offenders. Additional lower need and lower risk tracks may be developed as the courts absorb these new populations.

3. Expand the DUI Court

DUI (Driving Under the Influence) Courts are located at each of the four justice centers in Orange County. There are currently 300 participants in the OC DUI Courts. DUI Courts are a collaborative court based on the Drug Court model. The participant population includes repeat offense impaired drivers whose substance abuse disorder poses a grave risk to public safety. This criteria includes both misdemeanor and felony charges. Existing OC DUI Courts have shown outstanding success rates and reductions of recidivism.

Participants are currently exceeding the original estimated capacity in all of the OC DUI Courts by over 20%.

It is recommended that the capacity of the OC DUI Court programs be increased by 20% at all locations. Further incremental increases would be evaluated every six months until the applicant population coincides with the number of spaces available.

4. Establish an SB 8 Mental Health Diversion Calendar

Presently pending in the California legislature is SB 8 – a bill that would offer pre-plea diversion, with treatment for up to two years, for defendants charged with misdemeanors or with felonies punishable in the county jail if the defendant suffers from mental illness that played a significant role in the commission of the charged offense. If SB 8 becomes law, it can be anticipated that a very large number of eligible defendants will request this diversion. Based on the results of existing drug diversion programs, as well as the results of the PC 1001.80 pre-plea misdemeanor military diversion program, it appears that incorporating accountability through close judicial monitoring is a key to the success of the program.

It is recommended that planning begin soon for a report-back calendar for offenders suffering from mental illness who are diverted from prosecution through SB 8, in the event it becomes law; and that such a calendar be implemented immediately upon the effective date of the legislation. As set forth more specifically in Recommendation 13, this high-volume calendar may need to be held at one or more locations with co-located services on the Community Court model.

5. Establish a Re-Entry Court

Presently post-conviction supervision of convicted felons is monitored by probation. If these offenders violate probation they are then brought to court and sentenced on a violation. At this time, there are more than 1,500 felony probationers supervised under Post-Release Community Supervision and more than 600 who are supervised under Mandatory Supervision (MS.) Many have been assessed as having a high risk of recidivating and high needs regarding treatment for mental illness, or for co-occurring mental health and substance abuse problems. This population also has needs for educational, vocational and other social supports. It is anticipated that a significant

number of these offenders will re-offend or violate the terms of their supervision. The success of the mental health courts in reducing recidivism has demonstrated that providing intensive treatment and other support instead of incarceration for such offenders can stop the revolving door of recidivism.

It is recommended that a Re-Entry Court, based on the Drug Court model, be established for appropriate high risk / high needs offenders who have re-offended or violated the terms of their supervision. This will enable the Court and its justice partners to structure and monitor the intensive, supervision, treatment and other Wrap-around services, and so reduce the recidivism of this target population.

6. Modify the Felony Probation Violation Calendar to a Monitored Reporting Calendar.

As of April 2017, there were more than 600 offenders who, having been incarcerated pursuant to a "split sentence", were serving the balance of that sentence under Mandatory Supervision (MS). In addition, there are more than 1,500 offenders who, having been convicted of a prison-qualifying offense, were incarcerated locally under AB109 and, upon their release, are now under Post-Release Community Supervision (PCS) by the Probation Department. It has been found that a large number of incarcerated offenders suffer from mental illness or co-occurring mental health and substance abuse problems.

It is recommended that a report-back calendar be established for all offenders on Mandatory Supervision and Post Release Community Supervision. This preemptive monitoring of the re-integration of these offenders will allow a higher level of supervision and focused treatment services to be ordered.

7. Establish a Juvenile Mental Health Court

In 2016, more than 1,160 youth entering the Orange County Juvenile Hall had identifiable mental health issues. In addition, at least 1 in 10 of our youth between the ages of 12 and 17 suffer from mental health problems severe enough to impair how they function at home, in school and in the community.

The Orange County Juvenile Court does not presently have a dedicated court to handle the specific issues and needs presented by youth with serious mental health conditions, many of whom also suffer from co-occurring substance abuse issues. As a result, the identification of mental health issues is often delayed and the implementation of treatment plans, including family-involved treatment, is often lacking. A collaborative mental health court for juveniles would enable appropriate youth to be referred to a highly-structured, judicially monitored alternative to incarceration that would provide intensive treatment as well as supportive services to the youth and the family.

It is recommended that a Juvenile Mental Health Court be established to serve youthful offenders assessed as having serious mental health issues or co-occurring mental health and substance abuse issues.

8. Re-establish the Dependency Drug Court

Orange County's Dependency Drug Court ("DDC") operated from 2005 until its discontinuation in 2013 due to funding issues. Prior to its closures, DDC provided drug and mental health treatment for parents whose children were removed from the home because of the parents' abuse of alcohol or drugs. Up until its closure, DDC had reunified 463 children an average of 143 days earlier than children whose parents did not go through the program, resulting in a cumulative out-of-pocket cost savings to the County of more than $6,580,000. Since the inception of the program, 96.7% of the children whose parents had graduated were returned to their homes, compared with only 64% of the children whose parents did not complete the program. Of these children, just 9.8% re-entered foster care, compared with 22.5% of the children whose parents did not complete the program.

It is recommended that the DDC be re-implemented through the collaboration of the Court, Health Care Agency, Social Services Agency, County Counsel, and appointed counsel for the children and parents. In order to accomplish this, the program will require funding for the appointed counsel in the Orange County Dependency Courts.

9. Continue the CSEC (Commercially Sexually Exploited Children) Court

The CSEC (Commercially Sexually Exploited Children) Court in Orange County serves the ever-increasing number of children who are victims of human trafficking – which is not only a county and state issue, but also a national and global concern. Many human trafficking victims are young boys, girls and transgender youth, with California being identified as a magnet for cases involving the trafficking of children. Most CSEC victims are at high risk for medical and psychiatric problems and have challenging psychosocial histories, with many having experienced multi-layered trauma, childhood abuse, homelessness and foster care placement. The CSEC Court provides intensive services with the goal of "breaking the cycle" in which most of the participants finds themselves. The Court, in collaboration with the participating agencies, works to provide each youth a safe placement/home and intensive treatment as well as individual therapy to allow the youth an opportunity to transition out of the youth justice and/or dependency system.

The services provided by CSEC may no longer be viable due to a lack of funding for Dependency Court Appointed Counsel. Therefore, it is recommended that appropriate funding be provided for appointed counsel in order to retain this vital program. Additionally, funding for the Health Care Agency/Full Service Partnership is recommended to ensure complete mental health/substance abuse services for the CSEC participants.

10. Continue the Boys Court and the Girls Court

Boys Court and Girls Court provide much-needed services to high-risk youth in the dependency system whose lives are being derailed by mental health issues, substance abuse, or academic failure. The participants in these programs are typically long-term foster care youth who are dependents of the court due to abuse and neglect by their parents, and most have mental health issues or co-occurring mental health and substance abuse issues. These children are also at risk for entry into the youth justice courts and may have pending delinquency allegations as a result. Program participants receive appropriate treatment and counseling with the goal of providing each youth the skills necessary to deal with trust, safety and relationship issues. Ultimately, the Boys and Girls Courts strive to provide the participants with the competencies necessary for successful independent living.

The services provided by Boys and Girls Courts are at risk due to the lack of funding for appointed counsel in the Dependency Courts. Therefore, it is recommended that appropriate funding be provided for Dependency Court Appointed Counsel in order to maintain these vital programs.

SUBCOMMITTEE 8

Expand post-custody mental health and/or co-occurring outpatient services, increase post-custody housing opportunities, and expand intensive care treatment services for mentally ill offenders

Executive Summary

Although individual attendees varied, the following agencies were represented throughout:

Office of the Public Defender (PD)

Orange County Department of Education (OCDE)

Orange County Health Care Agency (HCA)

Orange County Probation Department

Orange County Re-entry Partnership (OCREP)

Orange County Sheriff's Department (OCSD)

Orange County Superior Court

Chief Executive Officer (CEO) Budget

The subcommittee's recommendations include addressing gaps in post-custody out-patient services for both the juvenile and adult population. Due to the distinct variances between the adult and juvenile systems, the recommendations have been divided into independent sections. Further, the subcommittee acknowledged the increased vulnerability of the Transitional Age Population (TAY) capturing youth between the ages of eighteen (18) and twenty-five (25). As the committee discussed, this time period represents an important developmental period often coupled with transitional relationships and events. TAY represents approximately eighteen percent (18%) of the adults on probation and is eligible for all available adult services, but may require additional support.

Adult System Needs Overview:

According to OCSD records, the average daily inmate headcount in March 2017 was six thousand one hundred and sixty one (6,161). Information from Correctional Mental Health (dated April 6, 2017) indicates that approximately twenty-six percent (26%) of the inmates have an identified mental health disorder ranging from Substance Abuse Disorder (SUD) to psychosis. Clearly, this

is the targeted population for this subcommittee. Ultimately, the subcommittee determined the gaps in service to fall into three categories:

- Housing Instability: According to the Point in Time Count and Survey conducted in January 2017, there were four thousand seven hundred and ninety two (4,792) homeless people living in Orange County. More specific to this subcommittee targeted population, between October 2016 and January 2017, there was an average of one thousand one hundred and twenty-nine (1,129) inmates released from the Orange County Jail system per month. According to records from Correction Mental Health, an average of two hundred thirty-five (235) inmates reported they would be homeless upon release. This does not represent the additional inmates that indicated they would be residing at a Sober Living Home, Board and Care, and/or Shelter upon release.

- Community-Based Treatment: Experience tells us that inmates with untreated mental health issues and those with substance abuse disorders who do not participate in post-custody community-based treatment are significantly more likely to recidivate. Linking offenders with mental health issues and substance abuse services, upon release, is critical in helping close the revolving door of recidivism.

- Transportation: An identified barrier to individuals accessing treatment was transportation to and from critical services.

Juvenile System Needs Overview:

According to the National Alliance on Mental Illness, seventy percent (70%) of youth in local or state institutions have a mental illness. The statistics vary depending on the study, but unaddressed mental health issues are consistently cited as contributing to high recidivism rates and poor outcomes for juvenile justice-involved youth. The subcommittee identified two primary gaps in service for juveniles being released from custody.

- Linkage to appropriate behavioral health services due to existing family engagement barriers.
- A designated navigator to provide support, coordination, and case monitoring.

Timeline for Implementation (Juvenile and Adult)

The timeline for addressing the gaps in services is difficult to estimate. Therefore, all indicated timelines are considered a “best guess,” based on projected funding sources.

Potential Funding Sources (Juvenile and Adult)

- AB 109 (2011 Public Safety Realignment): Funding currently provides for a referral team to conduct screenings at probation area offices for individuals under the supervision of the department. It is hoped to expand services to a wider consumer group.
- Board of State and Community Corrections (BSCC) funded grants: The state frequently releases re-entry grant opportunities for targeted populations.
- Bureau of Justice Assistance (BJA)/U.S. Department of Justice: Grant opportunities and timelines vary.
- Community-Based Transitional Housing (anticipated $2 million for the county): This probable funding source, although still in the discussion phase with CEO and county agencies, will be primarily used for transitional housing and support services.
- Continuum of Care (formerly known as Shelter Plus Care): Low income affordable permanent supportive housing. Funding is through HUD and is distributed by OC Community Resources.
- Drug Medi-Cal Organized Delivery System (DMC-ODS): Enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidence-based practices in substance abuse treatment and coordinates with other systems of care. In December 2016, the state approved HCA's Continuum of Care plan. It is anticipated that implementation will occur in the fall of 2017.
- Health Homes Program: Funding will serve eligible Medi-Cal beneficiaries with multiple chronic conditions who are frequent utilizers and may benefit from enhanced care management and coordination. The agency responsible for applying for this fund is yet to be determined as the state is implementing in phases (i.e. phase I is set for July 2017; phase II in January 2018); Orange County is in phase II.
- Housing and Urban Development (HUD): This federal government program assists very low-income families, the elderly, and the disabled afford decent, safe, and sanitary housing.
- Mental Health Services Act (MHSA): Currently provides services (treatment, housing, medication, and transportation) to MHSA-linked consumers. It is hoped to leverage addition MHSA funds to expand services to a wider consumer group
- No Place Like Home (NPLH): On July 1, 2016, Governor Brown signed a landmark legislation enacting the "No Place Like Home" program to dedicate $2 billion in bond proceeds to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness. The bonds are repaid by funding from the Mental Health Services Act (MHSA). As noted, the initiative seeks to divert MHSA funds annually to construct permanent supportive housing for chronically homeless persons with mental illness. CSAC is now working with the Department of Housing and Community Development on initial implementation efforts.

- Prop 47 grant revenue (anticipated $2 million award for the county): If awarded, this grant will assist with housing, post-custody behavioral health services for persons suffering from mild to moderate mental illness and a portion of the transportation contract. The state will present their funding recommendations to their Board on June 2017; new grants are set to begin July 2017.
- Second Chance Act Smart on Juvenile Justice: Community Supervision Reform Program (five awards of $650K each to Probation): Funding would be primarily used to develop and implement comprehensive juvenile community supervision improvement plans, reduce recidivism, and improve outcomes for juveniles under community supervision.
- Substance Abuse Prevention Treatment Block Grant (SAPT): Mandated by Congress, SAMHSA's block grants are noncompetitive grants that provide funding for substance abuse and mental health services. Currently, this is HCA's primary source of funding for substance abuse treatment and prevention.
- Whole Person Care (WPC): HCA uses this funding source for infrastructure developments and data sharing, as well as other costs not currently covered by Medi-Cal.
- Youthful Offender Block Grant (YOBG): Program provides state funding to deliver custody and care to youthful offenders who previously would have been committed to the CA Department of Corrections & Rehabilitation, Division of Juvenile Justice.

Agencies Required for Successful Implementation

- Community-based organizations
- Mental Health/Substance Abuse treatment providers
- System partners (i.e. HCA, Orange County Community Resources, OCSD, Probation, SSA, etc.)

I. Adult Objectives

Objective 1: Housing

The Subcommittee identified four categories of needed housing:

1. Emergency Housing: The need is for short term housing lasting anywhere from one day to several weeks. Typically, this would include motel vouchers (ideal for individuals with clearly defined plans to obtain secure housing) and referrals to homeless shelters. A motel room can cost from $75.00 to $100.00 per night and is beyond the resources of many being released from custody.

Current Resources/ Expansion of Services

Homeless Shelters: The Courtyard opened in the fall of 2016 and is a homeless shelter located at the former Santa Ana bus terminal. It has a capacity of 400 and is generally at or near capacity. The Bridges at Kraemer Place in Anaheim, Orange County's first year-round homeless shelter and comprehensive service center, opened on May 5, 2017, providing temporary housing for 100 men and women. When phase II opens, it will provide an additional 100 beds. Despite these two recent facilities openings, there continues to be a need for additional year-round shelters and service centers in other parts of the county. Specifically, there continues to be a need for housing and services for individuals with mental illness and/or substance abuse disorders.

HCA's Outreach and Engagement (O&E) Team: In February 2017, The HCA's Outreach and Engagement Team started a motel assistance program for up to seven (7) days with approximately ten (10) participants. The outreach team provides transportation to the identified motel and maintains daily contact with the clients who cannot exceed three (3) stays per year. The clients must have an identified housing need and a plan to secure more permanent housing. Additional services provided through the motel assistance program include linkage to behavioral health services (BHS) and completion of the Vulnerability Index – Service Prioritization Decision Assistance Prescreen Tool (VI-SPDAT) assessment. The current contracted provider for the motel assistance program is the Illumination Foundation. A Request for Application (RFA) has been released for motel assistance and it is expected that three additional providers who will be participating in the program with a $50,000 maximum obligation per year. In total, the approximate cost to run the program is $200,000 per year.

Recommendation: Assess the need for additional shelters in other areas of Orange County and increase bed capacity. Increase ability to link individuals to motels.

Possible Funding Sources: BJA, BSCC, HUD, MHSA, Prop. 47, SAPT, and WPC.

Estimated Cost: Motel Assistance - $200,000 per year. Homeless Shelter operating cost of $1.8 million

Timeline:

O&E/Motel – Identify provider(s) through RFA in 3 months; review and fund annually.

Shelters – Identify possible locations in the next 3 months, start construction or set up in 6 months. Long Term create add 100 beds each year until reach 300 new beds after four years.

2. Transitional/Sober Living**:** Transitional housing is defined as housing for up to two years and is usually congregate living. Generally, these are sober living or recovery residences. City ordinances allow for up to six unrelated individuals to be housed together without a conditional use permit. These homes are not regulated, but may voluntarily be certified by the Orange County Sheriff's Department. Currently, there are 14 certified sober livings throughout Orange County.

Transitional living is tremendously beneficial to many individuals being released from custody or those in the process of securing employment or permanent housing. It is often the most appropriate placement for individuals dealing with substance abuse issues who are concurrently enrolled in outpatient treatment. In fact, many individuals do not require or need residential treatment. Rather, they would benefit from housing and outpatient treatment. Additional sober living residences with outpatient or intensive outpatient services could reduce the burden of residential treatment programs and reduce waitlists.

<u>Current Resources/ Expansion of Services</u>

An Orange County ordinance exists that states the county can only do business with certified sober living homes. Currently, the County contracts with five sober living homes, specifically, for individuals supervised under AB 109. Most of the residents have completed residential treatment and all are required to actively participate in outpatient Substance Abuse Disorder (SUD) treatment. The primary source for funding is the Substance Abuse Prevention and Treatment (SAPT) Block Grant, which does not allow for profit organizations to receive funding. This prohibition further limits the selection of sober living homes.

The current daily rate for transitional housing is $40. It is estimated that we need an additional eighty (80) funded sober living beds. This represents twenty-five (25) percent of the existing contracted residential drug and alcohol beds and may address the need of clients transitioning from residential treatment or clients in need of housing and engaged in outpatient services. The estimated cost per year to fund eighty (80) additional sober living beds would be $1,168,000. With the implementation of Drug Medi-Cal (DMC) by the County, existing SAPT funds may become available.

Recommendation: Identify funding for eighty (80) additional sober living beds per year.

Possible Funding Sources: BJA, BSCC, Prop 47, SAPT, and WPC.

Estimated Cost: Sober Living Housing - $1,168,000

Timeline: Short term create a solicitation for additional sober living beds (at least 20) within 6 months. Identify and contract with providers within one year. Increase beds as funding becomes available. Add 20 sober living beds in the second year, and increase to 80 after three years (long term).

3. Housing for persons with a severe and persistent mental illness (SPMI): Housing for persons with SPMI in transitional environments is fairly common. Some of these homes are regulated by Community Care Licensing (CCL) and others are not regulated at all.

Current Resources/ Expansion of Services

Short Term Housing: Orange County currently contracts for mental health Short-Term Housing with three providers. Residents may stay up to 120 days and are paid with AB 109 and Mental Health Realignment funds. Additional funding through the Mental Health Services Act (MHSA) may be used to fund this service in the next contracting round. Shelter housing is similar to sober living and does not require any special permits or licensure. Current providers are also sober environments. It is too early to assess how the increased funds will impact need. It is anticipated that an additional 5 beds will be needed.

Residential Rehabilitation Programs: The Residential Rehabilitation program's providers are licensed by Community Care Licensing (CCL). This housing has a special focus on teaching residents to discover and use their talents and skills to maximize their potential for living at lower levels of care. There is a strong emphasis on socialization activities. The facilities provide a very nurturing environment for the lower functioning residents with an emphasis on developing sufficient independent living skills to enable the residents to move to a less acute environment.

The County contracts with five providers and 168 beds are available to County clients. Last year, the County lost its only Residential Facility for the Elderly (RFE) and, currently, is in the process of identifying an RFE provider in the next six months. Residential Rehabilitations are reimbursed at $15 per day, and subsidized by residents' Social Security Income (SSI). Current providers are meeting the existing need, but lower level care, such as room and board, is

needed. Board and Care homes are not considered transitional housing as clients may stay longer than two years.

Recommendation: Increase mental health short term housing bed capacity by five beds

Possible Funding Sources: BJA, SAMSHA, MHSA, Prop 47, Mental Health Realignment, SAPT, and WPC.

Estimated Cost: Short Term Housing $73,000 for five beds annually.

Timeline: Assess the need for additional short term housing beds within 6 months. If needed, add funding for five beds during the first year and maintain for the next year two years. Funds can be added to existing Short term housing agreements based on need and funding by June 2018.

4. Permanent Supportive Housing: Transitional housing is beneficial on a short-term basis; however, the goal is to secure permanent housing or permanent supportive housing, depending on the needs of the client. Permanent housing is considered any housing that allows a resident to stay past two years and in which the resident has a lease with all the privileges and corresponding responsibilities.

Current Resources/ Expansion of Services

Section 8 Housing (Housing Choice Vouchers or HCVs) is a mechanism that can be used by qualifying clients to procure permanent housing. Permanent supportive housing is long- term housing that is linked to an agency, which provides a variety of supportive services on and off site. These services usually include case management to assist residents to maintain their housing. Clients are required to pay one-third of their income, and the rest of the rent is subsidized by HUD. Many of these residents have a difficult time with basic daily living skills, such as cleaning, respecting neighbors, shopping, and cooking. Examples of permanent supportive housing include: Continuum of Care (formerly Shelter Plus Care) and MHSA Housing projects. There are nine (9) MHSA housing projects in Orange County, which were developed with MHSA Housing Program funds, and there are three (3) more in various stages of construction. Currently, there are 155 operating one- and two-bedroom apartments and 48 more in development. The demand for admission to these projects is high, all have lengthy waitlists.

Based on recent projects' total development costs, the cost for creating new affordable housing in Orange County is approximately $450,000 per unit. The California Legislative Analysts' Office has estimated that approximately 100,000 newly created affordable housing units are needed, per year, to meet

demand and control costs. A 2015 estimate reported in the OC Register stated that Orange County needs nearly 120,000 affordable units. In additional, once a developer finds and secures a site, it can take five years, on average, to secure the funding needed, develop the property, and begin leasing.

Historically, OC Community Resources (OCCR) has been the conduit for funding dedicated to these types of projects. While they continue to do so, many of their funding streams have been cut (Redevelopment) or substantially reduced (HOME funds) in recent years. The OC Housing Authority continues to provide low income families with HUD-funded Housing Choice Vouchers and Continuum of Care Certificates. OCCR has been an invaluable partner with the Health Care Agency in assisting to develop affordable housing units for SPMI residents with MHSA Housing Program funding. While the initial allocation of MHSA Housing Program funding has been spent in Orange County, funding remains under the Special Needs Housing Program. In addition, the "No Place Like Home" bond program is expected to generate a substantial amount of revenue for which counties will be competing. While many factors have contributed to the current crisis in affordable housing around the country, they are particularly acute in California and, specifically, Orange County. Currently, OC has a vacancy rate, which is less than 3.5%. The most recent reports indicate average rents are over $1,800 per month. In an effort to help resolve this issue, OC Housing Authority has just announced that as of June 1, 2017 they are lifting the Fair Market Rate cap on eligible units to help assisted applicants to be able to compete successfully. It is suggested that funding be obtained in order to partner with developers to include units for the SPMI and dually diagnosed residents into projects under consideration. Investors do not have to fully fund units; participation for this purpose could be limited to 30% of total development costs, or approximately $150,000 per unit, or less. Additional funds should be invested per unit to ensure residential success in the form of a Capitalized Operating Subsidy Reserve or similar concept.

Recommendation: Identify funding for 10 to 15 housing units per year.

Possible Funding Sources: BJA, HUD, MHSA, NPLH, Prop 47, and SAPT.

Estimated Cost: $1.5M – $2.4M per year for PSH

Timeline: Explore funding options by December 2017. Determine mechanism to utilize funding (SNHP or RFP) by June 2018. Implement housing option by the end of 2019.

Objective 2: Increase capacity to address behavioral issues post-custody

The Subcommittee identified three categories of individuals being released from custody, each with individual treatment needs, which are discussed below.

Current Resources/ Expansion of Services

1. Severely Persistent Mentally Ill (SPMI): The current system of care in the Orange County jails addressing the SPMI population is strong. To ensure SPMI inmates receive appropriate post custody care, a number of services and systems have been set up.

    - Normally, SPMI inmates are released shortly after midnight. Inmates who are being released to a facility are often offered a later release from custody. Late releases can be arranged so the inmate can successfully transition to their destination. Releases at 7:00 a.m. or 8:00 a.m., allow for more reliable transportation options and ensure facility staff are able to process the client.
    - During the week, SPMI individuals can report to a location in Anaheim or Mission Viejo to receive their medications the same day they are released from custody or a hospital. This assists the SPMI population with maintaining their medication regime until they can be seen by their psychiatrist.

2. Mild to moderate mental illness: There is an identified service gap for inmates with Substance Abuse Disorders and/or mild to moderate mental illness. While there are various programs that may address medication and counseling concerns (i.e. the County's Prevention and Intervention program and Community Counseling Program), it may take days or weeks to obtain an appointment. This can create possible gaps in medication adherence. The County has proposed expanding this service with Prop 47 funds if our grant application is accepted.

3. Substance Use Disorder (SUD) Treatment: Approximately 85% of inmates in custody have some type of behavioral health issue. Although not this committee's role, SUD treatment in custody would have a major impact on possible post custody outcomes. Post custody treatment services, currently available through County contracts, are residential, outpatient, detox (social and medical model), medication-assisted treatment (methadone, Naltrexone and its various forms, Suboxone, Antabuse) and specialized services for women, persons living with HIV and those with opiate addictions. Currently, inmates in custody have the ability to link to residential treatment upon their release. Ideally, inmates are referred to treatment with enough time in custody to try and link directly from custody to treatment. Through AB 109, a Vivitrol program is available for inmates to get their first injection in custody prior to being released. The individual is linked to a treatment program in the community who will continue their injections and provide ongoing counseling

and case management. The County contracts with seven (7) residential treatment, two (2) outpatient, and two (2) Methadone providers. The County-contracted programs make up a small portion of SUD treatment providers. Most providers are self-pay and/or insurance-based. Currently, there is a shortage of affordable residential treatment beds.

Orange County has opted in to be a Drug Medi-Cal (DMC) provider. Once approved by the State Department of Health Care Services, the County will be able to offer new services previously not covered by Medi-Cal, such as residential treatment, medical and social model detox, case management and recovery support services. DMC currently covers outpatient treatment and methadone. Providers must be DMC- certified to be able to bill for DMC services.

Recommendation: Create re-entry facility for persons recently incarcerated. Identify new residential treatment and detox providers to be DMC- certified. Establish a health care team similar to the existing AB 109 team to include full time case workers and psychiatrists at Probation. Approximate cost for health care team is $2.5 million.

Possible Funding Sources: BJA, DMC, Prop 47, AB 109 and SAPT.

Estimated Cost: Re-Entry facility – $4.5M; Health Care Team $2.5M.

Timeline: Identify funding for re-entry (proposed in Prop 47 grant) by December 2017. Solicitation of services to be released by January 2018. Services start by July 1, 2018. Identify Health Care team funding during the first year. Once funding is identified, start recruitment of staff. As staff are hired, train with AB 109 staff. Team should be fully operational by the third year. HCA will release a solicitation for DMC services by December 2017. Residential services will remain open to allow providers to participate in services as they become DMC certified.

Objective 3: Increase affordable transportation to/from critical services

1. A key component in making all systems work is transportation. Orange County's rapid transit system lacks easy access and low cost travel needed by the targeted population. Transportation to doctors, Probation offices, jobs, and housing can be difficult. Often, these services are spread out across the County. Transportation comes up as one of the highest service requests by clients. Many programs offer bus passes, primarily daily passes, and some provide transportation in a vehicle, such as a large passenger van or staff vehicle.

   Current Resources/ Expansion of Services

   The MHSA Steering Committee has approved a million dollars per year to set up a transportation network to meet the demand of the SPMI population. A Request for Proposal (RFP) is being developed and should be released by the

summer of 2017. Additionally, transportation has been proposed as a service in the County's Prop 47 grant application. The later grant will allow for a system that will pick up individuals being released from the Intake Release Center (IRC) after midnight and take them to a housing or treatment provider.

Additional funding resources need to be identified to meet the needs of the SUD and non-SPMI population. These funds could be combined with existing funding sources providing transportation services.

Recommendation: Leverage transportation services by utilizing multi-funding sources to meet the needs of the target population.

Possible Funding Sources: BJA, MHSA, Prop 47, AB 109 and SAPT.

Estimated Cost: $1M per year

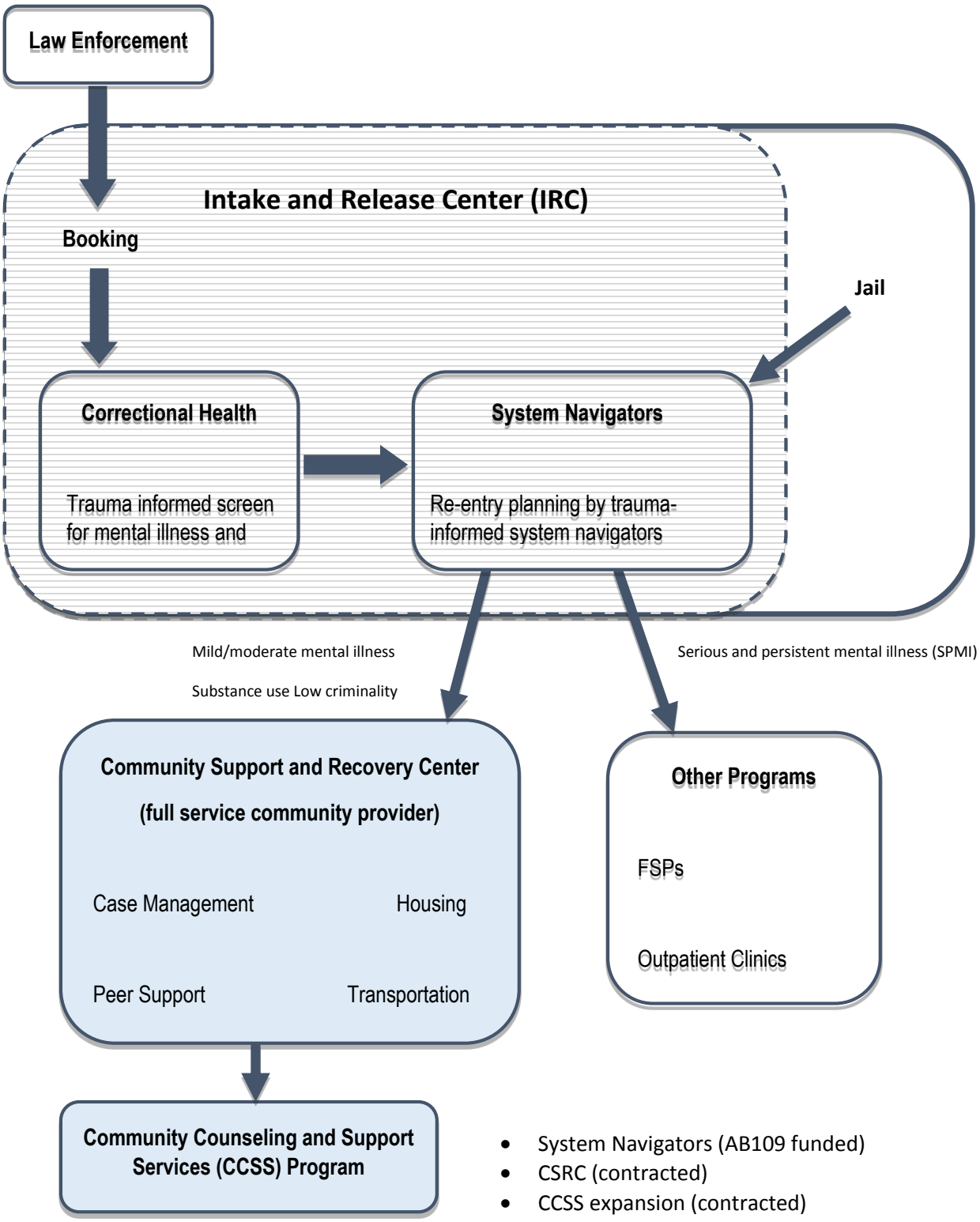
Timeline: Identify funding within 6 months for transportation services. Assess MHSA and Prop 47 transportation provider(s) within one year. Augment transportation services to existing transportation agreement to expand target population within 3 years.

ATTACHMENTS

ATTACHMENT 1 – SYSTEM NAVIGATORS FLOW CHART

ATTACHMENT 1

I.



- System Navigators (AB109 funded)
- CSRC (contracted)
- CCSS expansion (contracted)

II. Juvenile Objectives

The overarching objective of the Stepping Up Initiative, specifically Committee 8, was to identify post-custody and out-of-custody outpatient services, increase housing opportunities, expand intensive care treatment and improve post release supervision services and programs through the Probation Department. This committee, specific to the juvenile justice system, discussed the various barriers of engagement for the youth and their families as it relates to behavioral health services.

One of the predominant challenges in the juvenile justice system is post-custody, out-of-custody, and post-court engagement of youth and their families in behavioral health services. Research has shown that family engagement in the behavioral health treatment of children and youth has a significant positive impact on treatment outcomes. In Orange County, youth placed in Juvenile Hall are assessed for behavioral health needs resulting in the identification of a mental health or substance use issue. While behavioral health services are begun upon admission to Juvenile Hall, progress in treatment is often not continued due to lack of engagement by the youth and their families with the recommended post-custody and post-court behavioral health services.

The Committee's proposals for bridging the gaps of youth and family engagement with the goal of reducing further involvement in the juvenile justice system include: 1) availability of behavioral health services (clinicians) at all the Probation field offices; and, 2) availability of outreach and engagement "Navigators" in the juvenile justice courtrooms and beyond.

Both of the proposals directly respond to the following objectives outlined in *Recommendation #8*:

- Provide assertive follow-up with Probation Department
- Building operational relationships that strengthen coordination of services

<u>Juvenile Objective #1 - Provide assertive follow-up with Probation Department:</u>

The Committee proposes the co-locating of behavioral health services (clinicians) at Probation field offices, for purposes of increasing post-custody, out-of-custody and post-court engagement in behavioral health services. Housing mandatory probation services with behavioral health services provides an ideal opportunity to engage youth and their families in behavioral health treatment. Ideally, behavioral health services staffing should coincide with the hours of operation of the Probation field offices or at the times when youth and their families are most likely to make their required visits to Probation. Service model expectations should include, but are not limited to:

- Behavioral health staff shall be trained, equipped, and prepared to conduct home visits, during and outside of regular business hours, in order to engage difficult-to-engage youth and/or their families.
- Behavioral health staff may partner with Probation to determine the youth's needs and develop case plans. When needed, behavioral health staff and Probation will conduct home visits together. This approach would serve as a conduit for increased insight into family dynamics and challenges, as well as reduce barriers to treatment.
- Behavioral health staff will be attentive and responsive to the issues presented with some hard-to-serve families. These issues often include parents who have their own mental health, drug, or alcohol issues and families with multi-generational criminal justice system involvement.
- Parent/family groups held at Probation sites with incentives for families attending (i.e. dinner, gift cards, child care, etc.). Similar to parent groups Probation has historically made available, but with more of a focus on behavioral health.
- Behavioral health staff located at Probation area field offices will be trauma informed and utilize evidence based practices.
- Behavioral health staff will be linguistically and culturally relevant to the clients/population.
- We recommend Probation and behavioral health staff measure effectiveness of enhanced engagement techniques. The data analytics will provide the opportunity to measure effectiveness of program, as well as changes with engagement.

<u>Objective 2- Building operational relationships that strengthen coordination of services:</u>

The Committee proposes placement of outreach and engagement "Navigators" in the juvenile justice courtrooms. The "Navigators" would serve the Court, youth and their families by supporting, connecting, following up and building relationships with the youth and their families for purposes of improving and sustaining engagement in the recommended services and programs. The "Navigators" service model expectations should include, but are not limited to:

- A navigator will be present in the courtroom and assist the Court with determining behavioral health needs, as well as assist with linkage to the recommended services and program follow-up to ensure successful linkage. The navigator will also complete a brief behavioral health screening for the youth and family to determine the best behavioral health services to link them to. Tracking of referrals and successful linkages will also be maintained by the navigator to measure effectiveness of services.
- Navigators should be equipped with bus passes and other resources and incentives to facilitate engagement by youth and their families.

Estimated costs associated with these recommendations include the following:

- Behavioral Health Services: Four Full-Time-Equivalent (FTE) clinicians estimated at $150,000 each or $600,000 total. (i.e. one for each Probation field office)

- Outreach and Engagement Navigators: Two Full-Time-Equivalent (FTE) estimated at $150,000 each or $300,000 total. The classifications recommended include Clinical Social Worker II or Marriage Family Therapist II

Implementation of this recommendation could be accomplished within 90 days post approval and is position-/funding-contingent. The committee would, upon approval, convene with Probation, Juvenile Court, Health Care Agency, and other impacted stakeholders, to develop processes, procedures, and guidelines associated with the implementation of these programs, including handling of confidential juvenile information. This group should also establish methods for measuring effectiveness of these proposed programs (i.e. data analytics).

SUBCOMMITTEE 9

Develop a comprehensive data collection and analysis plan to determine the efficacy of diversion services and measure recidivism

Executive Summary

Description of the Problem: On average, the County jails accommodate over 6,000 inmates per day; each of them generating their own data trail based on their individual needs. This data is then transmitted to a variety of stakeholders to collect and maintain. The Data Collection and Analysis Subcommittee (DCAS) identified at least six to seven County departments that could potentially touch such data and at least 40 outside entities such as the Collaborative Courts, Orange County Re-Entry Partnership (OCREP), Integrated Law and Justice Information Agency for OC (ILJAOC), and local law enforcement agencies from the 34 cities in Orange County that do as well. The DCAS also acknowledged that there could be additional stakeholders outside of the County such as the federal or state government, service providers, and other entities that could also own relevant data. Therefore, the DCAS focused on how to (1) identify relevant data related to mental health in the County's jail system and (2) build a system for seamless information flow between all interested stakeholders.

Given the enormity of the situation, the DCAS decided to narrow the scope, for now, to focus only on what is available within Orange County. In doing so, the DCAS successfully identified a *Vision of Success* for what a seamless data collection system would look like:

The ability to collect data efficiently into a central repository that could be shared seamlessly amongst the relevant stakeholders so as to allow the County to measure effectiveness of treatment and services and identify gaps, needs, and opportunities.

The DCAS further determined that in order for the data to be meaningful, the initiative must focus on data at the individual level.

Objectives: The DCAS would like to stress that the undertaking of achieving the vision is immense and essentially requires the County and its stakeholders to re-envision how it collects, stores, and shares data. Therefore, the following objectives are designed to focus on developing the necessary infrastructure to support such a system until further analysis can be completed:

(1) Establishment of a technical working group to function as the governance body in overseeing implementation and quality control. Estimated timeline: to be completed end of FY 2017-18.

(2) Completion of a Gaps or Requirements Assessment. Estimated timeline: to be completed FY 2017-18.

(3) Initiate implementation either through OCIT's internal services or external consultant. Estimated timeline: TBD; based on BOS approval.

Based on the outcome of the assessment and the priority setting of the governance group, the initial phase of development could begin as early as FY 2019-20 with the issuance of Request for Proposals.

Objective 1: Establishment of a technical working group to function as the governance body in overseeing implementation and quality control.

One thing that was apparent throughout the subcommittee's many discussions was the enormity of the problem and the need of a much larger effort to fully dive into the problem and identify solutions to be executed. Having a strong governance body is essential to developing a data collection and sharing system that is conducive to the needs of the County departments and stakeholders involved in the Stepping Up Initiative. Around eight entities are represented in the DCAS, including ILJAOC, OCREP, and the Collaborative Courts. Since January 2017, the subcommittee has worked to identify the following major challenges to implementation:

- Every department/entity collected, stored, and maintained data differently. Most of this was due to requirements imposed on the entity through funding sources or regulations, as well as operational needs and/or existing system structures.
- There were nomenclature issues that needed resolving. Absent every stakeholder using the same nomenclature, there was a heightened risk of collecting incompatible data.
- Data gaps were identified along with the lack of resources or tools to collect that data.
- In terms of implementation, there are varying systems and platforms that require an in depth analysis by information technology experts to determine whether or not they are compatible.
- There exists regulations such as Health Information Portability and Accountability Act (HIPPA) that require legal analysis to determine how to share information while respecting the confidentiality of the individual.
- The data system must be centralized and therefore, needs a steward.

In order to fully explore and address these challenges, the DCAS recommends that the subcommittee continue, however it should evolve into a technical working group consisting of both information technology and program experts from the County departments and stakeholders currently represented on the DCAS. There is also a recommendation to include County Counsel, UC Irvine and/other education institutions as needed, the County's Social Services Agency, and OC Information Technology (OCIT). The group's composition takes into consideration the fact that the intended users of the data system could be both internal County of Orange employees and external stakeholders such as service providers.

One of the primary responsibilities of this technical working group is determining implementation. Therefore, the group would focus on implementation in phases:

- Phase One: Develop the governance structure and charter and determine priorities.
- Phase Two: Conduct Gaps Assessment.
- Phase Three: Build a framework for implementation.
- Phase Four: Determine a maintenance approach.

***It should be noted that identifying funding for implementation will be a priority for this group and will most likely be addressed at the inception of the group and throughout.**

It is anticipated that this objective would be a short term goal and should be completed by the end of FY 2017-18 at the latest. It would be best to have the technical working group set up within 2nd quarter FY 2017-18. Cost is yet to be determined. Currently, The DCAS anticipates that majority of cost will be in the staff time allocated to attending meetings and perhaps for staff time associated with stewarding the group.

***Objective 2*:** Completion of a Gaps or Requirements Assessment.

The first major undertaking of the technical working group will be to initiate and complete a Gaps Assessment to identify needs and opportunities amongst the currently existing systems. The specific requirements for the assessment will be determined by the working group.

This is a recommendation/objective driven by the DCAS's recognition that it needs more time to evaluate the current systems' abilities from a technical standpoint and match that against the programs anticipated use of the data. The hope is that this assessment will address the aforementioned challenges.

DCAS anticipates that this assessment can be done within FY 2017-18 and potentially in-house by OCIT along, with the potential of some assistance from UC Irvine or other education institutions in Orange County that specialize in Criminology and/or Correctional Health. OCIT indicated it has experience in conducting such assessments and would require the addition of a project manager to manage the assessment. Cost of this assessment will be determined at a later date.

Objective 3: Initiate implementation either through OCIT's internal services or external consultant.

At its core, this effort will most likely result in a countywide case management system (CMS) that can be accessed by internal and external stakeholders who work with the target groups under the Stepping Up Initiative. The County has two options on how to move forward in developing a CMS for Stepping Up: (1) internally through OCIT or (2) hiring external consultants. Both would essentially engage the County and stakeholders with data relevant to Stepping Up in the agile methodology to develop a CMS that accurately meets the needs

of everyone. The Agile methodology is a method commonly used to manage projects. In software development, the Agile methodology involves the developers and client(s) working together to build small parts of the software and secure client approval of those parts before moving forward. Under the Agile methodology, the client(s) have the benefit of being involved in the process at every step, which allows for immediate error corrections before the development progresses as opposed to just receiving the product at the end of development and then making post-development corrections.

The methodology can either be initiated at the same time as the governance body or it can wait until the governance body completes its GAP assessment. The subcommittee's recommendation would be to wait until the GAP assessment is completed, the results of which, could be instrumental in determining the scope of work for OCIT or the external consultant leading development.

SUBCOMMITTEE 10

Create an Office of Integrated Services that extends beyond the Stepping Up Initiative to synergize cross-system re-entry services for former offenders, the mentally ill and the homeless. Similar systems currently exist in Los Angeles (Office of Diversion and Reentry), and Santa Clara County (Office of Reentry Services)

Executive Summary

1. **Executive Summary**

Description of the Problem: The County of Orange's Stepping Up Initiative (Initiative) included 10 subcommittees seeking to make an impact on a correctional system that serve an estimated 6,000 individuals per day. Of those 6,000 individuals, 20% are identified as having mental health needs and 70% are identified as having substance abuse needs. At any time, about seven to eight County departments provide services to this population along with the various number of non-County government agencies such as the Collaborative Courts and local law enforcement agencies. In addition, there are a number of service providers that collaborate with the County to round out the system of care for these individuals. Before the Initiative, the relationships between these departments, agencies, and providers developed organically out of the need to work together to provide services; however, with the Initiative, all stakeholders have been asked to re-evaluate how to integrate these efforts, strengthen these relationships and use them strategically to effect measureable change.

When the Stepping Up Initiative first began, many noted an integration between this effort and the County's homelessness efforts, both in terms of clientele and resources. However, as the subcommittees dove into their respective recommendations, it was apparent that while both efforts do address this specialized population's needs and some of the County's homelessness population does include former jail inmates, homelessness was very much its own separate effort. Similar to the homelessness effort, the subcommittee saw a need to prevent duplication of services for the Stepping Up population by strategically combining resources where appropriate.

The Office of Integrated Services is designed to be an office with a 30,000 foot vantage point of the County. It would then use that advantage to coordinate and facilitate progress on the Stepping Up Initiative. This subcommittee was asked to identify what the functions of the Office of Integrated Services would include. In identifying the functions and making recommendations, it was apparent that **the CEO's Office (CEO) is essentially the Office of Integrated Services and is already performing some of these functions.** CEO has the advantage of seeing how each of the County's departments function individually and collaboratively with its sister departments on interdepartmental efforts. It also has the ability to convene and facilitate progress on each of these separate efforts such as homelessness and Stepping Up. Therefore, this work is already being done from the CEO.

Objectives: The subcommittee determined that the following objectives below would have to be met in order to truly successfully integrate the County's efforts under the Stepping Up Initiative:

(4) CEO must become a "one-stop shop" for Board offices and others regarding questions about County-wide services and policy resources related to Stepping Up. Estimated timeline: TBD – The primary coordination duties of the Initiative is currently done by Assistant Sheriff Steve Kea. It is anticipated that once the Board makes a decision on the future of the Initiative that the management responsibilities of Initiative will formally shift to CEO.

(5) CEO will act as a coordinator of services by keeping an inventory of Stepping Up-related services, identifying service gaps, potential funding sources and connecting services. Estimated Timeline: TBD – The primary coordination duties of the Initiative is currently done by Assistant Sheriff Steve Kea. It is anticipated that once the Board makes a decision on the future of the Initiative that the management responsibilities of Initiative will formally shift to CEO.

(6) If a larger County-wide strategy for the Stepping Up Initiative is created, the strategy would reside in CEO. Estimated Timeline: TBD – The primary coordination duties of the Initiative is currently done by Assistant Sheriff Steve Kea. It is anticipated that once the Board makes a decision on the future of the Initiative that the management responsibilities of Initiative will formally shift to CEO.

2. Objectives

Objective 1: CEO is a "one-stop shop" for Board offices and others regarding questions about County-wide services and policy resources related to Stepping Up. Estimated timeline: TBD – The primary coordination duties of the Initiative is currently done by Assistant Sheriff Steve Kea. It is anticipated that once the Board makes a decision on the future of the Initiative, the management responsibilities of Initiative will formally shift to CEO.

Under this objective, CEO would become an information clearinghouse for both the County and external stakeholders. Internally, CEO will have the ability to integrate new opportunities into the existing strategy by identifying departments and stakeholders to bring to the table. Furthermore, CEO will help inform the Board of Supervisors about the current state of implementation and/or help set policy. Externally, it will serve as a point-of-contact for community based organizations seeking to collaborate with the County on Stepping Up efforts.

CEO has been providing financial and strategic support for the Initiative since its inception and will continue to act as the lead agency on exploring implementation.

***Objective 2*:** CEO will coordinate services by keeping an inventory of Stepping Up- related services, identifying service gaps, potential funding sources and connecting services. TBD – The primary coordination duties of the Initiative is currently done by Assistant Sheriff Steve Kea. It is anticipated that once the Board makes a decision on the future of the Initiative, the management responsibilities of the Initiative will formally shift to CEO.

Many of those involved in the Initiative identified hearing from other departments about the work each is already doing in this area as a major highlight of being a part of the Initiative. More importantly, many felt that these conversations helped identify work that is already being done and therefore, does not need to be duplicated. Instead, the focus should be on how each department or organization can support each other to fill in the gaps. The subcommittee feels that this is a role CEO can fill.

In addition to coordinating efforts and breaking down silos, CEO can also keep a running inventory of what services are already being provided and by whom. It can further that effort by engaging in connecting departments and other entities, when necessary, to ensure that all available resources are being used.

Aside from coordinating and maintaining inventory of services, CEO can also take on a facilitator role and act as a convener between departments and other stakeholders to catalyze progress.

An example of this is the Stepping Up Grants Matrix currently managed by CEO/Budget. CEO/Budget consistently keeps the matrix updated and departments are encouraged to forward any grants information to CEO/Budget. Since departments are best equipped at identifying grants and which projects are most appropriate, CEO is only involved if the department's request assistance. In the meantime, CEO/Budget also keeps an inventory of which grants the County has applied to, partners involved, and whether the proposal was successful. In addition, CEO/ Government and Community Relations' Grants Team provides support where necessary including identifying advocacy strategies for certain grants.

***Objective 3*:** If a larger County-wide strategy for the Stepping Up Initiative is created, the strategy would reside in CEO. TBD – The primary coordination duties of the Initiative is currently done by Assistant Sheriff Steve Kea. It is anticipated that once the Board makes a decision on the future of the Initiative, the management responsibilities of Initiative will formally shift to CEO.

Although this objective would require a Stepping Up strategy to be in place before it can be implemented, CEO can certainly monitor progress on the individual objectives and/or recommendations put forth by the subcommittees.

3. Attachments/Appendices

None

ACKNOWLEDGEMENTS

Developing Orange County's Stepping Up plan was an extremely ambitious and truly collaborative effort, involving dozens of dedicated individuals from throughout Orange County. This project would not have been possible without their tireless efforts. Below, the individuals and organizations participating in this endeavor are acknowledged for their contributions. Given the many people and organizations involved, this list may not pay heed to all who contributed throughout the life of the project. Any omission is inadvertent and deeply regretted.

Chairpersons Hutchens and Spitzer would also like to acknowledge the support of the Council of State Governments Justice Center for their leadership and guidance. This report and the national Stepping Up Initiative would not be possible without their assistance.

Subcommittee Chairpersons (Recommendations 1-10)

1.	**Mary Hale**	Behavioral Health Director	Health Care Agency
2.	**Nora Sanchez**	Director of Operations	Superior Court
3.	**Brett O'Brien**	Director, Behavioral Health	Health Care Agency
	Annette Mugrditchian	Director, Behavioral Health	Health Care Agency
4.	**Robert Beaver**	Senior Director	Sheriff's Department
	Mark Lawrenz	Division Manager	Health Care Agency
	Jeff Nagel	Director of Operations	Health Care Agency
5.	**Robert Beaver**	Senior Director	Sheriff's Department
6.	**Geoffrey Henderson**	Programs Manager	Sheriff's Department
7.	**Hon. Mary Kreber-Varipapa**	Judicial Officer	Superior Court
8.	**Chris Bieber**	Chief Deputy	Probation Department
9.	**Mike McHenry**	Lieutenant	Sheriff's Department
	Lilly Simmering	Deputy Chief, Operations	County Executive Office
10.	**Lilly Simmering**	Deputy Chief, Operations	County Executive Office
	Susan Price	Director, Care Coordination	County Executive Office

Orange County Executive Office

Frank Kim	Chief Executive Officer
Michelle Aguirre	Chief Financial Officer
Lisa Bohan-Johnston	County Budget Director
Lilly Simmering	Deputy Chief Operating Officer
Susan Price	Director of Care Coordination
Kimberly Engelby	Public Protection & Community Services Team Lead
Cynthia Shintaku	Legislation and Grants Administration Manager
Scott Price	Budget Analyst, Community Services
Theresa Stanberry	Budget Analyst
Oana Cosma	Budget Analyst-Public Protection
Zulima Pelayo	Staff Specialist-Care Coordination

Orange County Health Care Agency

Richard Sanchez	Department Director
Mary Hale	Behavioral Health Director
Kimberly Pearson	Deputy Agency Director
Jeff Nagel	Director of Operations
Annette Mugrditchian	Director, Adult and Older Adult Behavioral Health
Brett O'Brien	Director, Children, Youth and Prevention Behavioral Health
Erin Winger	Chief of Operations-Correctional Health Services
Dave Horner	Director, Authority & Quality Improvement Services
Dr. Hsien Chiang	Medical Director-Correctional Health Services
Sharon Ishikawa	PhD, Mental Health Services Act Coordinator
David Horner	PhD, Director, Authority and Quality Improvement
Linda Molina	Division Manager, Adult and Older Adult Behavioral Health
Mark Lawrenz	Division Manager, Prevention and Intervention Behavioral Health
Marcy Garfias	Division Manager, Children and Youth, LCSW
Adil Siddiqui	Chief Information Officer, Information Management
Jenny Hudson	Program Manager II
Alicia Lemire	Program Manager
Diane Holley	Program Manager
Sheryl Wamsley-Goldsmith	Mental Health Program Manager
Adelene Tsujiuchi	Mental Health Program Manager
Sharon Ishikawa	Manager, MHSA
Jason Austin	Administrative Manager II
Mitch Cherness	Administrative Manager II
Kerri Musgrave	Administrative Manager II
Sheri Curl	Administrative Manager II
James Harte	Administrative Manager II
Annette Tran	Service Chief II-Patients' Rights Advocacy
Janel Albert	Administrative Manager
Greg Masters	Service Chief II
Terri Williams	Service Chief II

Lance Lindgren	Service Chief I
Coletta Franciscus	Service Chief I

Superior Court

Hon. Maria Hernandez	Juvenile Presiding Judge
Hon. Joanne Motoike	Judicial Officer-Juvenile
Hon. Mary Kreber-Varipapa	Judicial Officer-Collaborative Courts
Hon. Lewis Clapp	Judicial Officer-Juvenile
Hon. Gary Pohlson	Judicial Officer-Adult
Hon. Craig E. Arthur	Judicial Officer-Juvenile
Hon. Fred W. Slaughter	Judicial Officer-Juvenile
Hon. Desiree Bruce-Lyle	Judicial Officer-San Diego County/Collaborative Court Team
Nora Sanchez	Director of Operations-Criminal
Anabel Romero	Director of Operations-Juvenile
Baltazar De La Riva	Manager, Pretrial Court Services
Kelli Beltran	Court Operations Manager-Juvenile
Michelle Norhausen	Court Operations Manager, Probate and Mental Health
Sherry Clifford	Branch Manager
Kristal Valencia	Deputy Manager-Criminal Operations
Paul Shapiro	Senior Analyst
Courtney Fretwell	Administrative Assistant

Orange County Probation Department

Steven Sentman	Chief Probation Officer
Chris Bieber	Chief Deputy Probation Officer
Doug Sanger	Chief Deputy Probation Officer
Sue DeLacy	Division Director-Strategic Support
Erik Wadsworth	Division Director-Adult Field Services
Brian Johnson	Division Director-Adult Court Services
Catherine E. Stiver	Division Director-Juvenile Court Services
Stacey McCoy	Division Director-AB109
Daniel Hernandez	Division Director-Juvenile
Dana Schulz	Finance Director
Scott Chandler	Assistant Division Director
Tawnya Medina	Assistant Division Director
Sanford Rose	Assistant Division Director-Adult Court Services
Marya Forster	Administrative Manager-Research
Evelyn Davis	Administrative Manager-Research

Orange County Public Defender

Sharon Petrosino	Public Defender
Daniel Cook	Chief Deputy
Martin Schwarz	Senior Assistant Public Defender
Tracy Lesage	Senior Assistant Public Defender
Mick Hill	Assistant Public Defender

Orange County District Attorney

Jana Hoffman	Senior Assistant District Attorney
Jaime Coulter	Senior Assistant District Attorney

Orange County Information Technology

Alex Thomas	Senior IT Application Developer
Seenivasan Gopal	Administrative Manager for Data Architecture and Business Intelligence

Orange County Sheriff's Department

Steve Kea	Assistant Sheriff, Professional Services Command
Robert Beaver	Senior Director, Administrative Services Command
Andy Ferguson	Captain, SAFE Division
Jim Rudy	Captain, Court Operations
Greg Boston	Administrative Manager III, Inmate Services Division
Michael McHenry	Lieutenant, Court Services Division
Sharon Tabata	Assistant Director, Financial Services Division
Geoffrey Henderson	Administrative Manager II, Inmate Services Division
Bill Fountas	Sergeant, Custody Operations Command
Randy Taylor	Sergeant, Court Operations
Dominic Mejico	Administrative Manager, Inmate Services Division
Ed Lee	Administrative Manager, Information Systems Bureau
Crystal Null	Research Analyst III, Inmate Services Division
Eleanore Coplan	Secretary III, Sheriff's Administration

Orange County Social Services Agency

Dr. Anna Light	Medical Director
Denise Churchill	Administrative Manager

Orange County Community Resources

Julia Bidwell	Director, Housing and Community Development/Homeless Prevention
Maggie Lopez	Community Services

Municipal Police Departments

Laura Farinella	Chief, Laguna Beach Police Department
Jason Farris	Corporal, Laguna Beach Police Department
Glenn Hollingshead	Police Officer, Tustin Police Department
Travis Whitman	Captain, Garden Grove Police Department

Integrated Law and Justice Association of Orange County

Mike James	Executive Director, ILJAOC

Orange County Reentry Partnership

Meghan Medlin	Project Director
Brendan Kavanaugh	OCREP Board Member, Sr. Director Phoenix House

Hope Builders/Orange County Mental Health Board

Karyn Mendoza	Senior Director of Programs

Community Volunteers

Jennifer Hoff	Family Member
Bradley Bartos	Doctoral Candidate, Criminology, Law & Society, UC Irvine

Council of State Governments Justice Center

Hallie Fader-Towe	Senior Policy Advisor, CSGJC-San Diego

Regional Center of Orange County

Jeremy Martin	Risk Manager
Christina Petteruto	General Counsel
Leslie Walker	Custodian of Records

PROPOSITION 47

The Proposition 47 programs are a result of a grant awarded to Orange County by the Board of State and Community Corrections (BSCC). This grant application was created through the specific input of a local Proposition 47 Advisory Committee which includes people who have previously been incarcerated, family members, county agencies, and community partners.

The three programs that were created from this funding source include:

1. System Navigators in the Orange County Intake and Release Center (IRC), who provide in-reach, greet people with supportive resources as they are released from jail, and assist with linkage to services.

2. Mental health and substance use counseling and medication support dedicated specifically for Proposition 47 clients being released from jail, provided at the Community Counseling & Supportive Services (CCSS) program.

3. A "Safe Haven" program, operated by Project Kinship, which includes after hours linkage, transportation, and other immediate supports for individuals leaving the IRC. Project Kinship also provides re-entry services such as case management, counseling, linkage, job training, housing, and other supports to the target population.

REFERRALS

Many of the individuals in these programs are referred directly from the Orange County IRC, Probation, and the Public Defender's Office. Community and self-referrals are also welcome. The target population for the programs includes individuals who report a mental health and/or substance use issue and have also been incarcerated for a misdemeanor or non-violent offense.

Referrals can be made directly to Project Kinship or CCSS by contacting:
Project Kinship: 714-941-8009
CCSS: 714-645-8000
Walk-ins are also welcome.

CONNECT WITH US

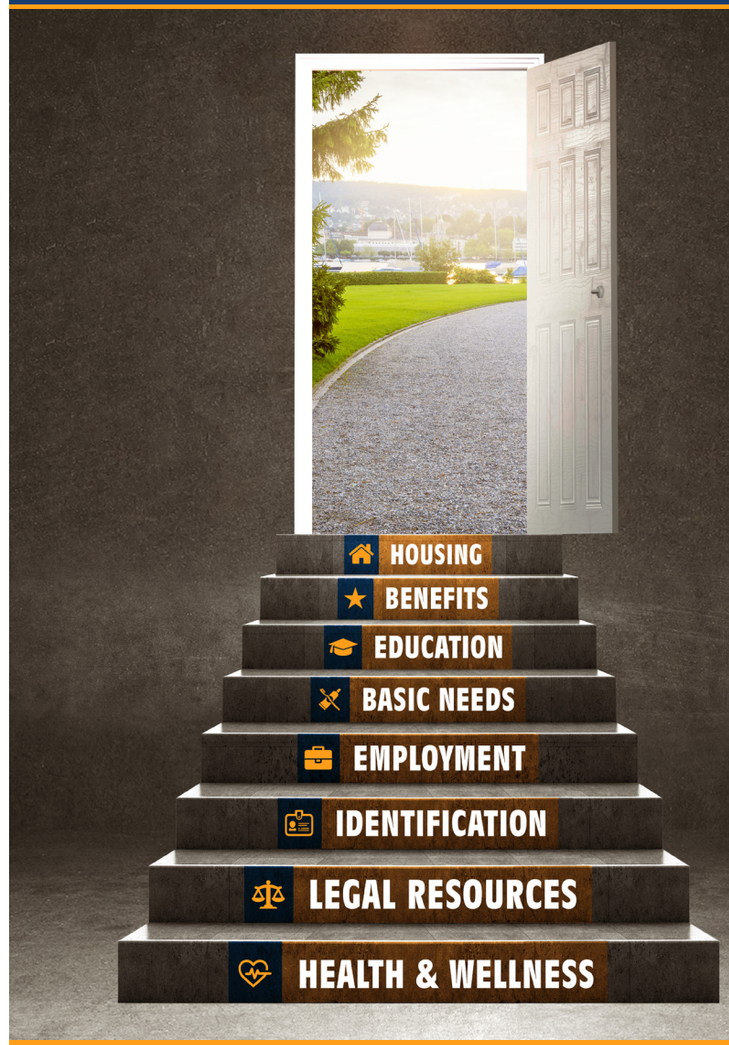
OC Health Care Agency
405 W. 5th Street
Santa Ana, CA 92701
www.ochealthinfo.com
prop47communityinput@ochca.com

twitter.com/ochealth
facebook.com/ochealthinfo
youtube.com/ochealthinfo

Project Kinship
2215 N. Broadway #2
Santa Ana, CA 92706
Phone: 714-941-8009
Fax: 714-975-9080
www.projectkinship.org

Community Counseling & Supportive Services (CCSS)
1040 W. Town & Country Rd., Bldg. G
Orange, CA 92868
Phone: 714-645-8000

Resources for Community
RE-ENTRY



HOPE LIVES HERE

FUNDED BY PROP 47 ORANGE COUNTY GRANT

PRIMARY GOALS

1. Reduce recidivism in the correctional system.
2. Increase linkage to mental health and substance use services upon release from jail.
3. Provide supportive services upon release from jail, in order to enhance successful community re-entry.

EDUCATION

Obtaining an education can increase employment opportunities. We help individuals with school applications and linkage to adult basic education, GED classes, and other educational programs.

BASIC NEEDS

Getting your basic needs met is essential for survival. We provide assistance with obtaining food, clothing and transportation to meet the basic needs of the individual.

BENEFITS

Many benefits are available for individuals returning to the community. We help enroll individuals for Medi-Cal and support individuals to apply for public assistance such as General Relief (GR), CalFresh, and other available benefits.

IDENTIFICATION

Having proper identification is crucial for accessing services and when applying for housing or a job. We help individuals obtain identification documents such as California identification card, driver's license, Social Security card, and birth certificate.

HOUSING

Having stable housing is important for successful re-entry. We assist individuals to secure interim housing such as recovery residences and room and board, and provide ongoing support to help find affordable and permanent housing.

LEGAL RESOURCES

Following up with legal obligations is important to break the cycle of incarceration. We work with the Public Defender's Office and other legal resources to provide individuals with the support and assistance needed to resolve legal issues.

EMPLOYMENT

Employment is key for community reintegration and self-sufficiency. We assist individuals with job preparation such as resume building and interviewing skills, and provide job coaching and job placement to support individuals reach their vocational goals. We establish relationships with employers and vocational training agencies to build network and facilitate linkage to employment.

HEALTH & WELLNESS

The services we provide promote hope, healing, health and wellness. We offer services that are trauma-informed, recovery-focused and peer-driven by people with lived experience. We also assist with linkage to medical and dental clinics, substance use treatment, 12-step programs, and other services as needed to ensure successful re-entry.

For more information on the services mentioned above, call **714-941-8009**, **714-645-8000** or visit **www.projectkinship.org**






Orange County Sheriff's Department

Coroner Division

Homeless Mortality Report

2014-2018

The Orange County Sheriff's Department, Coroner Division is responsible for investigating deaths that occur within the county of Orange. This includes unnatural deaths such as homicides, suicides, accidents, or suspicious/unexplained deaths. The scope and responsibility of the Coroner Division is largely based on California Government Code 27491. It is the duty of the Coroner Division to investigate the circumstance surrounding all deaths within its purview. The goal of these investigations is to determine the identity of the deceased, the medical cause of death, the manner of death and the date and time of death. The Coroner Division is managed by a Captain and employs 20 Deputy Coroners, who are responsible for responding to the scene of an unnatural, suspicious or unexplained deaths, to preserve and document the scene, examine the body and safeguard personal property. The Deputy Coroner Investigator also makes family notifications and documents the facts associated with the death.

It is the goal of the Coroner Division to be more than the "County Morgue" by uncovering as much information on every case, and studying those cases in cohorts that reflect or are likely to reflect changing patterns important to public health and safety. The analysis includes risk factors for premature deaths, such as prescription drug abuse or identifying consumer products causing death. The Coroners Division is proactive in the community, participating in programs geared towards preventing driving while intoxicated and drug use. They have a long standing cooperative relationship with non-profit organ and tissue procurement agencies, which enhances and saves lives.

Summary of Data

The data contained in this report reflects the most current information available to the Coroner Division of the Orange County Sheriff's Department. It is presented without bias or conclusion and confined to the period of 2014 through 2018.

For purposes of this report, homeless is defined as any decedent within the geographical boundaries of Orange County that lacks a permanent residential address at the time of death, limited to the jurisdiction of the Coroner Division. Orange County Sheriff's Department reports involving these individuals include the designation, "No fixed abode."

The data is categorized by the cause of death and geographic location. Beyond the blanket categories of Natural, Accident, Homicide, Suicide, or Undetermined, the statistical data is enhanced with additional context to provide the reader with a comprehensive understanding of the events handled by the Coroner Division.

2014

Manner/Subtype	Deaths	Deaths %
Natural	**56**	**44.4%**
Accident	**50**	**39.7%**
Asphyxia	1	
Drowning	2	
Electrocution	1	
Other	1	
Overdose	38	
Vehicular-Traffic	7	
Homicide	**2**	**1.6%**
Blunt Force Trauma	1	
Gunshot	1	
Suicide	**13**	**10.3%**
Asphyxia	1	
Blunt Force Trauma	1	
Gunshot	3	
Overdose	5	
Train	3	
Undetermined	**5**	**4.0%**
Asphyxia	1	
Blunt Force Trauma	1	
Unknown	1	
Vehicular-Traffic	2	
Total	**126**	**100%**

Location	Deaths	Deaths %
Anaheim	22	17.5%
Buena Park	2	1.6%
Costa Mesa	9	7.1%
Fountain Valley	4	3.2%
Fullerton	11	8.7%
Garden Grove	5	4.0%
Huntington Beach	10	7.9%
La Palma	2	1.6%
Laguna Beach	2	1.6%
Laguna Hills	1	0.8%
Laguna Niguel	1	0.8%
Lake Forest	1	0.8%
Los Alamitos	1	0.8%
Mission Viejo	2	1.6%
Newport Beach	11	8.7%
Orange	4	3.2%
San Clemente	3	2.4%
Santa Ana	31	24.6%
Tustin	2	1.6%
Westminster	2	1.6%
Total	**126**	**100%**

2015

Manner/Subtype	Deaths	Deaths %
Natural	**75**	**40.1%**
Accident	**75**	**40.1%**
Asphyxia	1	
Drowning	4	
Fall	1	
Fire	1	
Overdose	51	
Train	1	
Vehicular-Traffic	16	
Homicide	**9**	**4.8%**
Asphyxia	1	
Cutting/Stabbing	3	
Gunshot	4	
Vehicular	1	
Suicide	**21**	**11.2%**
Asphyxia	8	
Cutting/Stabbing	1	
Fall	1	
Gunshot	1	
Overdose	5	
Train	3	
Vehicular-Traffic	2	
Undetermined	**7**	**3.7%**
Drowning	1	
Overdose	2	
Unknown	3	
Vehicular-Traffic	1	
Total	**187**	**100%**

Location	Deaths	Deaths %
Anaheim	24	12.8%
Buena Park	10	5.3%
Capistrano Beach	1	0.5%
Corona del Mar	1	0.5%
Costa Mesa	7	3.7%
Cypress	1	0.5%
Dana Point	1	0.5%
Fountain Valley	4	2.1%
Fullerton	10	5.3%
Garden Grove	4	2.1%
Huntington Beach	17	9.1%
Irvine	1	0.5%
La Habra	1	0.5%
Laguna Beach	2	1.1%
Laguna Hills	5	2.7%
Lake Forest	4	2.1%
Mission Viejo	4	2.1%
Newport Beach	14	7.5%
Orange	21	11.2%
Placentia	2	1.1%
Rancho Santa Margarita	1	0.5%
San Clemente	7	3.7%
Santa Ana	33	17.6%
Seal Beach	1	0.5%
Stanton	5	2.7%
Tustin	1	0.5%
Westminster	5	2.7%
Total	**187**	**100%**

2016

Manner/Subtype	Deaths	Deaths %
Natural	**88**	**43.6%**
Accident	**87**	**43.1%**
Asphyxia	1	
Drowning	2	
Fall	2	
Fire	1	
Other	1	
Overdose	58	
Train	1	
Vehicular-Traffic	21	
Homicide	**5**	**2.5%**
Blunt Force Trauma	2	
Cutting/Stabbing	1	
Gunshot	2	
Suicide	**15**	**7.4%**
Asphyxia	7	
Drowning	1	
Fall	2	
Fire	1	
Gunshot	1	
Overdose	2	
Train	1	
Undetermined	**7**	**3.5%**
Fire	1	
Overdose	2	
Train	1	
Unknown	2	
Vehicular-Traffic	1	
Total	**202**	**100%**

Location	Deaths	Deaths %
Anaheim	41	20.3%
Buena Park	2	1.0%
Capistrano Beach	2	1.0%
Costa Mesa	11	5.4%
Cypress	3	1.5%
Dana Point	2	1.0%
Fountain Valley	10	5.0%
Fullerton	7	3.5%
Garden Grove	12	5.9%
Huntington Beach	8	4.0%
Irvine	3	1.5%
La Palma	1	0.5%
Laguna Beach	1	0.5%
Laguna Hills	3	1.5%
Laguna Niguel	1	0.5%
Lake Forest	4	2.0%
Mission Viejo	1	0.5%
Newport Beach	5	2.5%
Orange	30	14.9%
San Juan Capistrano	1	0.5%
Santa Ana	44	21.8%
Stanton	6	3.0%
Tustin	2	1.0%
Westminster	2	1.0%
Total	**202**	**100%**

2017

Manner/Subtype	Deaths	Deaths %
Natural	**95**	**48.5%**
Accident	**70**	**35.7%**
Drowning	2	
Fall	2	
Fire	1	
Overdose	51	
Train	1	
Vehicular-Traffic	18	
Homicide	**9**	**4.6%**
Blunt Force Trauma	1	
Cutting/Stabbing	1	
Fire	1	
Gunshot	5	
Vehicular	1	
Suicide	**19**	**9.7%**
Asphyxia	5	
Fall	2	
Fire	1	
Gunshot	2	
Other	1	
Overdose	2	
Train	2	
Vehicular-Traffic	4	
Undetermined	**3**	**1.5%**
Overdose	2	
Unknown	1	
Total	**196**	**100%**

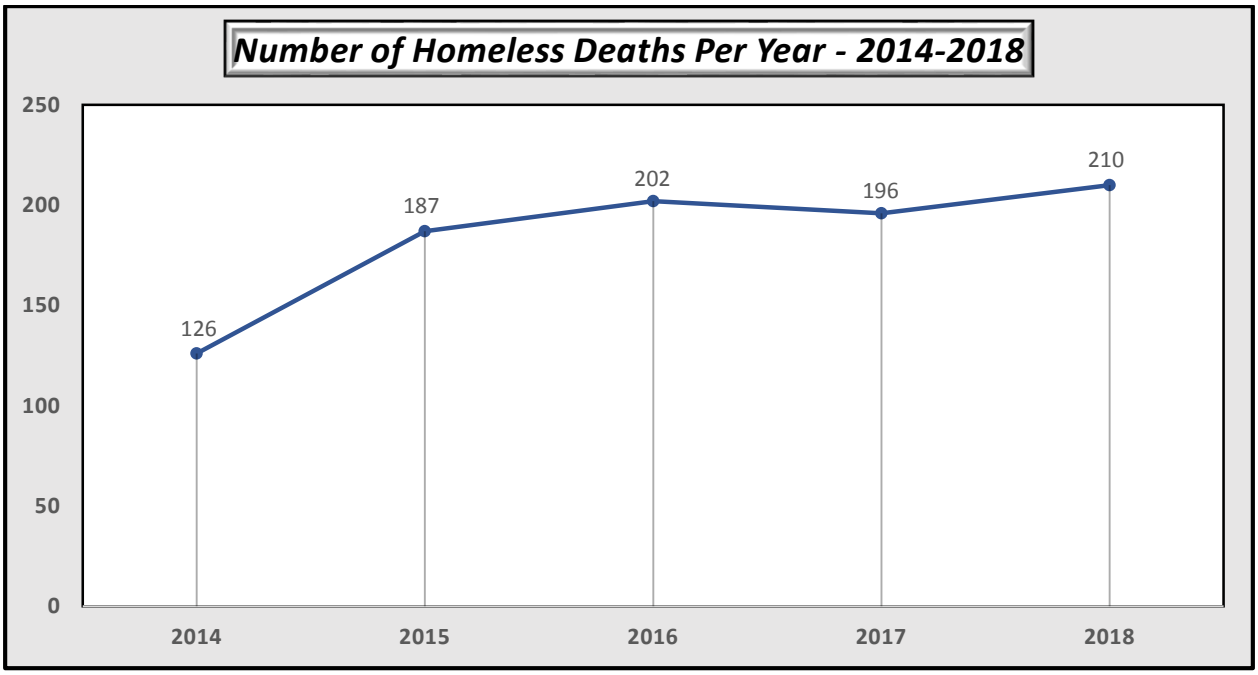
Location	Deaths	Deaths %
Anaheim	35	17.9%
Brea	1	0.5%
Buena Park	8	4.1%
Corona del Mar	1	0.5%
Costa Mesa	9	4.6%
Cypress	3	1.5%
Dana Point	1	0.5%
Fountain Valley	1	0.5%
Fullerton	3	1.5%
Garden Grove	12	6.1%
Huntington Beach	9	4.6%
Irvine	1	0.5%
La Palma	2	1.0%
Laguna Beach	3	1.5%
Laguna Hills	4	2.0%
Mission Viejo	1	0.5%
Newport Beach	10	5.1%
Orange	27	13.8%
Placentia	3	1.5%
San Clemente	4	2.0%
San Juan Capistrano	3	1.5%
Santa Ana	43	21.9%
Stanton	3	1.5%
Sunset Beach	1	0.5%
Tustin	4	2.0%
Westminster	4	2.0%
Total	**196**	**100%**

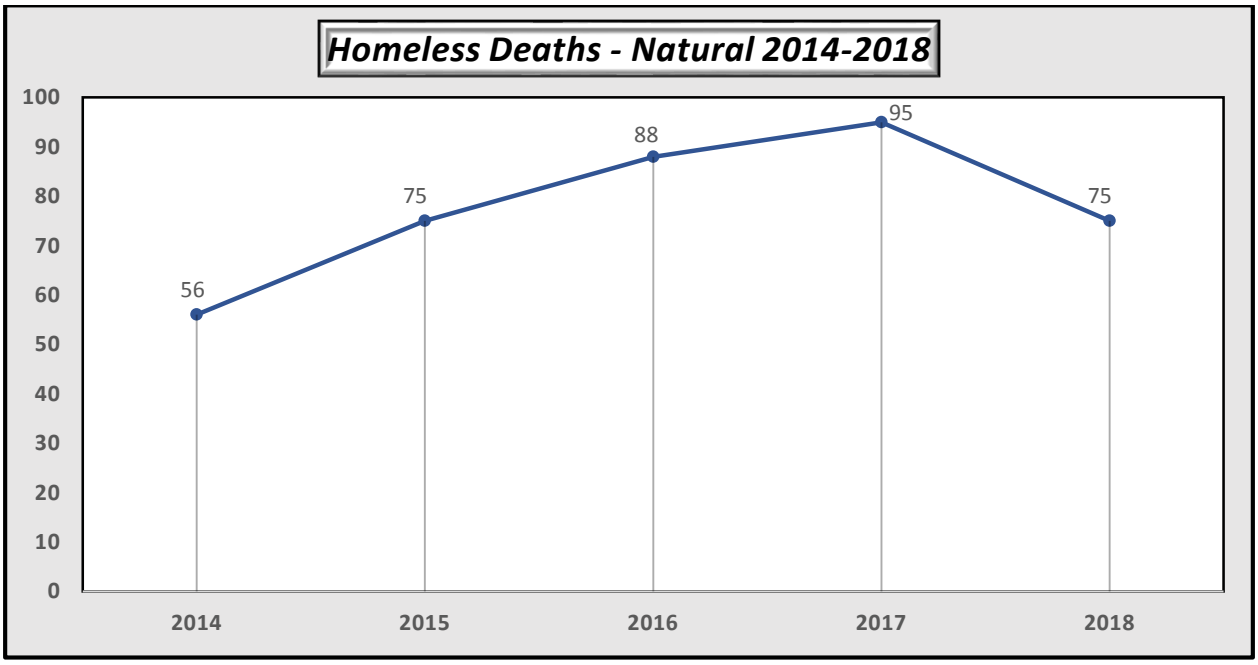
2018

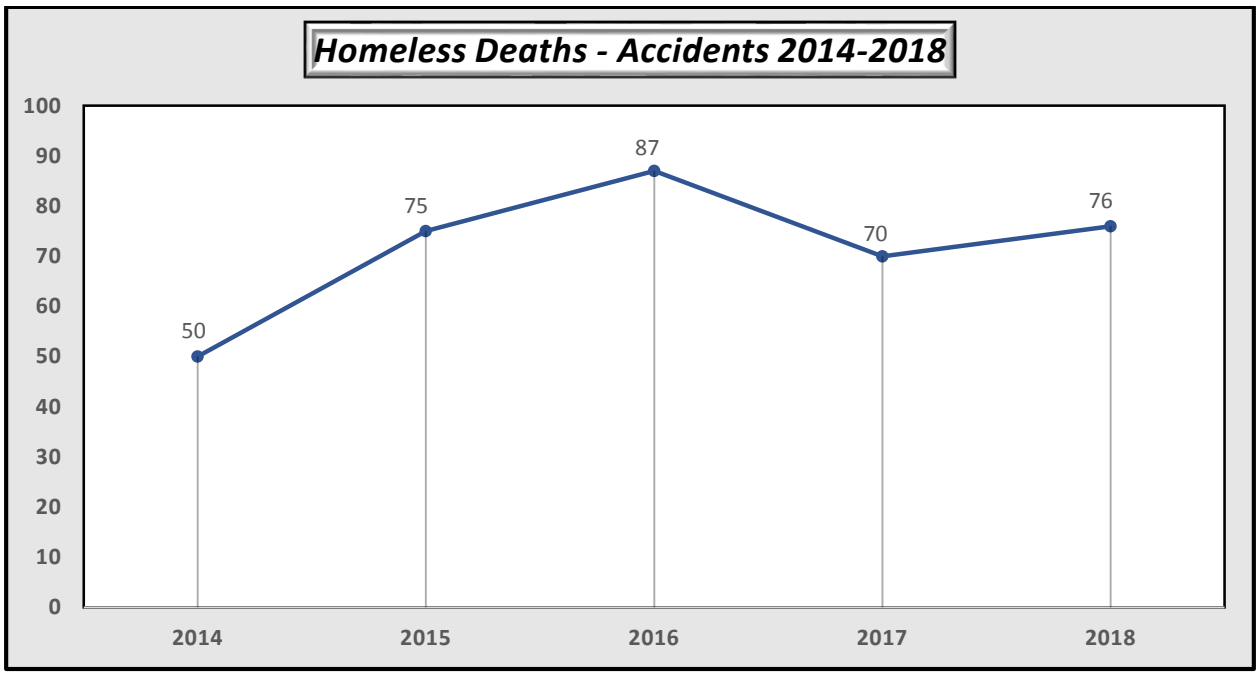
The statistics for 2018 have not been completed. Thirty two of the 210 homeless deceased are still in a pending status awaiting toxicology results.

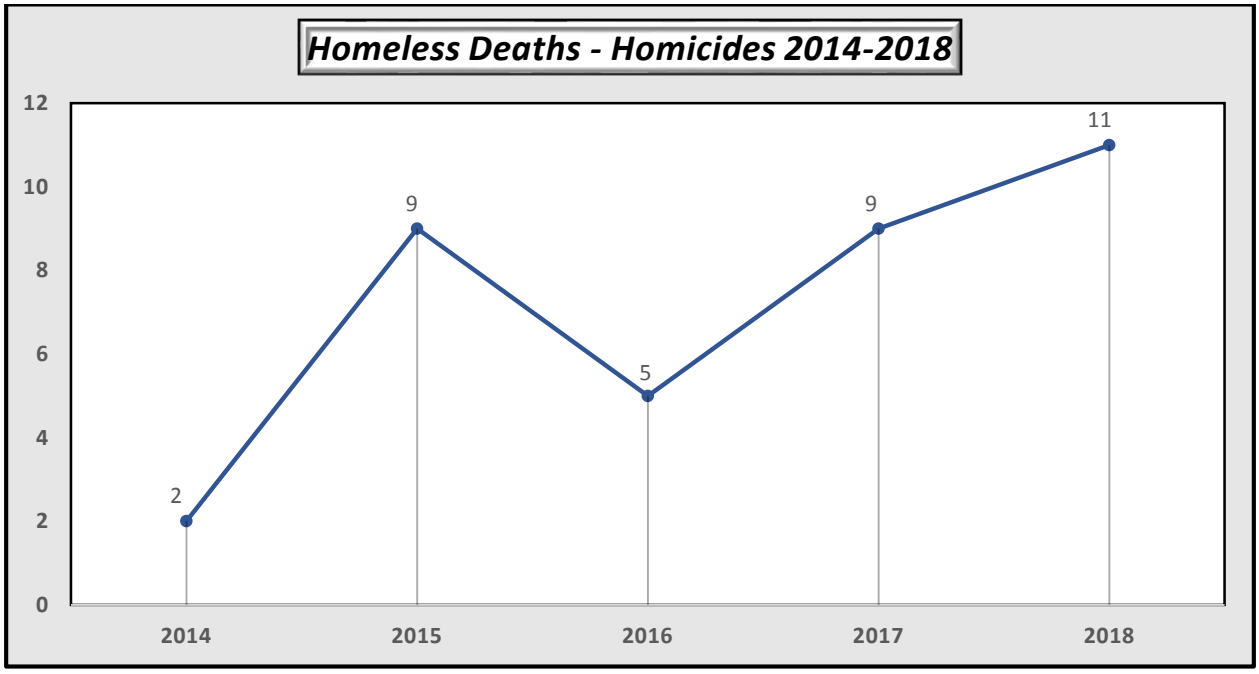
Manner/Subtype	Deaths	Deaths %
Natural	**75**	**35.7%**
Pending	**32**	**15.2%**
Accident	**76**	**36.2%**
Asphyxia	4	
Drowning	1	
Electrocution	1	
Fall	3	
Overdose	43	
Train	1	
Vehicular-Traffic	23	
Homicide	**11**	**5.2%**
Blunt Force Trauma	3	
Cutting/Stabbing	1	
Gunshot	6	
Other	1	
Suicide	**13**	**6.2%**
Asphyxia	9	
Gunshot	1	
Overdose	1	
Train	1	
Vehicular-Traffic	1	
Undetermined	**3**	**1.4%**
Asphyxia	1	
Train	1	
Unknown	1	
Total	**210**	**100%**

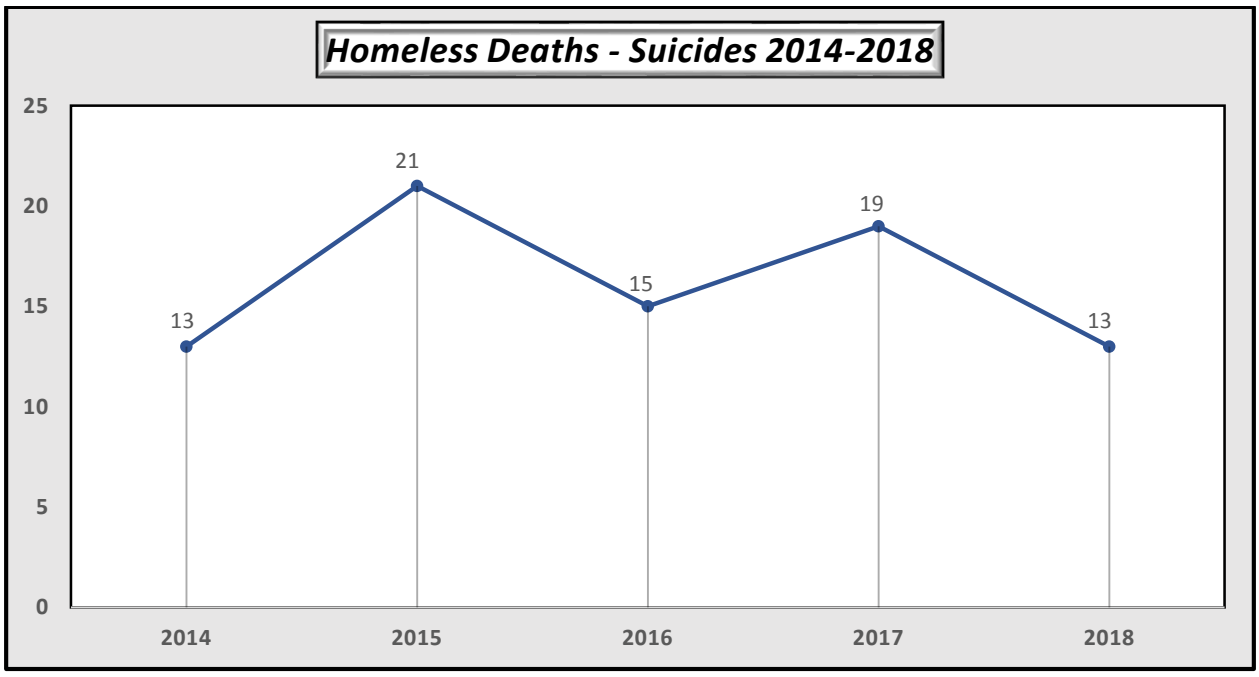
Location	Deaths	Deaths %
Anaheim	30	14.3%
Brea	2	1.0%
Buena Park	3	1.4%
Capistrano Beach	1	0.5%
Costa Mesa	9	4.3%
Dana Point	1	0.5%
Fountain Valley	5	2.4%
Fullerton	9	4.3%
Garden Grove	13	6.2%
Huntington Beach	16	7.6%
Irvine	2	1.0%
La Habra	2	1.0%
Laguna Beach	1	0.5%
Laguna Niguel	1	0.5%
Laguna Woods	1	0.5%
Lake Forest	4	1.9%
Los Alamitos	1	0.5%
Mission Viejo	7	3.3%
Newport Beach	6	2.9%
Orange	35	16.7%
Placentia	2	1.0%
San Clemente	1	0.5%
San Juan Capistrano	2	1.0%
Santa Ana	42	20.0%
Silverado	2	1.0%
Stanton	1	0.5%
Tustin	3	1.4%
Westminster	8	3.8%
Total	**210**	**100%**

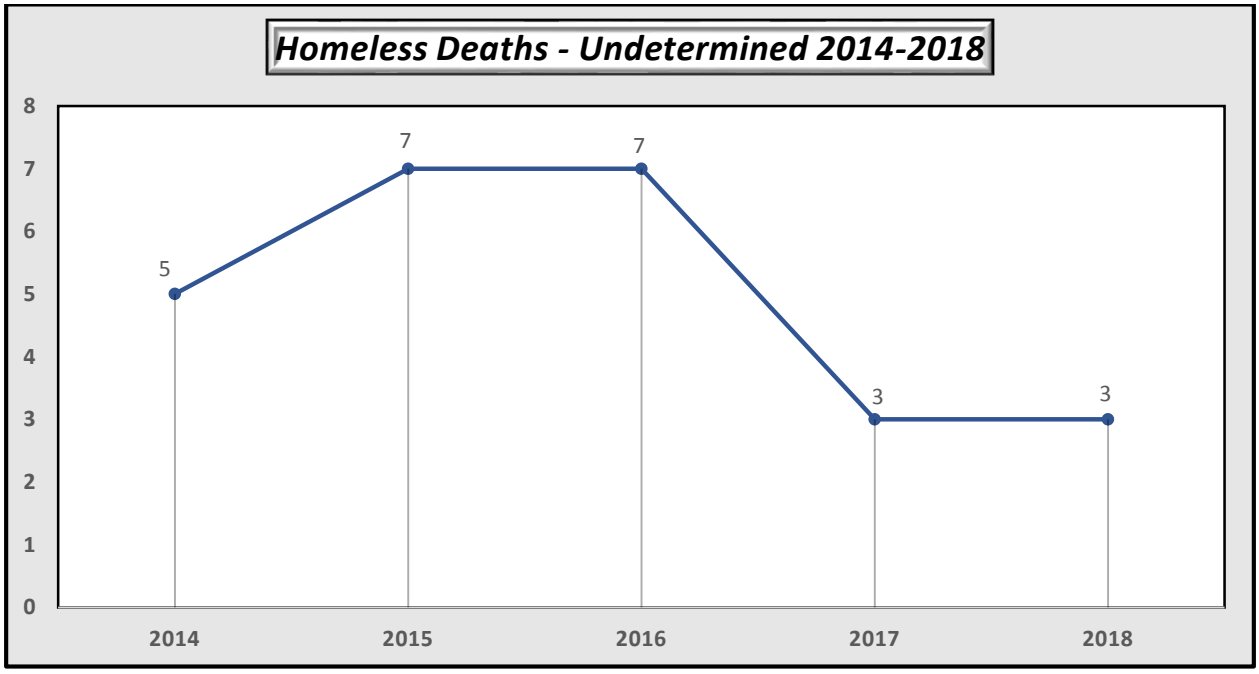

Number of Homeless Deaths Per Year - 2014-2018
250
200
150
100
50
0
126
187
202
196
210
2014
2015
2016
2017
2018


Homeless Deaths - Natural 2014-2018
100
90
80
70
60
50
40
30
20
10
0
56
75
88
95
75
2014
2015
2016
2017
2018


Homeless Deaths - Accidents 2014-2018
100
90
80
70
60
50
40
30
20
10
0
50
75
87
70
76
2014
2015
2016
2017
2018


Homeless Deaths - Homicides 2014-2018
12
10
8
6
4
2
0
2
9
5
9
11
2014
2015
2016
2017
2018


Homeless Deaths - Suicides 2014-2018
25
20
15
10
5
0
13
21
15
19
13
2014
2015
2016
2017
2018


Homeless Deaths - Undetermined 2014-2018
8
7
6
5
4
3
2
1
0
5
7
7
3
3
2014
2015
2016
2017
2018

ORANGE COUNTY
OC Community Resources
Our Community. Our Commitment.

Housing Funding Strategy

Orange County, California

June 12, 2018

COUNTY OF ORANGE CALIFORNIA

CSH

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Executive Summary

Homelessness is currently one of the most urgent issues facing Orange County. With a Point in Time (PIT) count total of 4,792 individuals experiencing homelessness across the County on a single night in January 2017, it is clear that the impacts of homelessness are profoundly felt in the region. This Housing Funding Strategy (HF Strategy) summarizes the need for supportive housing (including the broad 2,700 supportive housing unit goal established by homeless planning groups in Orange County), the need for affordable housing options for people experiencing homelessness (estimated at an additional 2,700 units or subsidies)[1] the costs of creating, operating and providing services in supportive housing, as well as a range of opportunities, challenges and strategies to maximize the creation of supportive housing in Orange County. The HF Strategy outlines:

- Regional Efforts in Orange County
- Affordable Housing Overview
- Needs Gaps and Special Populations
- Affordable/Supportive Housing Resources
- Financial Modeling
- Opportunities
- Challenges
- Recommendations & Next Steps

The HF Strategy summarizes the resources currently available, as well as those that are anticipated, with recommendations for Orange County to maximize competitiveness in successfully funding projects. The urgent crisis of homelessness requires swift action to create pathways out of homelessness for the most vulnerable in our community and this HF Strategy outlines key next steps to maximize housing options for those who need it most.

[1] The estimate of an additional need for 2,700 additional affordable housing options is based on the 2017 Point in Time count numbers and the 2017 Annual Homeless Assessment Report (AHAR)

Regional Efforts in Orange County

The Orange County Board of Supervisors has dedicated significant effort to effectively addressing homelessness in the county. These efforts have been across the region. Through direction from the Board, Orange County Community Resources (OCCR) provides funding, resources and loans for the development of supportive housing throughout the county. OCCR also oversees the Housing Choice Vouchers throughout the 31 cities and the unincorporated areas. Three other cities in the region have their own Housing Authorities and administer their own Housing Choice Voucher resources: Anaheim, Santa Ana, and Garden Grove. Other County agencies also provide housing resources to address homelessness, such as the Health Care Agency through Mental Health Services Act (MHSA) Housing funds, Whole Person Care, and the Social Service Agency through Housing Support Services Funds, Bringing Families Home and Housing and Disability Advocacy Programs.

Affordable Housing Overview

What is Affordable Housing?

Affordable Housing refers to rental or owner-occupied housing that costs no more than 30 percent of a household's monthly income.

Who needs Affordable Housing?

Households are considered “cost-burdened” when their housing costs more than 30% of their income. Cost-burdened households may not be able to afford other necessities such as food, clothing, transportation and medical care (United States Department of Housing and Urban Development, n.d.). Affordable Housing could benefit these households.

In communities throughout the United States, a family with one full-time worker earning minimum wage cannot afford the local fair-market rent for a two-bedroom apartment. Additionally, there are about 12 Million households in the US that pay more than 50% of their annual incomes for housing. Notably, the typical renter in Orange County pays the nation’s largest portion of their household income to the landlord.

What is Area Median Income (AMI) or Median Family Income (MFI)?

Area Median Income (AMI) or Median Family Income (MFI) generally refers to the median family income of a geographic area estimated by the United States Department of Housing and Urban Development (HUD) for the HUD Housing Choice Voucher (HCV) Program in communities across the country. To calculate HCV Income Limits, HUD first creates MFI estimates. Five-year survey data was used in the 2017 MFI estimates. The survey data is then adjusted by HUD to account for anticipated income growth using the Consumer Price Index (CPI) inflation forecast published by the US Congressional Budget Office. Very Low-Income Limits are calculated using HUD’s determination of MFI. Then, the Very Low-Income Limit category is used to calculate income limits for the other income categories that are described in detail below (Seeger, 2017).

What are the MFI/AMI Income Limit Categories?

The income limits for Orange County are defined in the table below, which are defined as follows:

- ***Extremely Low-Income:*** Extremely Low-Income limits are calculated as 60 percent of the very low-income limits and compared to the most recent update to the federal Poverty Guidelines. If the poverty guidelines are higher, those values are chosen. The value is capped at the Very Low-Income level (Seeger, 2017).
- ***Very Low-Income:*** The maximum Very Low-Income limit typically reflects 50 percent of median family income (MFI). HUD's MFI figure generally equals two times HUD's 4-person very low-income limit, except when HUD applies adjustments (Seeger, 2017).
- ***Low-Income:*** In general, maximum income for low-income households reflects 80 percent of the MFI level. Most low-income limits represent the higher level of: (1) 80 percent of MFI or, (2) 80 percent of State non-metropolitan median family income (Seeger, 2017).
- ***Moderate-Income Levels:*** The State Housing and Community Development (HCD) Department is responsible for establishing California's moderate-income limit levels. After calculating the 4-person area median income (AMI) level as previously described, HCD sets the maximum moderate-income limit to equal 120 percent of the county's AMI (Seeger, 2017).

What are the MFI/AMI Income Limits for Orange County?

The 2017 Area Median Income (AMI) for Orange County is $88,000. The subsequent income categories and household sizes are in Table A below. It is important to note that a typical supportive housing tenant is an adult receiving a monthly Social Security Income payment of $910.72/month (or $10,928/year). This income is approximately 18% of Area Median Income for Orange County. In addition, many supportive housing tenants may have zero income, or close to zero income and supportive housing projects need to have plans in place to house people with such limited financial resources, including rent payment expectations as well as "move-in" resources.

Table A: Income Limits for Orange County

(United States Department of Housing and Urban Development, 2017) (Seeger, 2017)

FY 2017 Income Limit Category	Persons in Family							
	1	2	3	4	5	6	7	8
Extremely Low Income	21,950	25,050	28,200	31,300	33,850	36,350	38,850	41,350
Very Low Income	36,550	41,750	46,950	52,150	56,350	60,500	64,700	68,850
Low Income	58,450	66,800	75,150	83,450	90,150	96,850	103,500	110,200
Median Income	61,600	70,400	79,200	88,000	95,050	102,100	109,100	116,150
Moderate Income	73,900	84,500	95,050	105,600	114,050	122,500	130,950	139,400

Affordable Housing Strategic Plan and Accomplishments to Date

In 2015, Orange County launched its Affordable Housing Strategic Plan along with an Affordable Housing Implementation Plan. The purpose of the Affordable Housing Strategic Plan was to outline key priorities and strategies that would maximize and prioritize affordable and supportive housing production. Recommendations from this strategic plan included:

1. Aligning available housing resources within a single NOFA/RFP;
2. Leveraging housing resources over several funding cycles in order to maximize project competitiveness when seeking sources of funding;
3. Prioritizing rental subsidy commitments for projects receiving capital investments;
4. Prioritizing investment of County resources within the County jurisdiction and regional initiatives;
5. Targeting resources to create housing opportunities that have the greatest impact on specific priority populations

The Plan specified that the recommendations listed above were designed for the next five years in order to create the most housing opportunities. These strategies have opened doors and enabled people experiencing homelessness to leave the streets behind by providing critical supports to important and innovative projects across the County. In addition, the Board of Supervisors has committed $25 Million in Mental Health Services Act (MHSA) Housing funds towards these efforts. Commitments from Orange County (OCCR and the Health Care Agency) have included a range of capital, operating, and services funding commitments to numerous supportive and affordable housing projects, including 688 affordable and supportive housing units that are leased up or in various stages of development throughout the region. Within this total of 574 units, 341 are supportive housing units (which includes 131 MHSA supportive housing units). In addition, there are 1,600 to 1,800 potential units that developers have indicated could be developed given adequate resources, but not yet entitled.

Housing Needs and Goals

Homelessness in Orange County

According to the 2017 Point in Time (PIT) Count, there are 4,792 people experiencing homelessness in Orange County. The unsheltered homeless population (2,584) accounts for 54% of the total homeless persons, whereas the remaining 46% (2,208) were sheltered in Emergency Shelter and Transitional Housing programs. This high number of unsheltered households consists mostly of individuals (households without children), which account for 99% of the unsheltered population (2017 PIT).

Supportive Housing

Supportive housing is more than just affordable housing. Many homeless households have higher needs than other cost-burdened households that need affordable housing. People who need services in order to remain stably housed need supportive housing because it includes tenancy support services and is designed to be affordable for individuals who receive Social Security Income or who may have no income.

Supportive housing combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity. Supportive housing is affordable housing where supportive services providers actively engage tenants in flexible, voluntary and comprehensive services and work with property and housing management to support tenant stability and ensure that the housing remains a positive community asset for the long-term. Supportive housing is an innovative and proven solution to some of communities' toughest problems. Supportive housing is the scaffolding for the delivery of more effective and responsive public services.

Supportive housing is for people who are highly vulnerable, like those experiencing chronic homelessness. Someone experiencing chronic homelessness has lived on the streets, in his or her car, in a shelter or somewhere not meant to be lived in for an extended period of time and has a disability. Supportive housing is also an effective intervention for those who cycle through institutions, such as emergency rooms, psychiatric facilities, jails, and hospitals, for example. Supportive housing is for people who without housing, are not able to secure the treatment and supportive services available to them. Because supportive housing provides the stability that we hope everyone can have, somewhere where they can call home, it allows people to start to access non-emergency services like primary health care, mental health care, public benefits and others.

There are an estimated 2,700 supportive housing units currently available in Orange County according to the 2017 Housing Inventory Chart. These units are predominantly scattered site supportive housing using rent subsidies such as Housing and Urban Development-Veterans Affairs Support Housing (HUD-VASH) vouchers and HUD SHP rental subsidies in the private market, along with some newly constructed or rehabilitated supportive housing units.

Needs, Gaps and Special Populations

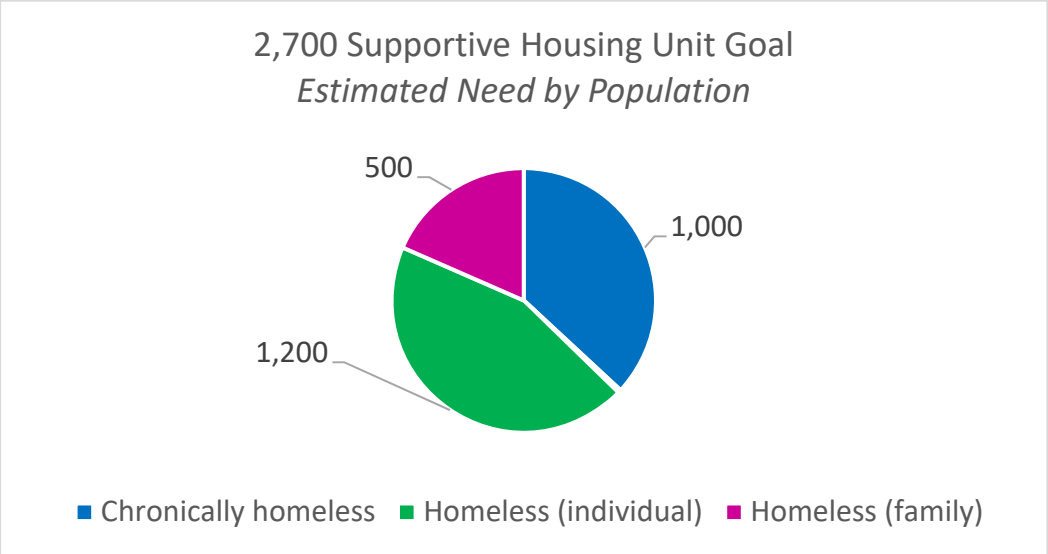
The County has identified the need for approximately 2,700 new supportive housing units based on information from the 2017 Point in Time Count and the Annual Homeless Assessment Report (AHAR). Using this previously identified unit goal as a guide, and analyzing the demographics of the 2017 Point in Time Count and the AHAR data, CSH estimates a need for 500 family supportive housing units and 2,200 supportive housing units for individuals.

Chronically Homeless Need:

CSH estimates that 1,000 of the 2,700 supportive housing units will be needed for individuals and families experiencing chronic homelessness,[2] and 1,700 will be needed for other households experiencing homelessness who also have significant service needs (2017 PIT, 2017 AHAR). Within the 1,700 non-chronically homeless supportive housing units, 1,200 units are projected for individuals and 500 are projected for families.

The following chart breaks down the estimated unit needs by population type:

Chart A Supportive Housing Unit Goal:

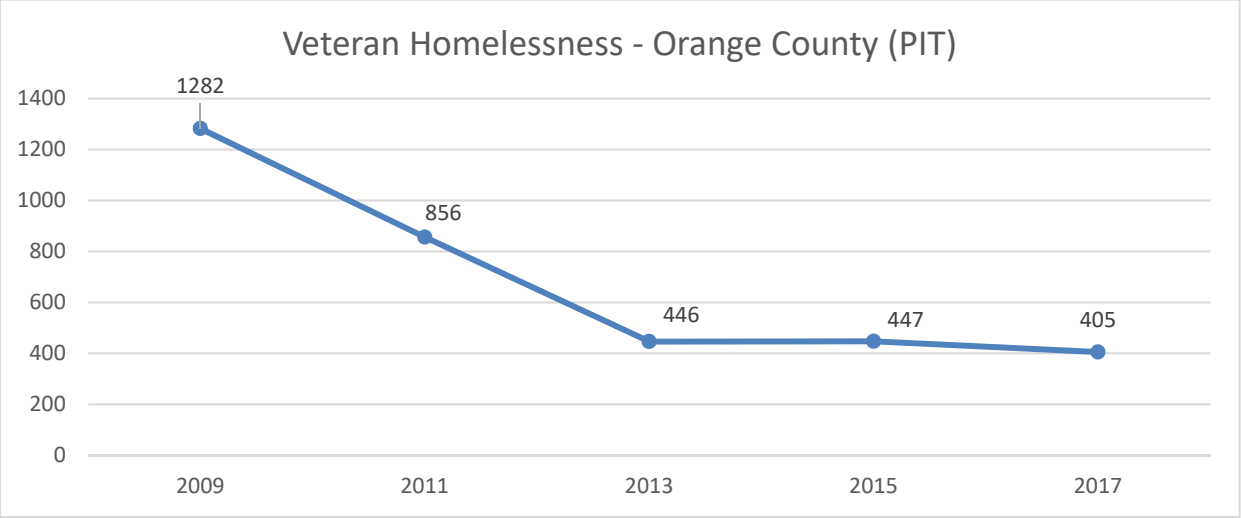


[2] There is an estimated need for 10 supportive housing units for chronically homeless families.

Veterans

For the past eight years, the homeless veteran population has decreased dramatically from 1,282 in 2009, to 856 in 2011, to about 450 in 2013 and 2015, and to 405 in 2017 (Orange County PIT). Eighty eight percent of veterans experiencing homelessness were unsheltered in 2017. This is a significant regional success that can be attributed to effective strategies that have been implemented over the last decade, primarily providing access to both affordable and supportive housing.

Chart B Veteran Homelessness in Orange County – Point in Time Count Numbers:



It is important to note that veterans are approximately 4% of the overall population in Orange County, yet veterans make up 10% of the homeless population locally. More detailed information from the 2017 AHAR shows that about 29% of adults in supportive housing identified as being veterans. According to the 2017 Point in Time (PIT) count, about 2% of those in shelter and transitional housing were veterans, and about 14% of unsheltered people were veterans.

Supportive Housing Unit Projections

There is an estimated need to create 2,700 supportive housing units to provide housing and services for people experiencing homelessness in Orange County who have disabling health conditions and support services needs. In addition, local data (2017 PIT; 2017 AHAR) showed a need for access to *affordable housing* for an additional 2,700 people experiencing homelessness in the region.

This report focuses on estimated unit goals and recommends that local planning take into account the need to create 2,700 supportive housing units. It is important to note that there is also a need for access to affordable housing options, such as developed affordable housing,

Section 8 housing vouchers, and rapid rehousing resources for the additional 2,700 people experiencing homelessness who are in need of access to affordable housing. It is recommended that careful planning continues throughout the region to also meet those additional housing needs.

The table below projects the unit breakdown to create 2,700 units of supportive housing over the next seven years to meet the housing needs of people with disabling health conditions who are experiencing homelessness in Orange County.

Table B: Supportive Housing Unit Goal (by Population and Unit Type):

Supportive Housing Goal by Population	Studio/1 Bedroom	2 or 3 Bedroom	Total
Homeless Individual	1200		1,200
Chronically Homeless Individual (+ 10 family units)	990	10	1,000
Homeless Family		500	500
Total	**2,190**	**510**	**2,700**

Housing Models and Development Approaches

Supportive housing can be created using a variety of models and approaches. This HF Strategy anticipates that the supportive housing developed across Orange County will include the following models and approaches:

Single Site Supportive Housing

This is generally a multi-family supportive housing development that exclusively provides housing along with support services to formerly homeless families or individuals.

Integrated Housing

This model generally refers to multi-family housing developments that have a dedicated percentage of subsidized units that provide housing to formerly homeless families or individuals along with support services. The other units in the development are affordable housing for low-income individuals and families.

Development Approaches:
Hotel/Motel Conversion, Acquisition/Rehabilitation and New Construction

A variety of approaches to development are required in order to achieve the ambitious unit goal of creating 2,700 units of supportive housing. These development approaches include Hotel/Motel Conversion, Acquisition/Rehabilitation, as well as New Construction.

Village Model

An innovative approach to providing housing for people experiencing homelessness is to create a “village” of homes, offering housing and a community of support for people leaving the streets behind.

The table below outlines the number of units that could be produced through a development approach, followed by an estimate of the total development costs to create the 2,700 units of developed supportive housing.

Table C: Supportive Housing Unit Goal (by Year Placed in Service)

Total Supportive Housing Units - Projected Need across Orange County Region								
	2019	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**TOTAL**
Supportive Housing - Single Adults: Acquisition/Rehabilitation	190	200	200	200	200	200	200	**1,390**
Supportive Housing - Single Adults: New Construction	150	150	100	100	100	100	100	**800**
Supportive Housing - Families: Acquisition/Rehabilitation	50	50	45	35	35	35		**250**
Supportive Housing - Families: New Construction	60	50	45	35	35	35		**260**
Total	450	450	390	370	370	370	300	2,700

Affordable/Supportive Housing Resources

It is important to understand the full range of potential resources that could be accessed in achieving Orange County's supportive housing unit goals. Supportive housing development requires three types of resources for successful projects:

- Capital Funding – to build the housing development.
- Operating Funding – to ensure the housing development can operate; pays the difference between what a supportive housing tenant can pay and what it costs to actually operate the unit.
- Services Funding – to provide support services to tenants to ensure their stability in housing.

Capital Funding Sources

The following sources are critical resources to the development of affordable and supportive housing:

- 4% and 9% Low Income Housing Tax Credits (LIHTC)
- Conventional Financing / Loans
- Federal Home Loan Bank Affordable Housing Program (AHP)
- HOME Investment Partnerships Program (HOME)
- Community Development Block Grant (CDBG)
- Local Continuum of Care Supportive Housing Program (SHP) resources (Homeless Emergency Assistance and Rapid Transition to Housing - HEARTH)
- Locally controlled Housing Funds:
    - Housing Successor Agency (Redevelopment)
    - Housing Authorities
    - Mental Health Services Act Housing Program/Special Needs Housing Program (CalHFA) – includes capital and operating funds
- State Funds:
    - Veteran's Housing and Homeless Prevention Program (VHHP)
    - Multifamily Housing Program (MHP)
    - Affordable Housing and Sustainable Communities Program (AHSC)

Veterans Housing and Homeless Prevention (VHHP) Program (Proposition 41)

Passed by the voters in June 2014, the VHHP program allows the state to sell $600 Million in bonds to fund housing for low-income and homeless veterans. Three NOFAs have been issued under the VHHP Program and the fourth NOFA was released in May 2018.

Source of Funding: Initially Proposition 12 in 2008, the Veteran's Bond Act of 2008, authorizing $900 Million in general obligation bonds, intended to help veterans purchase single family homes, farms, and mobile homes through the California Department of Veterans Affairs

(CalVet) Home Loan Program. In 2013, AB 639 (Chapter 727, Statutes of 2013, Pérez) restructured the Veteran's Bond Act of 2008 authorizing $600 Million in existing bond authority to fund multifamily housing for veterans. With the approval of Proposition 41 by California voters on June 3, 2014, the Department of Housing and Community Development (HCD), in collaboration with the California Housing Finance Agency (CalHFA) and CalVet, is administering the veteran multifamily housing program pursuant to AB 639 (Chapter 727, Statutes of 2013, Pérez).

Housing Successor Agency Funds

Redevelopment Successor Agencies across Orange County are seeking to maximize the number of new affordable housing units that can be produced with the Successor Housing Entity's remaining housing assets by leveraging their funds with other funding sources.

Source of Funding: The 2011 Budget Act dissolved California Redevelopment Agencies, which were funded through property tax revenues. The Housing Successor Agencies administer the funds that remain after the dissolution of redevelopment to meet required payments on existing bonds and other obligations.

Cap and Trade - Affordable Housing and Sustainable Communities Program

Beginning in Fiscal Year 2014-15, California has implemented a state-wide Cap and Trade program that sets aside a long-term revenue stream for affordable housing, focusing on the reduction of greenhouse gases in the state, including transit-oriented development. Twenty percent of Cap and Trade revenues are dedicated to the Affordable Housing and Sustainable Communities Program, including planning, active transportation, transit and other supportive infrastructure, estimated at $200-$300 Million/year in statewide funding.

Source of Funding: the Affordable Housing and Sustainable Communities Program is funded by the California Climate Investments Program (CCIP, formerly the Greenhouse Gas Reduction Fund or GGRF), an account established to receive Cap-and-Trade auction proceeds. The program was initial authorized by Assembly Bill 32 (Nunez), the Global Warming Solutions Act of 2006. The Cap-and-Trade program sets a cap or limit on total GHG emissions that declines over time. Large emitters of greenhouse gases can buy, sell, and trade carbon allowances during quarterly auctions. A variety of legislation governs the implementation of this program.

National Housing Trust Fund (NHTF)

Since its creation in 2008 under the Housing and Economic Recovery Act, the NHTF funds the building, preservation, and rehabilitation of rental homes that are affordable for extremely and very low income households. The NHTF is a permanent program with a dedicated source of funding that is not be subject to the annual appropriations process. It prioritizes rental housing, with a minimum of 80% of the funds being used for the production, preservation, rehabilitation, or operation of rental housing and up to 10% for home ownership activities. Finally, 75% of the funds for rental housing must benefit extremely low income households (and all funds must benefit very low income households). The NHTF program is administered by State HCD and

priority is be given to special needs populations. NHTF can be paired with Community Development Block Grant (CDBG) and HOME funds as set forth in the State HCD Annual and Consolidated Plans.

Source of Funding: The National Housing Trust Fund was established under Title I of the Housing and Economic Recovery Act of 2008, Section 1131 and the federal department of Housing and Urban Development (HUD) allocates funds annually to states.

HOME Investment Partnerships Program (HOME)

Orange County and surrounding cities receive varying amounts of federal HOME Investment Partnerships Program (HOME) funds, which are restricted for use within their jurisdictions. In most cities, these funds have not been targeted toward special needs or supportive housing in particular. However, they must be allocated to affordable housing development at the low to moderate income levels.

Source of Funding: HOME funds are based on a federal formula grant to states and localities from the federal Housing and Urban Development (HUD) department and the use of the funds is governed through the HOME program regulations as well as locally developed Consolidated Plans and Annual Action Plan Projects. The HOME program was authorized under the 1990 Cranston-Gonzalez National Affordable Housing Act.

Community Development Block Grant Program (CDBG)

The Community Development Block Grant (CDBG) program enables local governments to undertake a wide range of activities intended to create suitable living environments, provide decent affordable housing and create economic opportunities, primarily for persons of low and moderate income. Orange County receives CDBG funds, along with a variety of other jurisdictions, including:

- Anaheim
- Buena Park
- Costa Mesa
- Fountain Valley
- Fullerton
- Garden Grove
- Huntington Beach
- Irvine
- La Habra
- Laguna Niguel
- Lake Forest
- Mission Viejo
- Newport Beach
- Orange
- Rancho Santa Margarita
- San Clemente
- Santa Ana
- Tustin
- Westminster

Metro Cities receiving CDBG funds:

- Aliso Viejo
- Placentia
- Yorba Linda

Collaborative and coordinated planning with these jurisdictions is critical as the region plans to use Year 2 SB2 funding, which will be received by the CDBG entities (discussed in further detail below).

Source of Funding: The CDBG Entitlement Program provides annual grants on a formula basis to entitled cities and counties. The program is authorized under Title 1 of the Housing and Community Development Act of 1974, Public Law 93-383, as amended; 42 U.S.C.-5301 et seq.

Special Needs Housing Program

The MHSA Housing Program concluded in May 2016. At the request of a number of counties, the California Housing Finance Agency (CalHFA) created the "Local Government Special Needs Housing Program" (SNHP) which builds upon the successes of the MHSA Housing Program for the development of new MHSA housing. Orange County has allocated a total of $25 Million in funds to the SNHP for additional permanent supportive housing units. These funds are available to supportive housing developers in Orange County and there is a high degree of interest from the development community.

Source of Funding: the Special Needs Housing Program (SNHP) is funded with Mental Health Services Act (MHSA) funding that local counties receive. Counties can choose to assign their MHSA funds to the SNHP administered by the California Housing Finance Agency (CalHFA). The Mental Health Services Act was created through Proposition 63 in 2004 and is funded through a 1% income tax on personal income in excess of $1 Million.

State Housing and Community Development Multi-Family Housing Program

There are some monies left in this state program and a NOFA is anticipated to be released in 2018 to fully commit these bond funds.

Summary of Funding Sources and Commitments to Orange County:

The table below outlines various funding sources that are administered by the State of California and the amount that is available/dedicated to affordable/supportive housing:

Table D: Summary of Funds Available and Committed in Orange County:

State Program	Funds Available	Notes
Affordable Housing & Sustainable Communities (Cap and Trade)	Most recent $255 Million NOFA closed January 2018 with awards expected in June 2018.	Approx. $420 Million awarded to 53 projects across the state in two NOFA rounds Orange County projects awarded funding: • $3.9 Million for *Depot at Santiago* by C&C Development in Santa Ana • $12 Million for *Santa Ana Arts Collective* by Meta Housing in Santa Ana
National Housing Trust Fund	$10 Million statewide	NOFA expected in 2018.
Veterans Housing and Homeless Prevention (VHHP) Program	~$325 Million currently available statewide. Most current NOFA released May, 2018. To date, 3 NOFAs issued with $238 Million awarded statewide, creating 1970 units.	One Orange County project funded: $1.79 Million for Potter's Lane (15 units)

Operating Funding Sources

Affordable housing capital funding sources create projects that are affordable to people earning 30 to 60% of Area Median Income (AMI). As discussed above, individuals experiencing homelessness often have an income that is 18% AMI or less. To cover the difference between what a tenant can pay and the cost of operating the unit, an operating subsidy or rental subsidy is needed to ensure that the project is affordable and financially feasible over the long term.

Housing Choice Vouchers

The federal Housing Choice Voucher Program provides rental subsidies that are administered by four local housing authorities:

- Orange County Housing Authority
- Santa Ana Housing Authority
- Anaheim Housing Authority
- Garden Grove Housing Authority

Tenant based housing assistance is provided to participants who find their own housing through a local landlord. The tenant pays the landlord 30% of their income toward rent and utilities directly to the landlord. The housing authority pays the remaining cost up to what is determined to be a "reasonable rent" for the market. Housing authorities have the discretion to "project-base" a portion of their housing choice vouchers by committing them to a specific housing project through a competitive allocation. When capital funders know a project will receive a rental subsidy, this can be used as a powerful development finance tool in the creation of new supportive housing in Orange County, as seen in MHSA Housing developments throughout the region.

Housing and Urban Development - Veterans Affairs Supportive Housing (HUD-VASH)

The federal Housing and Urban Development (HUD) and Veterans Affairs (VA) have collaborated to provide the HUD-VASH Supportive Housing Program which provides permanent housing subsidies and case management services to homeless veterans with disabling health conditions. The VA Medical Center in Long Beach California screens and selects veterans for participation in HUD-VASH in Orange County and the rental subsidies are administered by the Orange County Housing Authority. The VA and the Housing Authorities who receive HUD-VASH vouchers have the option to Project Base HUD-VASH, providing predictable operating revenue for housing developers, and the federal government is encouraging communities that receive HUD-VASH to focus resources on ending veterans and chronic homelessness.

HUD 811 Project Rental Assistance

The HUD Section 811 Project Rental Assistance Demonstration Program provides rental assistance to affordable housing developments serving persons with disabilities. The program serves non-elderly individuals with disabilities who have resided in a long-term health care facility for at least 90 days and desire to return to community living, or are at risk of institutionalization because of loss of housing. The Project Rental Assistance funding is managed by CalHFA in partnership with other state agencies. Two notices of funding available (NOFA) rounds have been complete (one state-wide and one specific to Los Angeles). Limited funds are still available under the statewide NOFA for PRA on an "over the counter" basis.

SNHP Capitalized Operating Subsidy Reserves

The Special Needs Housing Program also provides the possibility of funding a Capitalized Operating Subsidy Reserve (COSR) for projects that demonstrate that they cannot secure an operating subsidy from another source.

Services Funding Sources and Partnerships

As described above, supportive housing requires capital financing to develop a supportive housing project and operating subsidies to ensure the housing is affordable to people with extremely low or no income. In addition, the supportive services provided in supportive housing are what distinguish supportive housing from other types of affordable housing. The support services should be designed to help ensure tenant stability in housing and maximize the ability to live independently.

This Strategy does not outline the financial costs of services in the 2,700 units of supportive housing and it is incredibly challenging to identify and secure funding for the range of services needed to meet resident needs. In some cases, agencies that have existing revenue streams are able to partner with supportive housing owners to provide services directly to tenants. In these instances both partners must pay careful attention to the agreements and relationships to ensure ongoing commitments to the tenants. The following programs can provide service partnerships in supportive housing with careful attention to the agreements and relationships that enable services for supportive housing tenants:

Mental Health Services Act (MHSA) Services

MHSA services provided in supportive housing are designed for low-income adults, or older adults with serious mental illness, and children with severe emotional disorders and their families who, at the time of assessment for housing services, meet the criteria for MHSA services in their county of residence and are homeless or at risk for homelessness. The Orange County Community Supports and Services (CSS) plan is publicly posted and provides details on MHSA funded services across the county.

Federally Qualified Health Centers (FQHCs)

FQHCs are Medicaid-funded, neighborhood-based health service providers that serve underserved persons in their targeted geographic areas and must provide more than primary health care services, including behavioral health, nutritional counseling and some case management. The mission and service approach of FQHCs are similar to those of supportive housing providers. FQHCs in Orange County provide many of the additional services that high-need populations require, and there are many examples of successfully pairing FQHC resources with housing to promote tenant wellness and stability, and to create pathways out of homelessness.

Whole Person Care (WPC)

The County of Orange was approved through the State of California's Department of Health Care Services (DHCS) on October 24, 2016 for a five-year project to implement the Whole Person Care (WPC) pilot program. WPC is the coordination of physical, behavioral health, and social services in a patient-centered approach with the goals of improved health and well-being through more efficient and effective use of resources for Medi-Cal beneficiaries struggling with homelessness. WPC promotes increased communication between hospital

emergency rooms, CalOptima, community clinics, OC Health Care Agency (HCA) Behavioral Health Services and Public Health Services as well as recuperative care providers to improve access and navigation of services for the homeless population. WPC will provide important health and behavioral health supports to individuals and families in supportive housing.

Program of All-inclusive Care for the Elderly (PACE)

Programs of All-Inclusive Care for the Elderly (PACE) provides a comprehensive set of social and medical services to seniors that allows them to continue living in their own homes for as long as possible. PACE serves individuals who are age 55 or older, certified by their state to need nursing home care, able to live safely in the community at the time of enrollment and live in a PACE service area. PACE in Orange County is provided by CalOptima and offers an interdisciplinary team to deliver in-home care, therapies, rehab, social services, transportation, adult day care, meals, respite care and medical care. Seniors may visit a PACE Center a few times a week or the PACE team may bring services to the senior's home. PACE providers also contract with mental health specialists to deliver behavioral health Treatment. There are promising models of pairing PACE supports with affordable/supportive housing developments to create a robust wrap around service model for seniors exiting homelessness.

Additional Service Partners:

Health Partners: It is important to identify local health partners (such as hospitals, crisis centers, substance use disorder treatment services, and other health resources in Orange County) who provide responsive services that can assist in maintaining residential stability in housing.

Local Philanthropy: In addition, Local Philanthropy will be a critical partner in all of these efforts, providing crucial supports to address funding gaps and spurring innovative approaches to ending homelessness in Orange County.

Potential Future Funding Sources

No Place Like Home

On July 1, 2016, Governor Brown signed landmark legislation enacting the No Place Like Home program to dedicate $2 billion in bond proceeds to invest in permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness. The bonds will be repaid by funding from the Mental Health Services Act (MHSA). The program is currently awaiting a court ruling regarding the validity of the program, anticipated later on in 2018. Also, a measure may be placed on the November 2018 statewide ballot to explicitly authorize the use of Mental Health Services Act revenues to repay $2 billion in bond proceeds that will be used to fund a competitive county grant program to create permanent supportive housing units for people with severe mental illness via the No Place Like Home (NPLH) program. In current planning estimates, Orange County is included in the Large County category and local projects will compete against an estimated 9 other Large Counties for a pool of $386 Million in funding over a four year period. An additional $7 Million in NPLH funding will be available on an over the counter/non-competitive process for Orange County developments. Local sources for affordable and supportive housing financing will be critical for Orange County projects to be competitive in the NOFA rounds for NPLH funding.

The No Place Like Home program requires a County Plan that meets State HCD's requirements. In working to achieve that goal, OCCR has formed a No Place Like Home Advisory Committee. Several of the key elements of the NPLH Plan requirements are aligned with this HF Strategy. The required NPLH Plan elements are:

- Affordable Housing in Orange County
- Needs and Barriers to Affordable Housing
- Evidence Based Practices
- Permanent Supportive Housing In Orange County
- Plans, Goals, Strategies, and Activities to Reduce Homelessness in Orange County.

Source of Funding: Mental Health Services Act (described above)

SB2 - Building Homes and Jobs Act

This program is funded through a $75 document recording fee and provides a dedicated source of funding for housing related activities, as described below. The program is expected to receive up to $250 Million/year on an ongoing basis and is designed in two phases: Year 1 and Year 2 and beyond.

In the first year:

- 50% of the funds will made available to local governments to update planning documents and zoning ordinances in order to streamline housing production, including, but not limited to, general plans, community plans, specific plans, sustainable communities' strategies, and local coastal programs.

- 50% made available to the Department of Housing and Community Development to assist persons experiencing or at risk of homelessness, including, but not limited to, providing rapid rehousing, rental assistance, navigation centers, and the new construction, rehabilitation, and preservation of permanent and transitional rental housing. The department shall ensure geographic equity in the distribution and expenditure of funds allocated.

In the second year funds will flow to CDBG jurisdictions throughout the state and it is critical that Orange County work with the local CDBG jurisdictions to align priorities related to housing and homelessness. In year two and beyond, the following requirements will be in place:

- 20% of all moneys in the fund be expended for affordable owner-occupied workforce housing. This will be calculated across all of the programs below:
    - 70% of the moneys deposited in the fund be provided to local governments in accordance with a specified formula for the purposes listed below
        - 90% of these monies will follow the entitlement formula specified in Section 5306 of Title 42 of the United States Code for federal FY 2017
        - 10% of funds would be competitive for non-entitlement areas
    - 5% for state incentive programs
    - 10% housing for agricultural workers
    - 15% for CalHFA financing for multi-family housing

For the 70% of funds available (note that 20% of overall Year 2 funding will be for owner-occupied workforce housing), funds can be used for:

(i) The predevelopment, development, acquisition, rehabilitation, and preservation of multifamily, residential live-work, rental housing that is affordable to extremely low, very low, low-, and moderate-income households, including necessary operating subsidies.

(ii) Affordable rental and ownership housing that meets the needs of a growing workforce earning up to 120 percent of area median income, or 150 percent of area median income in high-cost areas.

(iii) Matching portions of funds placed into local or regional housing trust funds.

(iv) Matching portions of funds available through the Low and Moderate Income Housing Asset Fund pursuant to subdivision (d) of Section 34176 of the Health and Safety Code.

(v) Capitalized reserves for services connected to the creation of new permanent supportive housing, including, but not limited to, developments funded through the Veterans Housing and Homelessness Prevention Bond Act of 2014.

(vi) Assisting persons who are experiencing or at risk of homelessness, including providing rapid rehousing, rental assistance, navigation centers, emergency shelters, and the new construction, rehabilitation, and preservation of permanent and transitional housing.

(vii) Accessibility modifications.

(viii) Efforts to acquire and rehabilitate foreclosed or vacant homes.

(ix) Homeownership opportunities, including, but not limited to, down payment assistance.

(x) Fiscal incentives or matching funds to local agencies that approve new housing for extremely low, very low, low-, and moderate-income households.

Source of Funding: Document Recording Fee.

SB3 - Veterans and Affordable Housing Bond Act of 2018

SB3 authorized the legislature to place this Act on the ballot in November 2018 and would provide $4 billion in bond financing for various existing housing programs as well as infill infrastructure financing and affordable housing matching grant programs, to be administered by State Housing and Community Development and California Housing Finance Agency. If successfully passed, up to $300 Million of SB3 funds would be available statewide for local jurisdictions to apply to fund local Housing Trust Funds. This Act would bring significant new resources to the State of California for the creation of affordable and supportive housing.

Source of Funding: General obligation bond.

SB912 Housing: homelessness programs and affordable housing

SB912 would require $2 billion in funding be allocated from the General Fund to the Department of Housing and Community Development to assist in the new construction, rehabilitation, and preservation of permanent and transitional rental housing and address homelessness, particularly homelessness among members of vulnerable populations.

Source of Funding: State General fund.

Financial Modeling

A financial model was developed based on the estimated need of 2,700 units of supportive housing that would be financed over six years (and produced over a seven year period), maximizing the range of capital and operating resources outlined above. This financial model is a projection of how these developments may be financed over time and is based on current estimates and assumptions. A financial model is useful in describing the general assumptions about what it will take in terms of both time and resources to develop the number and types of units projected, however, it is certain that the results will vary greatly depending on resource availability. The model should be re-evaluated, updated and revised on a regular basis as projects are funded and new funding resources become available.

Modeling Considerations

The table below outlines the Development Costs for the 2,700 supportive housing unit goal. The capital funding commitments are assumed over a six year timeframe as the funding must be committed to projects at least one year prior to the project opening in order to take into account time to develop the project.

Table E: Supportive Housing Unit Goal - Development Costs per Unit:

Housing Development Costs Per Unit (2.5% annual escalator)						
	2019	2020	2021	2022	2023	2024
Supportive Housing						
Single Adults - Acquisition/Rehabilitation	$ 300,000	$ 307,500	$315,188	$ 323,067	$ 331,144	$ 339,422
Single Adults - New Construction	$ 375,000	$ 384,375	$ 393,984	$ 403,834	$ 413,930	$ 424,278
Supportive Housing - Families: Acquisition/Rehabilitation	$ 350,000	$ 358,750	$ 367,719	$ 376,912	$ 386,335	$ 395,993
Supportive Housing - Families: New Construction	$ 425,000	$ 435,625	$ 446,516	$ 457,679	$ 469,120	$ 480,848
Total Supportive Housing Development Costs (2,700 units) = $ 930,000,000						

Financial Model – Capital Resources

The following tables outline a very high level financial model which identifies potential sources of capital resources required to generate 2,700 units of supportive housing, with funding commitments made over the next six years (and units produced over seven years), along with the funding gap to achieve that goal.

It is important to note as outlined above, that Orange County will need to identify a significant source of rental/operating subsidies as well as innovative strategies to provide effective services in supportive housing, discussed below.

Table F: Capital Financing By Year:

Capital Financing By Year Dedicated to Supportive Housing Developments							
		Financing Commitments by Year					
		2019	2020	2021	2022	2023	2024
Local Financing – HOME[1]	$34,200,000	$5,700,000	$5,700,000	$5,700,000	$5,700,000	$5,700,000	$5,700,000
Local Financing (all jurisdictions) – Year 2 of SB2 funding	$39,600,000	$6,600,000	$6,600,000	$6,600,000	$6,600,000	$6,600,000	$6,600,000
Local City/County Properties[2]	$12,000,000	$2,000,000	$2,000,000	$2,000,000	$2,000,000	$2,000,000	$2,000,000
Housing Successor Funds (all jurisdictions)	$45,000,000	$7,500,000	$7,500,000	$7,500,000	$7,500,000	$7,500,000	$7,500,000
9% Low Income Housing Tax Credits[3]	$48,000,000	$8,000,000	$8,000,000	$8,000,000	$8,000,000	$8,000,000	$8,000,000
4% Low Income Housing Tax Credits[4]	$120,000,000	$20,000,000	$20,000,000	$20,000,000	$20,000,000	$20,000,000	$20,000,000
Local MHSA Housing/Special Needs Housing Program[5]	$70,000,000	$11,666,667	$11,666,667	$11,666,667	$11,666,667	$11,666,667	$11,666,667
No Place Like Home (MHSA)[6]	$48,000,000	$8,000,000	$8,000,000	$8,000,000	$8,000,000	$8,000,000	$8,000,000
VHHP (Prop 41)[7]	$11,250,000	$2,250,000	$2,250,000	$2,250,000	$2,250,000	$2,250,000	
AHSC[8]	$4,500,000	$1,500,000		$1,500,000		$1,500,000	
Mortgage/Bonds[9]	$132,000,000	$22,000,000	$22,000,000	$22,000,000	$22,000,000	$22,000,000	$22,000,000
Other Sources (e.g. Deferred Developer Fee; AHP; etc.)	$12,000,000	$2,000,000	$2,000,000	$2,000,000	$2,000,000	$2,000,000	$2,000,000
Total (all sources)	$576,550,000	$97,216,667	$95,716,667	$97,216,667	$95,716,667	$97,216,667	$93,466,667
Total Needed to reach unit goals:	$930,000,000	$135,625,000	$139,015,625	$122,791,797	$125,861,592	$129,008,132	$277,053,586
Capital Gap:	$(353,450,000)	$(38,408,333)	$(43,298,958)	$(25,575,130)	$(30,144,925)	$(31,791,465)	$(183,586,919)

Assumptions

[1] Based on HOME allocation estimate for all jurisdictions

[2] Based on 8 sites identified for supportive housing

[3] Based on maximum estimated annual dollars available for Supportive Housing in Orange County

[4] Based on 30% of per unit cost and estimated production capacity

[5] Based upon projections of local MHSA Housing/Special Needs Housing Program funds

[6] Based upon an estimated up to $65M in NPLH for Orange County projects. This assumes 2/3 of NPLH funds are invested as capital for the development of units and 1/3 of the funds will be committed as Capitalized Operating Subsidy Reserve.

[7] Based upon 3% of five additional rounds of $75M per year

[8] Based upon maximum projected available funding for SH projects (e.g. one project every other year)

[9] Based on 30% of total unit cost for 4% units and 15% for 9%

The following table highlights the source of funds listed above, the potential amount of funds that are available, and level of government that manages and administers those funds.

Table G: Funding Source and Administering Level of Government – 2019 to 2024

Source	City	County	State	Private Investment
Local Financing: HOME	✓ $30 Million *Up to $30 Million available based on FFY17 HOME allocation*	✓ $4.2 Million *(all county HOME funding will be dedicated)*		
Local Financing: SB2 – Year 2 *(Anticipating approx $13 Million/year to Orange County region for shelter & housing, including navigation centers. Estimates ½ of funds dedicated to SH)*	✓ $36 Million	✓ $3.6 Million		
Housing Successor Funds	✓ *(Up to $45 Million available based on current estimates of available funds)*	✓ *(County has $1 Million in available funds)*		
Local City/County Properties	✓	✓		
9% Low Income Housing Tax Credits			✓	
4% Low Income Housing Tax Credits			✓	
Local MHSA Housing/Special Needs Housing Program		✓		
No Place Like Home (MHSA)		$7 Million *NPLH non-competitive estimated allocation*	✓ Up to $65 Million *(competitive)*	
VHHP (Prop 41)			✓	
AHSC			✓	
Mortgage/Bonds				✓

Mitigating the Financing Gap

A number of sources of capital funding may become available in 2018 as the legislature contemplates a variety of funding sources to address homelessness and the electorate will consider several key propositions in the fall. These include significant potential funding sources such as:

- SB3: the *Veterans and Affordable Housing Bond Act of 2018* (described above). SB3 could potentially bring **$300 Million** in capital funding to supportive and affordable housing developments in Orange County.
- State Budget request: local, county and state legislators have all identified the critical need to address the crisis of homelessness in California. A range of significant budget requests are under consideration in May 2018 that would dedicate a portion of the $9 billion state budget surplus towards addressing homelessness. A budget request is expected to be finalized by June 30, 2018 and it is anticipated that a portion of these funds could be committed to supportive and affordable housing in Orange County.

Another approach could be to identify a source of local funding for supportive and affordable housing that would serve as a critical resource in meeting the need to create 2,700 units of supportive housing dedicated to people experiencing homelessness with disabling health conditions. A local funding source could be in the form of a local housing trust fund and a dedicated local revenue source. The availability of local financing for supportive and affordable housing will have a significant impact on the potential feasibility of projects throughout the Orange County region.

Financing Modeling – Operating/Rental Subsidies

Supportive housing tenants have extremely low incomes and often receive Social Security Income as their only source of income. This means that tenants do not have sufficient income to afford the rent of a "typical" affordable housing development. Supportive housing projects must receive operating income that covers the costs of operating supportive housing. In order to meet this need, projects pursue commitments of Project Based Section 8 vouchers that enable the supportive housing tenant to pay 30% of their income towards the rent payment. The table below outlines the projected availability of Project Based Section 8 subsidies that could be committed to supportive housing projects, representing 2,700 supportive housing units.

Table H: Rental Subsidy Summary and Gap:

Rental Subsidy Summary	2019	2020	2021	2022	2023	2024	2025	Total
Rental Subsidy Need	*450*	*450*	*390*	*370*	*370*	*370*	*300*	*2,700*
Project-Based Section 8 (needed for SH units)	200	200	150	150	150	150	150	1,150
Capitalized Operating Subsidy Reserve (COSR) - MHSA Project)	25	25	25	25	25	25	25	175
Total (Gap)	-225	-225	-215	-195	-195	-195	-125	-1,375

Assumptions: PBS8 estimated at 150/year across all Housing Authorities in Orange County, plus 50 HUD/VASH Vouchers/year in 2019 and 2020, and 1/3 of No Place Like Home funds will be committed as COSR.

Operating/Rental Subsidy Gap:

There is a clear need for additional operating/rental subsidies to successfully develop 2,700 units of supportive housing in Orange County. Outlined above, there is a current estimated gap of 1,375 rental/operating subsidies for supportive housing units. Based on the estimated operating subsidy commitments required for these projects to be financially feasible, the projected operating/rental subsidy gap is estimated at approximately $350 Million over the minimum 15 year timeframe required for operating commitments. It will be important to plan for the exhaustion of any locally funded operating/rental subsidy at year 15, such as committing Project Based Section 8 vouchers to projects over that 15 year period in order to ensure the ongoing financial feasibility of the projects.

Total Gap: Capital and Rental/Operating Funding

In planning to create 2,700 units of supportive housing over seven years, there is a funding "gap" estimated at $703 Million (representing $353 Million in funding needed for capital expenses to develop the properties and $350 Million in rental/operating subsidies to ensure the supportive housing units are affordable to people with histories of homelessness), *along with an additional gap in resources to provide services in supportive housing.* There is a potential significant future funding (e.g. SB3 and California budget surplus request) that could become available to finance supportive and affordable housing in Orange County.

These are the critical resources required to generate a pipeline of supportive housing in Orange County that meets the level of need across the region. There will need to be significant planning regarding the services required to meet the health and behavioral health needs of supportive housing tenants while also supporting their residential stability and ensuring they do not return to homelessness.

Opportunities

This HF Strategy identifies a significant goal of producing 2,700 units of supportive housing (plus the need for an additional 2,700 affordable housing options for people experiencing homelessness). In working to achieve those goals, it is important to take advantage of the following opportunities:

- Enable a broad approach to development strategies, including hotel/motel conversions that may be able to generate units in a shorter timeframe.
- Identify properties that are appropriate for acquisition/rehabilitation across the region.
- Explore creative approaches to expanding housing options, such as exploring zoning and planning alternatives that could be implemented to expand housing options for people experiencing homelessness.
- Maximize partnerships with the private sector interested in addressing homelessness.
- Identify opportunities to address housing needs regionally, aligning resources with and among cities.
- Maximize funding and policy opportunities presented through the recently passed Housing Package at the state level.
- Establish new services and housing partnerships designed to support people with histories of homelessness in housing.
- Implement a strategic approach to prioritize housing resources for those experiencing homelessness in Orange County by ensuring direct access through the Continuum of Care regional Coordinated Entry System. The Coordinated Entry System is now integrated within the Homeless Management Information System software, to ensure effective response coordination of regional efforts.

Challenges

There are significant challenges that must be addressed in order to meet the unit goals for the region. Creative solutions are needed to address the following challenges which pose barriers to creating supportive and affordable housing in Orange County.

- Significant funding gaps in capital, operating and services resources.
- Specific concerns regarding the status of federal funding for Section 8 vouchers as well as funding for services though mainstream programs.
- Impact of recent tax reform on the value of investing tax credits in affordable and supportive housing, creating an additional funding gap.
- Neighborhood opposition (“Not In My Backyard”) to affordable and supportive housing projects.

Recommendations & Next Steps

A variety of strategies and approaches can be implemented in Orange County to work towards the goals outlined in this plan. The following recommendations are specific steps that can be taken that will enable progress towards the HF Strategy's goals.

- Work with 34 cities to align regional policies to prioritize supportive housing for local and regional resources, including existing funding sources as well as new funding opportunities.
- Explore the possibility of creating regional housing funds that can be invested in supportive and affordable housing projects collaboratively.
- Collaborate across all four housing authorities in the region to increase the availability of Project Based Section 8, a critical resource in supportive housing development.
- Identify land that can be used for development across the region (in partnership with cities).
- Proactively plan with 22 CDBG partners in the region who will be receiving SB2 funding as the impact of the funds will be maximized if the local CDBG jurisdictions align their priorities for investing this significant new source in solutions to homelessness, and dedicate at least 50% of the funding to supportive and affordable housing.
- Address the gap in funding needed by exploring a local source of supportive/affordable housing funding.
- Given the County investments in the creation of housing for homeless populations in this initiative, housing referral preference will be given to the Orange County Continuum of Care Coordinated Entry System, for homeless persons who meet project specific eligibility criteria and are prioritized within the Service Planning Area of the projects location.

Appendices

Definitions

References

Definitions

Chronically Homeless Family
A chronically homeless family is defined as a household with at least one adult and one child under the age of 18, or a minor Head of Household under the age of 18 and minimum of one child. The Head of Household must meet the definition of a chronically homeless person (see below).

Chronically Homeless Individual
An unaccompanied individual who:
(i) is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter;
(ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years where total time homeless sums to at least 1 year; and
(iii) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions, which prevent them from holding a job or living in stable housing.
A person who currently lives or resides in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility, and has resided there for fewer than 90 days shall be considered chronically homeless if such person met all of the requirements described above prior to entering that facility.

Coordinated Entry System
Coordinated Entry System is designed to coordinate program participants' intake assessments based on a system-wide acuity prioritization that targets resources to match client needs. In Orange County, the Coordinated Entry System consists of regional resource HUBS within three Service Planning Areas: North, Central and South County regions. It is easily accessed by individuals and families seeking services and housing, and includes coordinated among service providers utilizing a standardized approach to targeting resources to meet needs of those experiencing homelessness in the jurisdiction.

Literally Homeless (Category 1 HUD definition):

(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
(ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
(iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

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ORANGE COUNTY

HOUSING FINANCE TRUST

Bylaws

APPROVED BY THE
ORANGE COUNTY HOUSING FINANCE TRUST
BOARD OF DIRECTORS
ON MONTH XX, 2019

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Part 1 – Introduction to the Orange County Housing Finance Trust (OCHFT)

1.01 Establishment

Chapter 336 of the California Statutes of 2018 (AB 448, 2018, Quirk-Silva, Daly, and Moorlach) was entered into law on September 11, 2018. Chapter 336 authorized the County of Orange and any of the cities within the County of Orange to create a joint powers agency known as the Orange County Housing Family Trust, which may do any of the following: (1) fund the planning and construction of housing of all types and tenures for the homeless population and persons and families of extremely low, very low, and low income, as defined in Section 50093 of the Health and Safety Code, including, but not limited to, permanent supportive housing; (2) receive public and private financing and funds; and (3) authorize and issue bonds, certificates of participation, or any other debt instrument repayable from funds and financing received and pledged by the Orange County Housing Finance Trust.

The OCHFT was established on _____by the execution of the Joint Exercise of Powers Agreement (the "Agreement") by and between the Cities of _____, _____, and _____ (collectively, the "Cities") and the County of Orange the "County"). These Bylaws were adopted by OCHFT's Board of Directors and provide for the organization and administration of OCHFT. These By-Laws supplement the Agreement.

1.02 OCHFT Guiding Vision and Mission

Following the passage of AB 448, the County of Orange and ACC-OC formed a collaborative working group to establish the OCHFT. As such, the working group, comprised of elected officials and staff from both the County and Cities worked to create the guiding vision and mission as follows:

The vision of OCHFT is to provide innovative financial solutions for the humanitarian crisis of homelessness in our local communities.

The mission of OCHFT is to strengthen the communities in Orange County by financing the development of housing for homeless and low-income individuals and families.

1.03 - OCHFT Guiding Principles

The guiding principles of the OCHFT:

1. Implement the findings and declarations of AB 448.

2. Provide funding based on principles of fiscal responsibility and demonstrated value to the taxpayer and funder.

3. Retain local control and the ability for local governments to use OCHFT funding for housing solutions when needed, or to participate within the region as a whole.

4. Demonstrate accountability and transparency for members of the JPA and the public.

5. Promote public-private partnerships, nonprofit collaborations, and community building to maximize sources of funds public and private, when available, and to efficiently accelerate housing for low, very low and extremely low income individuals and families.

6. Provide opportunities to strengthen local partnerships and increase capacity of local cities and agencies engaged in fulfilling housing goals.

7. Commit to innovation and best practices in financing, production, and service delivery in supportive housing.

8. Serve the region's needs geographically by (1) extremely low, very low, low income, and supportive housing types and (2) by population.

9. Foster collaborative planning to allow for project prioritization and establish a pipeline of projects.

10. Provide access to funding to ensure that Orange County receives the maximum benefit for the resources provided.

11. Incorporate County's Coordinated Entry System in conjunction with the cities' locally-driven protocols to ensure that the developed housing resources has appropriately targeted and prioritized eligible homeless populations for each project.

Part 2 – Bylaws of the OC Housing Finance Trust

ARTICLE I - Name

The name of this entity shall be the "Orange County Housing Finance Trust" or "OCHFT" in these Bylaws.

ARTICLE II – Membership and Purpose

Section A: OCHFT Membership

OCHFT is comprised of the County of Orange and the cities have executed OCHFT's Joint Powers Agreement (see Exhibit __). The Agreement may be amended from time to time, as needed, and is incorporated herein subject to those amendments.

Section B: Purposes, Functions and Preclusions

The vision of OCHFT shall be to provide innovative financial solutions for the humanitarian crisis of homelessness in our local communities, in furtherance of OCHFT's mission as stated in *Part 1, Introduction*. More specifically, the purpose and functions of OCHFT shall be:

1. To fund the planning and construction of housing for the homeless population and persons and families of extremely low, very low, and low income, as defined in Section 50093 of the Health and Safety Code, including, but not limited to, housing that includes supportive services;

2. To receive public and private financing and funds;

3. To authorize and issue bonds, certificates of participation, or any other debt instrument repayable from funds and financing received pursuant to paragraph (2) and pledged by the Orange County Housing Finance Trust;

4. To follow annual financial reporting and auditing requirements that maximize transparency and maximize public information as to the receipt and use of funds by the agency. The annual financial report shall show how the funds have furthered the purposes of the Orange County Housing Finance Trust; and

5. To comply with the regulatory guidelines of each specific state and federal funding source received.

OCHFT is specifically precluded from:

1. Regulating land use in cities or in the unincorporated area of the County of Orange.

2. Serving as an owner or operator of housing units.

3. Exercising any authority to levy, or advocate or incentivize the levying of, any fee, charge, dedication, reservation, tax assessment, or other exaction related to development projects.

4. Requiring or incentivizing inclusionary zoning requirements. The power to adopt inclusionary zoning ordinances remain with the entities that possess land use and planning authority.

5. Providing OCHFT funding for a project that is opposed by the elected body (if within an incorporated area, the City Council, or if in an unincorporated area, the Orange County Board of Supervisors) in which the project is proposed to be located.

ARTICLE III – Board of Directors

Section A: OCHFT Board of Directors

1. All members of the Board of Directors must be from a member of the governing board of a party to the Agreement.

2. Board of Directors. The nine (9) voting members of the Board of Directors of OCHFT shall be as described below. Each member shall be entitled to one (1) vote on the Board:

a) County Representatives (4):

i. Two members of the Board of Supervisors of the County of Orange, selected by the Board of Supervisors; and

ii. Two countywide elected officials selected from the following six Orange County elected officials: Assessor, Auditor-Controller, Clerk-Recorder, District Attorney-Public Administrator, Sheriff-Coroner, and the Treasurer Tax-Collector by the Board of Supervisors of the County of Orange.

b) City Representatives (5):

i. One City Council member for the city member with the greatest population in the North Region Service Planning Area as measured in the most recent decennial census.

ii. One City Council member for the city member with the greatest population in the Central Region Service Planning Area as measured in the most recent decennial census.

iii. One City Council member for the city member with the greatest population in the South Region Service Planning Area as measured in the most recent

decennial census.

iv. One City Council member from a city member with a population of between 60,000 persons and 95,000 persons as measured in the most recent decennial census; and

v. One City Council member from a city member with a population of under 60,000 persons as measured in the most recent decennial census.

The selection of Directors described in "iv" and "v" above shall be made by a City Selection Committee from votes cast on a one-city-one-vote basis by representatives of the city members fall within the respective population thresholds described in iv and v.

3. Advisory Board (7). An advisory board consisting of the following members shall advise the Board of Directors with respect to all matters that OCHFT Board of Directos has taken in furtherance of OCHFT's purpose as expressed in the Agreement:

    a) One Public Member who also serves on the Orange County Commission to End Homelessness (or its successor body);
    b) Three (3) members who are city managers or assistant city managers, whose cities are not represented on the Board of Directors, with these three members representing cities in each of the three Service Planning Areas or their successor delineation;
    c) The Chief Executive Officer of the County of Orange, or his or her designee;
    d) A police chief (or his or her designee); and
    e) A city from a Housing Authority in Orange County, which receives Housing Choice Voucher funding and which is not otherwise represented as a city on the Board of Directors.

4. All Advisory Board members are entitled to attend all OCHFT regular and special meetings and to fully participate in such meetings, but cannot vote on project applications or amendments to OCHFT bylaws, rules, or procedures.

5. Advisory Board members need not be elected officials.

Section B: Selection of Advisory Board Members

Appointments to the Advisory Board shall be as follows:

1. The Chair of the Orange County Board of Supervisors, with ratification by a majority of the Board of Supervisors, shall appoint the representative from the Orange County Commission to End Homelessness;

2. The Orange County City Managers Association shall select the three City Manager or Assistant City Manager representatives; and

3. The Orange County Police Chiefs Association shall select the Police Chief representative.

4. The City members of OCHFT shall select a representative from a City member, whose Housing Authority receives Housing Choice Voucher funding and which is not otherwise represented on the Board of Directors from votes cast on a one-city-one-vote basis.

Section C: Terms and Vacancies

1. Board of Directors: Terms of office for members of the Board of Directors shall be for two (2) years. A Board of Director's seat shall be deemed vacant if he or she leaves elected office, or if his or her appointing body removes him or her. Upon a vacancy, the appointing body shall be notified and shall attempt to fill the vacancy within sixty (60) days of the vacancy occurring.

2. Advisory Board: Terms of office for members of the Advisory Board shall be for two (2) years. An Advisory Board member's seat shall be deemed vacant if he or she fails to attend three consecutive regular or special meetings, or if his or her appointing body removes him or her. Upon a vacancy, the appointing body shall be notified and shall attempt to fill the vacancy within sixty (60) days of the vacancy occurring.

Section D. Board of Director Officers

The Board of Directors shall select a Chair and a Vice-Chair on an annual basis. Only members of the Board of Directors may serve as Chair or Vice-Chair. If a County representative is the Chair for any one period, a City representative shall serve as Vice-Chair. If a City representative is Chair for any one period, a County representative shall serve as Vice-Chair.

ARTICLE IV – Duties of Officers and Board Members

Section A: Duties of the Chair and Vice-Chair

It shall be the duty of the Chair to preside at the meetings of the OCHFT. In the Chair's absence, the Vice-Chair shall preside at the meetings of the OCHFT.

Section B: Duties of the Board of Director Members:

1. Meet when called by the Chair to plan and coordinate the business and proposed activities of OCHFT;
2. Review and consider applications for project funding;
3. Review and consider OCHFT's financial information, including the Annual Financial Report, any related independent audit, and the OCHFT's annual budget; and
4. Serve on subcommittees or task forces when appropriate.

Section C: Formation of Subcommittees

The Board may create subcommittees or task forces to accomplish the goals and purposes of OCHFT.

ARTICLE V – Meetings

Section A: Regular Meetings

Regular meetings of OCHFT's Board shall be held once every two (2) months, unless otherwise called by the Chair. Meeting notice, agenda, and public comment procedures shall comply with the provisions of the Ralph M Brown Act. The County's Clerk of the Board shall prepare meeting agendas and handle noticing requirements.

Section B: Special Meetings

Special meetings of OCHFT may be held at any time upon call of the Chair, provided that the special meetings' noticing and agenda complies with the Ralph M. Brown Act.

Section C: Quorum

A quorum shall exist when a simple majority of seated members of the Board of Directors are present.

Section D: Voting on Project Funding

1. The Board shall strive to attain a unanimous decision on all projects which receive funding from OCHFT; however
2. Funding for a project is deemed approved following a majority (five [5] "yes" votes or more) vote of the Board of Directors, provided that a quorum was present.

Section E: Voting on Amending OCHFT's Bylaws, Principles, or Procedures

1. Amendments to OCHFT's Bylaws, Principles or Procedures shall be considered at a regular meeting, and shall comply with the Ralph M. Brown Act.

2. An amendment to these Bylaws is deemed approved following a majority vote of the Board of Directors.

Section F: Minutes

The Clerk of the Board shall take minutes for OCHFT. A previous meeting's minutes shall be considered and approved at a subsequent meeting by a majority vote of the Board of Directors.

Section G: Meeting Procedure

The conduct of meetings shall be governed by Robert's Rules of Order (most recent published edition) where the question at issue is not determined by these Bylaws.

Section H: Location of Meetings

The Board must meet in publicly-accessible places typical for hosting public meetings, such as Council Chambers, city community rooms, or County board or conference rooms.

ARTICLE VI – Financial Review and Oversight

Section A: Annual Financial Report

1. The Board shall ensure that an Annual Financial Report is prepared, reviewed, adopted and made public annually, to ensure transparency and demonstrate actions that have furthered the purposes of OCHFT.

2. As a part of the development of the Annual Financial Report, the Board shall engage an independent auditor to complete an independent financial audit of OCHFT's operations. The audit must be provided to the public, and the auditor must report all findings to the Board in a public meeting.

Section B: Budget

The Annual Budget of OCHFT shall be reviewed and approved by the Board of Directors in May or June of each year, in advance of the start of OCHFT's next Fiscal Year.

Section C: OCHFT Fiscal Year

The fiscal year of OCHFT shall be from July 1 to June 30 of each year.

ARTICLE VII – OCHFT Board Code of Conduct

This OCHFT Board Code of Conduct represents OCHFT's commitment to high standards of ethics, public service, collegiality, and transparency. The following standards should be regarded as minimum expectations for conduct. OCHFT Board Members will act in accordance with and maintain the highest standards of professional integrity, impartiality, diligence, creativity and productivity. OCHFT will act in accordance with federal, state, and local laws and regulations.

Section A: Compliance with Policies

1. Members of the Board of Directors and Advisory Board will conduct the OCHFT business in accordance with the Agreement and the bylaws of OCHFT, including conflict of interest policies.

Section B: **Conflicts of Interest**

1. The Board of Directors may not have a conflict of interest as determined by the California Political Reform Act (the "Act"), inclusive of the Levine Act, California Government Code section 81000, et. seq., and the regulations promulgated to effectuate the Act. Nor shall the Board of Directors have a conflict of interest under California Government Code section 1090. A conflict of interest is defined as a contract or transaction between the OCHFT and an entity in which a Member of the Board of Directors or Advisory Board, or family members of such member has a financial or other interest or of which the Member is a director, officer, agent, partner, owner, associate, trustee, personal representative, receiver, guardian, custodian, conservator, or other legal representative.
3. In the event that a member of the Board of Directors or Advisory Board could benefit financially from a project or program that is before the Board of Directors for funding consideration, the member shall recuse himself or herself from participating in any way, including from engaging in any discussion or action relating to the project or program in question.
4. Members of the Board of Directors and Advisory Board are required to follow OCHFT Bylaws regarding conflict of interest and code of conduct.

Section C: Confidentiality

Members of the Board of Directors and Advisory Board must maintain the highest standards of confidentiality regarding information obtained directly or indirectly through their involvement with the OCHFT. This includes but is not limited to information about applications for funding, OCHFT members and their organizations and funded agencies. Members must also avoid inadvertent disclosure of confidential information through casual public discussion, which may be overheard or misinterpreted.

Section D: Gifts or Honoraria

It is not permissible for members of the Board of Directors and Advisory Board to offer or accept gifts, gratuities, excessive favors or personal rewards intended to influence OCHFT decisions or activities.

Section G: Harassment

Harassment, interpreted as unwelcome conduct, comment, gesture, contact, or intimidating and offensive behavior likely to cause offense or humiliation, will not be tolerated and may result in disciplinary measures up to and including removal from OCHFT Board.

Section H: Laws and Regulations

OCHFT business will be conducted in a manner that reflects the highest standards and in accordance with all federal, state, and local laws and regulations.

OC Community Resources

Orange County Housing Authority Programs

Housing Program	Type of Assistance/ # of Vouchers	Length of Program	Eligibility Criteria	Who can Refer	Facility	Location
Housing Choice Voucher Program	Assists up to 10,000 households annually	Permanent Housing	Very-Low Income, Background check for Lifetime Sex offender, Violent Criminal Activities and Drug Use	Waiting List is closed	N/A	Countywide
Special Housing Programs						
Veterans Affairs Supportive Housing (VASH)	Rental Assistance for up to 989 Homeless Veterans	Permanent Housing	Chronically Homeless Veterans who are VA healthcare eligible and honorable discharge	VA Medical Center in Long Beach	N/A	Countywide
Family Unification (FUP)	Rental Assistance for up to 267 households	Permanent Housing	Families who have been reunited after separation or imminent danger of being separated and Youth 18 to 24 year olds who left foster car or will leave foster care within 90 days	OC Social Services Agency	N/A	Countywide
Non-Elderly Disabled (NED)	Rental Assistance for up to 50 Persons	Permanent Housing	Transitioning from nursing facilities to independent living with supportive services	Dayle McIntosh and other partner agencies	N/A	Countywide
Mainstream	Rental Assistance for up to 44 non-elderly homeless, disabled households	Permanent Housing	Non-Elderly homeless, disabled households exiting from recuperative care	OC Health Care Agency	N/A	Countywide

Homeless Set-Aside Housing Choice Voucher	Rental Assistance for up to 60 homeless households annually	Permanent Housing	Homeless households referred by Coordinated Entry System and connected to a Community Based Organizations with an MOU with OCHA	Coordinated Entry System	N/A	Countywide
Project Based Voucher Program	Rental assistance to specific units in properties that the developer/owner entered into a 15 years contract with OCHA. 314 households in 12 completed projects	Permanent Housing	Very Low-income Each Project can have different eligible criteria depending on the funding sources and the type of voucher in the project such as VASH, HCV and MHSA	Coordinated Entry System	Countywide	See attached list
Continuum of Care	Rental Assistance for up to 580 homeless households	Permanent Housing	Homeless households with disabilities such as serious mental illness, Chronic alcohol and/or drug additions and HIV/ AIDS	Coordinated Entry System in partnership with Health Care Agency	N/A	Countywide
Landlord Incentive	40 homeless households	Permanent Housing	Homeless households with OC Housing Authority Voucher	Coordinated Entry System	N/A	Countywide

Housing and Community Development Programs:

2016 Permanent Supportive Housing Notice of Funding Availability – Since 2016, $14 million in Orange County Housing Successor Agency funds and Federal HOME Investment Partnerships Program funds and up to 250 Housing Choice and/or VASH Project Based Vouchers for the acquisition, new construction, and acquisition/rehabilitation of permanent supportive housing for extremely low-income households who are homeless.

Mortgage Assistance Program/Cal Home Grant - The County's Mortgage Assistance Program (MAP) provides silent (deferred payment) down payment assistance loans up to $40,000 to assist low-income first-time homebuyers. Funds are limited for this program. Applications are accepted on a first-come first-serve basis.

CEO/Public Finance Housing Finance Administered Program

Mortgage Credit Certificate (MCC) Program - Federal tax credit program for first time homebuyers meeting purchase price and income limits.

Social Services Agency						
Permanent Housing Programs						
Housing Program	**Type of Assistance/ # of families served**	**Length of Program**	**Eligibility Criteria**	**Who can Refer**	**Facility**	**Location**
Housing Support Program	Housing Identification, Rental & Moving Assistance & Case Management 85 placements since July 1, 2017. Currently working with 37 families; anticipate serving a total of 70 this FY.	Permanent Housing	Family is eligible to CalWORKs and meets definition of homelessness	SSA CalWORKs caseworkers	N/A	Countywide
Bringing Families Home	30 families annually, 60 families through June 2019	Permanent Housing	Family is involved with child welfare services, is determined homeless and is either a candidate for reunification or is at risk of foster care placement	SSA child welfare social workers	N/A	Countywide

Housing Support Program: Assists homeless families in the California Work Opportunity and Responsibility to Kids (CalWORKs) program by providing them with rental assistance that will allow them to quickly move from homelessness into stable and permanent housing.

Bringing Families Home: A state grant program to help reduce the number of children in the child welfare system whose primary barrier preventing them from reuniting with their family is stable housing.

Health Care Agency Housing Programs						
Housing Program	**Type of Housing/# of Beds**	**Length of Program**	**Eligibility Criteria**	**Who can Refer**	**Facility**	**Location**
Bridge Housing	Interim Housing 55 beds	No time limit-goal is 12 to 18 mo.	18+ ,Homeless with serious MI, income does not exceed 30% of median income	AOABH County & contracted outpatient clinics, FSP and O&E	Friendship Shelter & Grandma's House of Hope	Friendship Shelter: Laguna Beach; GHH: GG & Anaheim; Colette's Childrens Home: HB
Short Term Housing	Emergency Shelter 19 – 21 beds per month	120 days (Fee for Service)	18+ homeless with serious MI	AOABH County & contracted outpatient clinics	Friendship Shelter, Grandma's House of Hope, & Colette's	Friendship Shelter: Laguna Beach GHH: GG & Anaheim Colette's: HB
MHSA Housing Program	Permanent Supportive Housing	No time limit	18+ , homeless or at risk of homelessness and Serious MI	Any one can apply who meets criteria	11 Current MHSA housing projects	See chart below labeled "MHSA Housing Projects"
Residential Rehabilitation	Licensed B&C, w/augmented services 157 beds	18 mo.	18+ & Serious MI	AOABH County & contracted outpatient clinics, FSP, LTC facilities, acute hospitals	Founders House of Hope, Palm Village, Caring Village, Leisure Towers 2, Stanford Fullerton	Founders: Artesia, Palm Village: GG, Caring Village: Anaheim, LT2: Anaheim, Stanford: Fullerton
Enhanced Residential Rehabilitation	Licensed B&C, w/augmented services (IMD Step Down) 19 beds	18 mo.	18+ & Serious MI	STEPS FSP	Palm Village & Stanford Fullerton	PV: GG Stanford: Fullerton

Housing Navigation	N/A	no time limit; goal is 3 to 6 mo.	18+, Serious MI, Medi-Cal beneficiary, homeless or at risk of homelessness in OC	AOABH County & contracted outpatient clinics, FSP, O&E	Field based	OC

Health Care Agency - MHSA Housing Projects

Project Name	Project Address	MHSA Units	Population	Admission Criteria	How to Apply
Alegre	3100 Visions Irvine Ca. 92620	11	Adults	SMI; homeless or at risk	Submit referral to HSS
Avenida Villas	9602 Ball Rd. Anaheim, Ca. 92804	28	Adults & Families	SMI; homeless	OCHA MHSA PB Voucher application: found on OCHA website
Capestone	9501 W. Cerritos Avenue Anaheim, Ca. 92804	19	Adults	SMI; homeless or at risk	OCHA MHSA PB Voucher application: found on OCHA website
Cotton's Point	2358 S. El Camino Real San Clemente, Ca. 92672	15	Older Adults	SMI; homeless or at risk 62 years and over	OCHA MHSA PB Voucher application: found on OCHA website
Depot	923N. Santiago Santa Ana, CA 92701	10	Adults	SMI; homeless or at risk	Submit referral to HSS
Diamond	1310 W. Diamond Anaheim, Ca. 92801	24	Adults & Families	SMI; chronically homeless with an Anaheim connection	Contact TAO
Doria I & II	1000 Crested Bird Irvine, Ca. 92620	20	Adults & Families	SMI; homeless or at risk	Doria I: Submit referral to HSS Doria II:OCHA MHSA PB Voucher application: found on OCHA website
Fullerton Heights	1220 Orangethorpe Ave. Fullerton, CA	24	Adults	SMI; homeless or at risk	Submit referral to HSS
Henderson House	676 Camino De La Mares San Clemente, Ca. 92673	14	TAY	SMI; chronically homeless	Submit referral to HSS

Oakcreast	Eastpark Drive and Old Canal Yorba Linda, Ca.	14	TAY, Adults & Families	SMI; homeless or at risk (vouchered: Homeless only)	Vouched Units: OCHA MHSA PBV application, found on OCHCA website Non- Vouchered Units: Submit referral to HSS
Rockwood	217 E. Lincoln Avenue Anaheim, Ca. 92805	15	Adults & Families	SMI; homeless or at risk	Submit referral to HSS

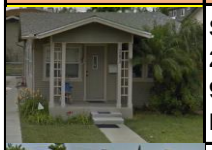
***HSS= Housing and Supportive Services Office**

***Public (not connected to clinic) can apply for all MHSA housing by calling HSS office 714-796-0200. Short phone interview to ensure the person meets criteria before a referral packet is sent to them.**

***Applicants receiving services from a private provider are MHSA certified by Mark Davis. The applicant submits clinical documentation and Mark reviews to ensure they meet medical necessity.**

ORANGE COUNTY HOUSING AUTHORITY
PROJECT-BASED VOUCHER PROGRAM

		Project Name/Type	City	Developer	Total # of Units	MHSA Units	Voucher Type & Bdr Size	Target Population	HAP Effective Date/ Number Leased	Board Approved Date
	COMPLETE PROJECTS									
1		**Avenida Villas Apts - 9602 W Ball Rd, AN 92804 New Construction 2012**	Unincorporated Anaheim	AMCAL Multi-Housing Inc	29	28	**Total 28 HCV units** 24 - 1 Bedroom-MHSA 4 - 2 Bedroom-MHSA Chronic homeless	Special Needs	12/26/12 28 leased	7/28/2009
2		**Doria 2 Apts - 1000 Crested Bird, IR 92620 New Construction 2013**	Irvine	Jamboree Housing Corp.	74	10	**Total 10 HCV units** 8 - 1 Bedroom-MHSA 2 - 2 Bedroom-MHSA Homeless/At risk of homelessness	Special Needs	1/1/14 10 leased	3/20/2012
3		****Tower on 19th - 678 W 19th St, CM 92627 Built 1967/Rehab 2013**	Costa Mesa	Reiner Communities	268	n/a	**Total 204 HCV units** 136 - 0 Bedroom 54 - 1 Bedroom 14 - 2 Bedroom	**Seniors	4/1/13 204 leased	11/20/2012
4		**Cotton's Point Senior Apts - 2350 S El Camino Real, SC 92672 New Construction 2014**	San Clemente	Meta Housing Corp	76	15	**Total 27 HCV units** 15 - 1 Bedroom-MHSA 12 - 1 Bedroom-IHSS Homeless/At risk of homelessness/ Chronically Disabled	Special Needs Seniors	6/26/14 27 leased	6/21/2011
5		**Capestone Family Apts - 9501 W Cerritos Ave, AN 92804 New Construction 2014**	Unincorporated Anaheim	Payne Development	59	19	**Total 19 HCV units** 19 - 1 Bedroom-MHSA Homeless/At risk of homelessness	Special Needs	11/24/14 19 leased	6/19/2012
6		**Single Family Home - 10882 MacMurray St, AN 92804 Built 1965/Rehab 2014**	Unincorporated Anaheim	Mercy House	1	n/a	**Total 1 HCV unit** 3 Bedroom Homeless/At risk of homelessness	Family	7/10/14 1 leased	2/9/2010

		Project Name/Type	City	Developer	Total # of Units	MHSA Units	Voucher Type & Bdr Size	Target Population	HAP Effective Date/ Number Leased	Board Approved Date
7		**Single Family Home - 283 Laurel Ave Brea 92821 Built 1924/Rehab 2015**	Brea	Next Generation Development LLC	1	n/a	**Total 1 HCV unit** 3 Bedroom Homeless	Family	1/7/15 1 leased	1/29/2013
8		**Single Family Home - 8329 Lola Ave, ST 90680 Built 1958/Rehab 2015**	Stanton	Premier Housing Services	1	n/a	**Total 1 HCV unit** 4 Bedroom Homeless	Family	2/13/15 1 leased	1/29/2013
9		**Single Family Home - 802 Mathewson Ave, PL 92870 Built 1962/Rehab 2015**	Placentia	HBCV LLC/Quantas	1	n/a	**Total 1 HCV unit** 4 Bedroom Homeless	Family	2/1/15 1 leased	1/29/2013
10		**Potter's Lane - 15171 Jackson St, MC 92655 Existing 2017**	Midway City	American Family Housing	16	n/a	**Total 8 VASH units** 8 - Studio Bedroom Homeless	Veteran	3/8/17 8 leased	2/23/2016
11		**Newport Veteran - 6001 Newport Shores, NB 92663 Built 1963/Rehab 2018**	Newport Beach	Community Development Partners	12	n/a	**Total 6 VASH units** 6 - 1 Bedroom Homeless	Veterans	2/21/18 6 leased	2/23/2016
12		**Oakcrest Heights - 22737 Oakcrest Cir, YL 92887 New Construction 2018**	Yorba Linda	National Core	54	8	**Total 8 HCV units** 4 - 1 Bedroom 4 - 2 Bedroom Homeless	Special Needs/CEs	11/21/2018 8 leased	5/23/2017

Total HCV	**300**
Total VASH	**14**
Grand Total Complete	**314** Project Based units

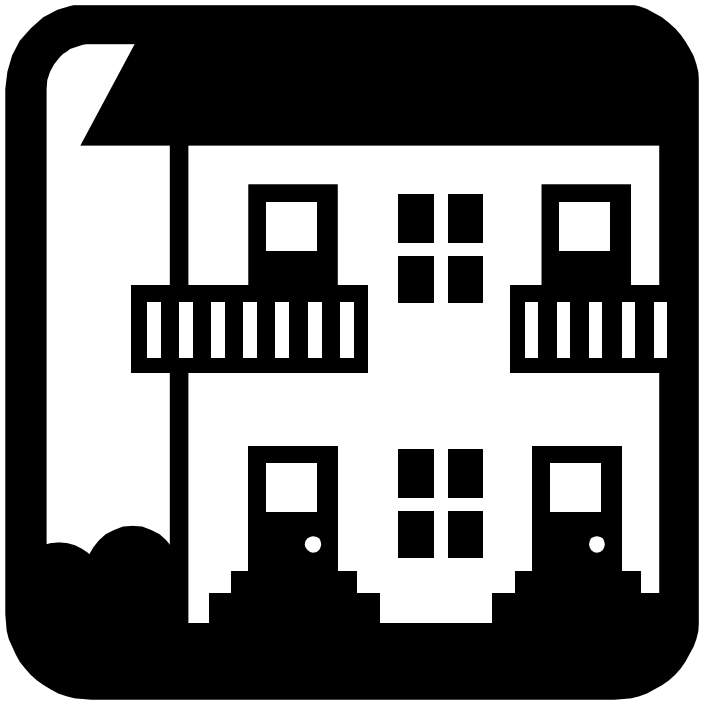
**Tower on 19th-to retain long term affordability, HUD invited OCHA to apply for 204 Tenant Protection Vouchers/Special admission to avoid displacement of low income elderly residents

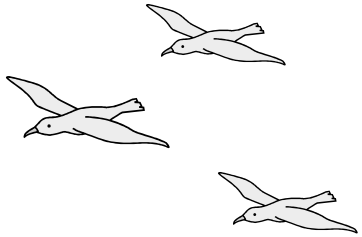
		Project Name/Type	City	Developer	Total # of Units	MHSA Units	Voucher Type & Bdr Size	Target Population	HAP Effective Date/ Number Leased	Board Approved Date
	PENDING PROJECTS									
13	Pending	**Placentia Veterans Village - 1950 Orangeview Ave, PL 92870**	Placentia	Mercy Housing	50	n/a	**Total 49 VASH units** 45 - 1 Bedroom 4 - 2 Bedroom Homeless	Veterans	Under Construction	6/6/2017
14	Pending	**Della Rosa - 14800 Beach Blvd, WE 92683**	Westminster	Affirmed Housing Inc.	50	n/a	**Total 25 units**	Homeless	Pending	6/1/2018
15	Pending	**Salerno at Cypress Village** (Formerly Cypress Village**)**	Irvine	Chelsea Investment Corporation	80	n/a	**Total 25 units** 15 VASH 10 HCV Homeless	Veterans/ Families	Pending	12/18/2018
16	Pending	**Jamboree PSH**	Anaheim	Jamboree Housing Corporation	70	49	**Total 69 units** 20 VASH 49 HCV/MHSA Homeless	Veterans/ Families	Pending	Board date pending
17	Pending	**Westminster Crossing**	Westminster	Meta Housing Corporation	65	15	**Total 15 units** 15 HCV	Homeless	Pending	2/26/2019
18	Pending	**Altrudy Senior Apts**	Yorba Linda	Orange Hsg Dev Corp/C&C Dev Co, LLC	48	8	**Total 8 units** 8 HCV	Senior	Pending	In application process

Total HCV	**107**
Total VASH	**84**
Grand Total Pending	**191**

**Tower on 19th-to retain long term affordability, HUD invited OCHA to apply for 204 Tenant Protection Vouchers/Special admission to avoid displacement of low income elderly residents

ORANGE COUNTY
OC CommunityServices
Our Community. Our Commitment.





County of Orange
Affordable Rental Housing List

NAME	CITY	ADDRESS	ZIP	TYPE OF UNITS	AFFORDABLE UNITS	TOTAL UNITS	CONTACT INFORMATION

County of Orange
OC Community Services
Affordable Rental Housing List

This list is intended to assist individuals looking for affordable rental housing throughout Orange County. **THIS IS NOT A LIST OF VACANCIES.** However, this list reflects affordable housing units in Orange County that are "Deed Restricted" (Affordable through governmental financing). The list may not represent 100% of the deed restricted units in Orange County due to the limitations of gathering the information. This list is designed to assist you in finding an affordable unit by providing the most comprehensive list currently available. Units are designated as affordable within the complex. Please call the number under CONTACT INFORMATION to find out if units are available and the associated rent for those units. Rents may vary between complexes.

Please note that OC Community Services provides and maintains this list, however, OC Community Services does not assist individuals with looking for affordable rental housing units. Individuals must call the number under CONTACT INFORMATION to find out if units are available and the associated rent for those units. Rents may vary between complexes.

Orange County Housing Authority –General Information (714) 480-2700 or OCHAContact@ocgov.com

NAME	CITY	ADDRESS	ZIP	TYPE OF UNITS	#UNITS AFFORDABLE	TOTAL # OF UNITS	CONTACT INFORMATION
Woodpark Apartments	**Aliso Viejo**	**22702 Pacific Park Dr.**	**92656**	**Singles & Families 30 - 1 Bedroom 54 - 2 Bedroom 44 - 3 Bedroom**	**128**	**128**	**Waiting List Closed (949) 448-0044**

If you have any revisions/updates to this list, send them via e-mail to Craig.Fee@occr.ocgov.com.
Please provide the property address and your requested revisions.

Revised – January 28, 2019

NAME	CITY	ADDRESS	ZIP	TYPE OF UNITS	AFFORDABLE UNITS	TOTAL UNITS	CONTACT INFORMATION
121 N. Kathryn Drive	Anaheim	121 N. Kathryn Dr.	92801	Seniors 62+ 1 Bedroom	4	11	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
125 N. Gilbert Street	Anaheim	125 N. Gilbert St.	92801	Seniors 62+ 1 Bedroom	3	9	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
1532 E. La Palma Avenue	Anaheim	1532 E. La Palma Ave.	92805	Family 2 Bedroom	2	14	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
1631 E. Sycamore Street	Anaheim	1631 E. Sycamore St.	92805	Seniors 62+ 1 Bedroom	1	4	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
208 S. West Street	Anaheim	208 S. West St.	92805	Seniors62+ 1 Bedroom	2	6	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
318 S. Bush Street	Anaheim	318 S. Bush St.	92805	Family 2 Bedroom	1	4	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
318 S. Lemon Street	Anaheim	318 S. Lemon St.	92805	Family 2 & 3 Bedroom	2	22	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
322 S. Bush Street	Anaheim	322 S. Bush St.	92805	Family 2 Bedroom	1	4	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
721 W. La Palma Avenue	Anaheim	721 W. La Palma Ave.	92801	Family 2 Bedroom	2	12	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
Acaciawood Apartments	Anaheim	1415 W. Ball Rd.	92802	Seniors 62+ 1 Bedroom	31	123	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 **www.anaheimhousingprograms.com**
Anaheim Memorial Manor	Anaheim	275 E. Center St.	92805	Senior 62+ & Mobility Impaired 1 Bedroom	75	75	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com

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Revised – January 28, 2019

NAME	CITY	ADDRESS	ZIP	TYPE OF UNITS	AFFORDABLE UNITS	TOTAL UNITS	CONTACT INFORMATION
Angelina Apartments	**Anaheim**	**1034 N. Kemp St.**	**92801**	**Senior 62+ 1 Bedroom**	**2**	**8**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com**
Anton Monaco Apartments	**Anaheim**	**100 N. Muller St.**	**92801**	**Family 1, 2 & 3 Bedroom**	**229**	**232**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com**
Arbor View Apartments	**Anaheim**	**622 S. Velare St.**	**92804**	**Family 2, 3 & 4 Bedroom**	**45**	**46**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com**
Avenida Villas	**Anaheim**	**9602 W. Ball Rd.**	**92804**	**MHSA 1 & 2 Bedroom**	**28**	**29**	**On-Site** Contact Info. (714) 991-1100
Bel'Age Manor	**Anaheim**	**1660 W. Broadway**	**92802**	**Senior 55+ 1 Bedroom**	**178**	**179**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com**
Broadway Village	**Anaheim**	**1245 E. Broadway St.**	**92804**	**Family 3 & 4 Bedroom**	**45**	**46**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com**
Calendula Court	**Anaheim**	**928 S. Webster Ave.**	**92804**	**Family 1, 2 & 3 Bedroom**	**7**	**32**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com**
Carbon Creek Shores	**Anaheim**	**3060 E. Frontera St.**	**92806**	**Families, Mobility & Sensory Impaired 1, 2 & 3 Bedroom**	**40**	**40**	**3 Year Waiting List** (714) 630-3100
Casa Alegre	**Anaheim**	**2761 W. Ball Rd.**	**92804**	**Special Needs Studio Bedroom**	**22**	**23**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com**
Casa del Sol	**Anaheim**	**1820 W. Gramercy**	**92801**	**Special Needs 2 & 3 Bedroom**	**4**	**4**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com**
Casa Delia	**Anaheim**	**1105 Citron St.**	**92801**	**Family 2 Bedroom**	**12**	**12**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com**

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Cerritos Apartments	**Anaheim**	**9501 W. Cerritos Ave.**	**92804**	**Family/MHSA 1 & 3 Bedroom**	**59**	**60**	**On-Site**
Cobble Stone Apartments	**Anaheim**	**870 S. Beach Blvd.**	**92804**	**Family 1 & 2 Bedroom**	**63**	**64**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810** www.anaheimhousingprograms.com
Cornerstone Apartments	**Anaheim**	**9541 W. Ball Road**	**92804**	**Family 2 & 3 Bedroom**	**48**	**49**	**Waiting List Onsite (714) 635-0226**
Diamond Aisle Apartments	**Anaheim**	**1310 W. Diamond St.**	**92801**	**Special Needs 1& 2 Bedroom**	**24**	**25**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810** www.anaheimhousingprograms.com
Elm Street Commons	**Anaheim**	**111 Elm St.**	**92805**	**Family** 2 & 3 Bedroom	**51**	**52**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810** www.anaheimhousingprograms.com
Fairhaven Apartments	**Anaheim**	**536 N. Fairhaven**	**92801**	**Senior 62+ 1 Bedroom**	**6**	**17**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810** www.anaheimhousingprograms.com
Fountain Glen Apartments	**Anaheim**	**225 S. Festival Dr.**	**92808**	**Senior 55+ 1 & 2 Bedroom**	**130**	**259**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810** www.anaheimhousingprograms.com
Gilbert Park Apartments	**Anaheim**	**925 S. Gilbert St.**	**92804**	**Senior 62+ 1 Bedroom**	**8**	**24**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810** www.anaheimhousingprograms.com
Greenleaf Apartments	**Anaheim**	**2048 W. Greenleaf Ave.**	**92801**	**Family** 1, 2 & 3 Bedroom	**19**	**20**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810** www.anaheimhousingprograms.com
Heritage Village	**Anaheim**	**707 W. Santa Ana St.**	**92805**	**Senior 55+ 1 & 2 Bedroom**	**49**	**196**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810** www.anaheimhousingprograms.com
Hermosa Village – Phase I	**Anaheim**	**1515 S. Calle del Mar**	**92802**	**Large Families 1, 2 & 3 Bedroom**	**293**	**293**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810** www.anaheimhousingprograms.com

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Hermosa Village - Phase II	**Anaheim**	**1515 S. Calle del Mar**	**92802**	**Large Families 1, 2 & 3 Bedroom**	**111**	**112**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810** www.anaheimhousingprograms.com
Hermosa Village - Phase III	**Anaheim**	**1515 S. Calle del Mar**	**92802**	**Large Families 1, 2 & 3 Bedroom**	**76**	**76**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810** www.anaheimhousingprograms.com
Hermosa Village - Phase IV	**Anaheim**	**1515 S. Calle del Mar**	**92802**	**Large Families 1, 2 & 3 Bedroom**	**36**	**36**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810** www.anaheimhousingprograms.com
Integrity Cottages	**Anaheim**	**921 S. Beach Blvd.**	**92804**	**Special Needs Studio Bedroom**	**48**	**49**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810** www.anaheimhousingprograms.com
Jasmine Creek Apartments	**Anaheim**	**206 N. Coffman**	**92805**	**Family 2 & 3 Bedroom**	**2**	**20**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810** www.anaheimhousingprograms.com
Linbrook Court	**Anaheim**	**2240 W. Lincoln Ave.**	**92801**	**Senior 55+ 1 & 2 Bedroom**	**80**	**81**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810** www.anaheimhousingprograms.com
Magnolia Acres	**Anaheim**	**640 S. Magnolia Ave.**	**92804**	**Senior 62+ 1 Bedroom**	**10**	**40**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810** www.anaheimhousingprograms.com
Mariposa Village	**Anaheim**	**933-939 Park Cir.**	**92801**	**Special Needs 1 & 2 Bedroom**	**8**	**8**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810** www.anaheimhousingprograms.com
Monarch Pointe	**Anaheim**	**1830 W. Crescent**	**92804**	**Family 1, 2 & 3 Bedroom**	**62**	**63**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810** www.anaheimhousingprograms.com
Miracle Terrace	**Anaheim**	**225 S. Western Ave.**	**92804**	**Senior 62+ Studios & 1 Bedroom**	**125**	**179**	**3 – 4 Year Waiting List** (714) 761-4241
New Horizons	**Anaheim**	**835 S. Brookhurst St.**	**92804**	**Senior 62+ 1 Bedroom**	**32**	**80**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810** www.anaheimhousingprograms.com

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Newporter Apartments	Anaheim	3424-3428 W. Orange Ave.	92804	Family Studio, 1 & 2 Bedroom	9	44	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
Nutwood Apartments	Anaheim	1668 S. Nutwood St.	92804	Family 1 & 2 Bedroom	2	30	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
Palacio Villas	Anaheim	435 S. Anaheim Hills Rd.	92807	Senior 62+ 1 & 2 Bedroom	27	117	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
Paseo Village	Anaheim	1115 N. Citron Ave.	92801	Family 1, 2 & 3 Bedroom	174	176	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
Palm West Village	Anaheim	644 S. Knott Ave.	92804	Family Studio, 1 & 2 Bedroom	58	58	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
Park Vista	Anaheim	1200 N. Robin St.	92801	Family 1, 2, 3 & 4 Bedroom	392	392	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
Pebble Cove Apartments	Anaheim	2555 W. Winston Rd.	92804	Family 1 & 2 Bedroom	112	112	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
Pradera Phase A	Anaheim	125, 140, 150, 155, 160 N. Citrus Ranch Rd.	92805	Family 2 & 3 Bedroom	71	72	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
Pradera Phase B	Anaheim	105, 100, 110, 120, 165 N. Citrus Ranch Rd.	92805	Family 2 & 3 Bedroom	73	74	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
Renaissance Apartments	Anaheim	3433 W. Del Monte Dr.	92804	Family 1 & 2 Bedroom	127	127	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com

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Rockwood Apts	Anaheim	1270 East Lincoln Ave.	92805	Family/MHSA 1,2, 3 Bedroom	69	70	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
Sage Park	Anaheim	810 N. Loara St.	92801	Senior 62+ 1 & 2 Bedroom	25	100	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
Sea Wind Apartments	Anaheim	1925 W. Greenleaf Ave.	92801	Family 1, 2 & 3 Bedroom	90	91	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
Solara Court	Anaheim	3335 W. Lincoln Ave.	92801	Senior 62+ 1 & 2 Bedroom	132	132	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
Sterling Court	Anaheim	935 S. Gilbert Ave.	92804	Senior 62+ 1 & 2 Bedroom	33	34	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
Stonegate Apartments	Anaheim	9051 W. Katella	92804	Family 2 & 3 Bedroom	37	38	On Site
Stonegate II Apartments	Anaheim	8911 West Katella Avenue	92804	Family 2 & 3 Bedroom	25	26	On Site
The Arbors at Vintage Crossings	Anaheim	808, 814, 815, 833 Dakota St.	92805	Family 2 & 3 Bedroom	16	16	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
The Crossings at Cherry Orchard	Anaheim	2748 W. Lincoln Ave.	92801	Family 1, 2 & 3 Bedroom	16	16	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
Tyrol Plaza	Anaheim	891 S. State College Blvd.	92806	Senior 62+ 1 & 2 Bedroom	59	60	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com
Villa Anaheim	Anaheim	3305 W. Lincoln Ave.	92801	Senior 62 + 1 & 2 Bedroom	47	135	Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com

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Villa Catalpa	**Anaheim**	**1680 Catalpa Dr.**	**92801**	**Senior 62+ 1 Bedroom**	**6**	**18**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com**
Village Center	**Anaheim**	**200 E. Lincoln Ave.**	**92805**	**Senior 62+ All 1 Bedroom**	**99**	**100**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com**
Vineyard Townhomes	**Anaheim**	**325-425 S. Vine St.**	**92805**	**Family 2 & 3 Bedroom**	**59**	**60**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com**
Vintage Apartments	**Anaheim**	**200 S. Citron St.**	**92805**	**Senior 55+ 1 & 2 Bedroom**	**21**	**82**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com**
Vintage Crossings	**Anaheim**	**700 E. South St.**	**92805**	**Family 2 & 3 Bedroom**	**91**	**92**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com**
Westchester Apartments	**Anaheim**	**125 S. Westchester Dr.**	**92804**	**Family 2 & 3 Bedroom**	**64**	**65**	**Anaheim Housing Authority Interest List Information line (714) 765-4300 x4810 www.anaheimhousingprograms.com**
OC Community Housing Corp.	**Anaheim**	**Various Locations**	**92801 92802 92804**	**Family 2, 3 & 4 Bedroom**	**17**	**17**	**3 – 5 Year Waiting List OC Community Housing Corp. Offsite (714) 558-8300**
Acacia Apartments	**Brea**	**125, 131, 137, & 211 E. Acacia St.**	**92821**	**Family 2 & 3 Bedroom**	**16**	**16**	**Waiting List** Application available at www.cityofbrea.net/affordablehousing 16 very low-income units
Birch Hills Apartments	**Brea**	**255 Kraemer Circle**	**92821**	**Family 1,2,&3 Bedroom**	**114**	**115**	**Waiting List** Application available at www.cityofbrea.net/affordablehousing 114 very low-income units
Birch Street Loft Apartments	**Brea**	**260 & 330 W. Birch St.**	**92821**	**1 Bedroom Lofts**	**17**	**30**	**Waiting List Application available at** www.cityofbrea.net/affordablehousing **17 moderate income units**
Bonterra Apt. Homes	**Brea**	**401 Discovery Lane**	**92821**	**Family 1, 2 & 3 Bedroom**	**93**	**94**	**Application available at** www.cityofbrea.net/affordablehousing **93 extremely-low to low-income units**

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BREAL Senior Apartments	Brea	111 N. Orange Ave.	92821	Senior 65+ Studio & 1 Bedroom	30	30	Waiting List (714) 671-4421 (Must have lived in Brea 2 years) 30 extremely low income units
Imperial Park Apartments	Brea	350 & 430 W. Imperial Hwy.	92821	Family 2 Bedroom	91	92	Waiting List Application available at www.cityofbrea.net/affordablehousing 80 low and 11 very low income units
Orange Villa Senior Apartments	Brea	137 N. Orange Ave.	92821	Senior 55+ 2 Bedroom	9	36	Waiting List Onsite (714) 990-0334 9 low income units
South Walnut Bungalows	Brea	302-314 S. Walnut Ave.	92821	Family 1, 2 & 8 Bedroom	9	9	Waiting List Application available at www.cityofbrea.net/affordablehousing 9 very low income units
The Pointe Apartments	Brea	100 Pointe Drive	92821	Family 1 & 2 Bedroom Washer & Dryer included in each unit	26	260	Waiting List Application available at www.cityofbrea.net/affordablehousing 26 moderate income units
Tamarack Pointe Villas	Brea	330 W. Central Ave.	92821	Family 2 Bedroom	5	48	Waiting List Application available at www.cityofbrea.net/affordablehousing 2 moderate & 3 low income units
Town and Country Apartments	Brea	800 S. Brea Blvd.	92821	Family 1 & 2 Bedroom	12	122	Waiting List Application available at www.cityofbrea.net/affordablehousing 6 moderate & 6 low income units
Vintage Canyon Senior Apartments	Brea	855 N. Brea Blvd.	92821	Senior 62+ 84 – 1 Bedroom 21 – 2 Bedroom	105	105	Waiting List Onsite (714) 529-4261 105 very low income units
Walnut Village Apartments	Brea	620 S. Walnut Ave.	92821	Family 1 Efficiency 9 - 1 Bedroom 26 - 2 Bedroom 11 - 3 Bedroom	47	47	ProActive Realty Investments Onsite (714) 529-7022 47 very low income units
Williams Senior Apartments	Brea	212 S. Orange Ave.	92821	Senior 62+ 1 Bedroom	28	28	Waiting List Onsite (714) 256-0384 28 moderate income units
Casa Santa Maria	Buena Park	7551 Orangethorpe Ave.	90621	Senior 62+ 1 Bedroom	98	100	5 – 8 Year Waiting List Onsite (714) 994-1404
Clark Commons	Buena Park	8002 Orangethorpe	90621	Family 1,2,3 Bedroom	69	70	Waitlist Onsite (714) 521-1028
Dorado Senior Apartments	Buena Park	8622 Stanton Ave.	90620	Senior 55+	150	150	(714) 236-0007

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Emerald Garden Apartments	Buena Park	8720 Valley View St.	90620	Family 2 Bedroom	109	110	Onsite (714) 527-5404
Harmony Park Apartments	Buena Park	7252 Melrose St.	90622	Senior 62+ 1 & 2 Bedroom	58	59	8 Month – 3 Year Waiting List (714) 994-9633
Park Landing Apartments	Buena Park	8850 La Palma Avenue	90620	1,2 & 3 Bedroom	70	70	Waiting List On-site (714) 236-9310
Walden Glen Apartments	Buena Park	6664 Knott Ave.	90621	Family 2 Bedroom	186	186	Onsite (714) 523-8210
OC Community Housing Corp. (Palm Village)	Buena Park	7602-7638 W. 9th St.	90621	Family	38	38	3 – 5 Year Waiting List OC Community Housing Corp. Offsite (714) 558-8300
OC Community Housing Corp.	Capistrano Beach	25942 Domingo	92624	Family 2, 3 & 4 Bedroom	24	24	3 – 5 Year Waiting List OC Community Housing Corp. Offsite (714) 558-8300
Seaview Lutheran Plaza	Corona Del Mar	2800 Pacific View Dr.	92625	Senior 62+ & Mobility Impaired	99	100	Waiting List (949) 720-0888
TheTower on 19th	Costa Mesa	678 W. 19th St.	92627	Senior 62+ Studio, 1 & 2 Bedroom	268	268	(949) 642-9941
Canyon Crest Townhomes	Costa Mesa	2178 Canyon Dr.	92627	Family 2 & 3 Bedroom	4	17	1 Year Waiting List (949) 722-0289
Canyon Palms	Costa Mesa	2230 Canyon Dr.	92627	Family 2 Bedroom	2	7	No Vacancies (949) 458-8300
Casa Bella	Costa Mesa	1844 Park Ave.	92627	Senior 62+ & Mobility Impaired 74 - 1 Bedroom	74	75	3 Year Waiting List Onsite (949) 646-0960
Civic Center Barrio Housing	Costa Mesa	Multiple Locations 721,717, 734, 740, & 744 James St. 745 W. 18th St. 707 & 711 W. 18th St.	92627	Family 1 & 2 Bedroom	250	250	(714) 835-0406
Costa Mesa Family Village	Costa Mesa	1981 Wallace Ave. 1924 Wallace Ave. 2015 N. Pomona Ave.	92627	Family 2 & 3 Bedroom	14	72	Waiting List Onsite (949) 650-3063
Costa Mesa Village	Costa Mesa	2460 Newport Blvd.	92627	Studios	96	96	First Come, First Serve Onsite (949) 642-8226
Hamilton Park	Costa Mesa	419-423 Hamilton St.	92627	Family 2 & 3 Bedroom	1	9	First Come, First Serve (949) 650-5190
Hamilton Terrace	Costa Mesa	439 Hamilton St.	92627	Family 2 & 3 Bedroom	9		Inquire within

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Mesa Breeze Apartments	Costa Mesa	867 W. 19th St.	92627	Family 10 - 1 Bedroom 5 - 2 Bedroom	15	62	Waiting List Onsite (949) 574-3070
Park Place Village	Costa Mesa	1662 Newport Blvd.	92627	SRO Studios	59	60	2 – 6 Month Waiting List Onsite (949) 646-7804
Pomona Townhome Apartments	Costa Mesa	1985 Pomona Ave.	92627	Family 1, 2 & 3 Bedroom	4	22	First Come, First Serve (949) 930-7513 (Info. Only)
South Court Apartments	Costa Mesa	736 Baker St.	92627	Family 2 Bedroom	5	24	3+ Year Waiting List Onsite (714) 557-2481
South Coast Paularino	Costa Mesa	801 Paularino Ave.	92626	Family 1 & 2 Bedroom	10	46	Waiting List (714) 966-9168
St. John's Manor	Costa Mesa	2031 Orange Ave.	92627	Senior 62+ & Mobility Impaired 1 Bedroom	36	36	Waiting List (949) 645-3728
No Name Provided	Costa Mesa	863 Center St.	92627	Family Studio 1 & 2 Bedroom	3	18	First Come, First Serve (949) 930-7513 (Info. Only) (949) 930-7524
No Name Provided	Costa Mesa	2038 Maple St.	92627	Family 2 Bedroom	1		(714) 963-8045
No Name Provided	Costa Mesa	2241 Pomona Ave.	92627	Family 1 & 2 Bedroom	2	3	Waiting List Closed (714) 550-1015
No Name Provided	Costa Mesa	650 W. 18th St.	92627	Family 2 Bedroom	2	8	(714) 839-7810
No Name Provided	Costa Mesa	685 W. 18th St.	92627	Family 1 Bedroom	5	5	(949) 930-7513 (Info. Only)
Cypress Park Senior Community	Cypress	9021 Grindlay St.	90630	Active Senior 55+ All 1 Bedroom	31	124	First Come, First Serve Onsite (714) 995-5300
Cypress Pointe Senior Community	Cypress	5120 Lincoln Ave.	90630	Senior 55+	11	110	First Come, First Serve Onsite (714) 229-8500
Cypress Sunrise	Cypress	9151 Grindlay St.	90630	Senior 62+ & Mobility Impaired Studio & 1 Bedroom	74	75	Waiting List is Closed (714) 527-6237
Sumner Place	Cypress	8542-8552 Sumner Pl.	90630	Family 2 & 3 Bedroom	5	5	Waiting list closed (714) 826-4724
Tara Village	Cypress	5201 Lincoln Ave.	90630	Family 2 & 3 Bedroom	170	170	6 Month – 1 Year Waiting List (714) 827-5390
OC Community Housing Corp.	Cypress	8702 & 8692 LaSalle	90630	Family 3 Bedroom	8	8	5 – 8 Year Waiting List OC Community Housing Corp. Offsite (714) 558-8300

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OC Community Housing Corp.	Dana Point	25942 Domingo	92624	Family	24	24	Waiting List OC Community Housing Corp. Offsite (714) 558-8300
Club 42	Fountain Valley	17230 Newport	92708	Family 1 & 2 Bedroom	7	7	Waiting List Closed Los Cabelleros Real Estate Onsite (714) 241-RENT
Guadalupe Manor	Fountain Valley	17103 Magnolia St.	92708	Senior 62+ & Mobility Impaired (18+) Studio & 1 Bedroom	69	71	First Come, First Serve Onsite (714) 843-1121
The Jasmine at Founder's Village	Fountain Valley	17911 Bushard St. (and Talbert)	92708	Senior 55+ 1 & 2 Bedroom	154	156	First Come, First Serve Onsite (714) 963-9660
Allen Hotel Apartments	Fullerton	410 S. Harbor Blvd.	92832	Family 1 & 2 Bedroom	16	16	6 Year Waiting List (714) 879-5634
Amerige Villa Apartments	Fullerton	343 W. Amerige Ave.	92832	Senior 62+ or Disabled 1 Bedroom	100	101	4 to 5 Year Waiting List Onsite (714) 879-4790
Casa Maria Del Rio	Fullerton	2130 E. Chapman Ave.	92831	Mobility Impaired 21 – 1 Bedroom 3 – 2 Bedroom	24	24	2 Year Waiting List (714) 680-8815
Citrea Apartments	Fullerton	336 East Santa Fe Ave.	92832	Family 5 – Studios 22 – 1 Bedroom 14 – 2 Bedroom 14 – 3 Bedroom	55	55	Waiting List Application available at Citreaapartments.com or Temporary Leasing Office 2501 E. Chapman Ave Ste. 130 Fullerton, CA 92831 (714) 441-0300
Courtyard Apartments	Fullerton	4127 W. Valencia Dr.	92633	Family 2,3 & 4 Bedroom	108	108	Waiting List Closed Onsite (714) 992-0905
East Fullerton Villas	Fullerton	2140-2190 E. Chapman Ave.	92831	Family 2, 3 & 4 Bedroom	27	27	First Come, First Serve Onsite (714) 578-0400
Franklin Garden Apartment Homes	Fullerton	3828 Franklin Ave.	92833	Family	11	15	(714) 447-8776
Fullerton Heights Apartments	Fullerton	1220 E. Orangethorpe Avenue	92831	Special Needs 18 – 1 Bedroom 12 – 2 Bedroom 6 – 3 Bedroom	36	36	Opening May 2018 (323) 757-0670 ext. 105
Fullerton City Lights	Fullerton	224 E. Commonwealth Ave.	92832	1 or 2 person Single Room Studios	136	137	1 Month Waiting List Onsite (714) 525-4751
Garnet Lane Apartments	Fullerton	3125-3149 Garnet Ln.	92631	Family 2 & 3 Bedroom	17	18	ProActive Realty Investments Onsite (714) 529-7022

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Garnet Housing	Fullerton	3012-3024 Garnet Ln. 1512 & 1518 Placentia	92831	Family 2 Bedroom	20	20	Waiting List (714) 835-0406
Harborview Terrace Apartments	Fullerton	2305 N. Harbor Blvd.	92835	Physical Disability 21 – 1 Bedroom 3 – 2 Bedroom	24	25	Waiting List Onsite (800) 466-7722
Hudson Ridge Apartments	Fullerton	1830 W. Commonwealth Avenue	92833	68 – Studio 80 – 1 Bedroom	148	148	(714) 525-5444
Klimpel Manor Senior Apartments	Fullerton	229 E. Amerige Ave.	92632	Senior 62+ All 1 Bedroom	59	59	2 – 3 Year Waiting List Onsite (714) 680-6300
North Hills Apartments	Fullerton	570 E. Imperial Hwy.	92835	Family 188 – 2 Bedroom 16 – 3 Bedroom	203	204	First Come, First Serve Onsite (714) 870-1911
Palm Garden Apartments	Fullerton	400 W. Orangethorpe Ave.	92832	Family 83 – 1 Bedroom 140 – 2 Bedroom	223	224	2 – 3 Month Waiting List (714) 526-1080
Richman Court Apartments	Fullerton	466 W. Valencia Drive	92832	Family 16 – 1 Bedroom	16	16	(714) 289-7600
Richman Park I	Fullerton	436-442 W. Valencia Dr.	92832	Family 2 Bedroom	8	8	Waiting List (714) 835-0406
Richman Park II	Fullerton	461 West Ave.	92832	Family 2 Bedroom	4	4	Waiting List (714) 835-0406
Ventana	Fullerton	345 E. Commonwealth Ave.	92832	Senior	94	95	Accepting Applications/Waiting List (877) 815-3828
Acacia Villa Apartments	Garden Grove	10931 Acacia Pkwy.	92840	Senior 62+ Disabled/ Handicap 1 Bedroom	159	161	10+ Year Waiting List (714) 537-6718
Arbor Glen Apartments	Garden Grove	12680 Buaro St.	92840	Family 2 & 3 Bedroom	68	136	First Come, First Serve Onsite (714) 638-1525
Aslam	Garden Grove	11211 Steele St.	92840	Family 1 Bedroom	10	10	Howard James Co. (714) 283-5910
Crystal View Apartments	Garden Grove	12091 Bayport St.	92840	Family Studio & 1 Bedroom	80	400	6 Month – 1 Year Waiting List Onsite (714) 750-6771
Briar Crest and Rose Crest	Garden Grove	Briar: 11701 Stewart St. Rose: 11762 Stewart St.	92843	Briar: Studio, 1, 2 & 3 Bedroom Rose: 1 & 2 Bedroom	Briar – 32 Rose – 10	Briar – 32 Rose – 10	Waiting List Onsite (714) 491-6549

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Garden Grove Manor	Garden Grove	10642 Bolsa Ave.	92843	Family 20 – 1 Bedroom 44 – 2 Bedroom 14 – 3 Bedroom	31	78	Waiting List Onsite (714) 554-2032
Garden Grove Senior Apartments	Garden Grove	12721 Garden Grove Blvd.	92843	Senior 55+	85	85	(714) 537-6606
Grove Park Apts	Garden Grove	12572, 12602, 12612, 12631, 12651, 12661, 12682 and 12692 Morningside Avenue and 12622, 12632, 12652, 12662 and 12682 Keel Avenue,	92840	Family 1,2,3 Bedroom	104	104	Waitlist Onsite (714) 554-0354
Jordan Manor	Garden Grove	11441 Acacia Pkwy.	92840	Senior 62+ Studio & 1 Bedroom	64	65	10 Year Waiting List Onsite (714) 530-2072
OC Community Housing Corp.	Garden Grove	Various Locations	92843	Family 1, 2, 3 & 4 Bedroom	44	44	3 – 5 Year Waiting List OC Community Housing Corp. Offsite (714) 558-8300
Malabar	Garden Grove	9777 Bixby Ave.	92841	Family 10 – 1 Bedroom 75 – 2 Bedroom 39 – 3 Bedroom	126	126	6 Month – 2 Year Waiting List Off site (714) 539-3822
Stuart Drive Apartments	Garden Grove	11632 Stuart Dr. #3	92843	Family 1 & 2 Bedroom	144	144	First Come, First Serve (714) 530-0866
Sunswept	Garden Grove	12682-12692 Sunswept	92843	Family 1 & 2 Bedroom	15	16	Waitlist Onsite (909) 931-9763
Rose Garden Apartment	Garden Grove	9645 Wetminster Ave.	92844	Family 2 & 3 Bedroom	95	95	First Come, First Service (714) 638-3751
Sungrove Senior Apartments	Garden Grove	12811 Garden Grove Blvd.	92843	Senior 55+ 1 & 2 Bedroom	80	82	Call for Availability (714) 636-5708
Tudor Grove	Garden Grove	12631 Sunswept Ave.	92843	Family 1, 2 & 3 Bedroom	144	144	2 – 3 Year Waiting List Onsite (714) 554-6362
Valley View Senior Villas	Garden Grove	12200 Valley View St.	92845	Senior 55+ 1 & 2 Bedroom	36	178	Waiting List (714) 898-6860
Wesley Village	Garden Grove	10862 Acacia Parkway	92840	Family/Senior 62+ 1,2, 3 Bedroom	45	46	Waitlist Onsite (657) 251-2571
American Family Housing	Huntington Beach	17382 Keelson Ln.	92647	Family 4 – 2 Bedroom	4	4	(714) 897-3221 ext. 114
American Family Housing Barton 1	Huntington Beach	7802 Barton Dr.	92647	Family 4 – 2 Bedroom	4	4	(714) 897-3221 ext. 114

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American Family Housing Barton 2	Huntington Beach	7812 Barton Dr.	92647	Family 4 – 2 Bedroom	4	4	(714) 897-3221 ext. 114
Beachview Villas	Huntington Beach	8102 Ellis Ave.	92648	Single Room Occupancy	106	107	First Come, First Serve Solari Enterprises Inc, (714) 965-7178 47 Very Low & 59 Low Income Units
Bowen Court	Huntington Beach	1978 Lake St.	92648	Senior 55+ 1 Bedroom	20	20	3 – 5 Year Waiting List Onsite (714) 374-4045 20 Very Low Income Units
Bridges Apartments	Huntington Beach	16851 Nichols St.	92647	Family 2 Bedroom	80	80	1 Month Onsite (714) 842-2411 Low Income units
Emerald Cove	Huntington Beach	18191 Parktree Cir.	92648	Senior 62+ Studio & 1 Bedroom	164	164	2 Year Waiting List (714) 842-0802 Very Low & Low Income Units
Five Points Seniors Apartments	Huntington Beach	18561 Florida St.	92648	Senior 55+ 159 – 1 Bedroom 7 – 2 Bedroom	50	166	1 Year Waiting List (714) 848-3883 www.hbseniorliving.com
Hermosa Vista Apartments	Huntington Beach	15363 & 15425 Goldenwest St.	92647	Family Studio, 1 & 2 Bedroom	88	88	Call for availability (714) 892-5217 26 Very Low & 62 Low Income Units
Huntington Gardens	Huntington Beach	18765 Florida St.	92648	Senior 1 Bedroom	183	183	5 Year Waiting List (714) 842-4006 183 – Very Low Income Units
Huntington Pointe (Quo Vadis)	Huntington Beach	18992 Florida St.	92648	Family Studios, 1 & 2 Bedroom	104	104	Waiting List Closed (714) 596-7448 21 Very Low & 83 Low Income Units
Huntington Villa Yorba	Huntington Beach	16000 Villa Yorba	92647	Family 21 – 1 Bedroom 152 – 2 Bedroom 19 – 3 Bedroom	192	198	6 Year Waiting List (for 1 & 3 Bedroom) 4 Year Waiting List (for 2 Bedroom) (714) 842-9622 192 Very Low Income Units
Main Place Apartments	Huntington Beach	7305 Luna	92648	Family 2 Bedroom	26	26	Call for availability Bart DeBoe – (714) 381-4222
Oakeview A	Huntington Beach	17372 Koledo Lane	92647	Family 2 Bedroom	5	5	Jamboree Housing Corporation (949) 263-8676
Oakview B	Huntington Beach	17362 Koledo Lane	92647	Family 2 Bedroom	5	5	Jamboree Housing Corporation (949) 263-8676
Oakview C	Huntington Beach	17362 Jacquelyn Lane	92647	Family 2 Bedroom	4	4	Jamboree Housing Corporation (949) 263-8676
Oakview D	Huntington Beach	17442 Koledo Lane	92647	Family 2 Bedroom	5	5	Jamboree Housing Corporation (949) 263-8676
Ocean Aire Apartment Homes	Huntington Beach	7811 Talbert Ave.	92648	Family 2 Bedroom	65	65	Call for availability (714) 847-1019 65 Moderate Income Units

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OC Community Housing Corp.	Huntington Beach	17372 Keelson Ln.	92647	Family 2 Bedroom	4	4	Waiting List Closed OC Community Housing Corp. Offsite (714) 558-8300 4 Very Low Income Units
OC Community Housing Corp.	Huntington Beach	17351, 17361, 17401, 17412 Koledo Ln.	92647	Family 2 Bedroom	43	43	Waiting List Closed OC Community Housing Corp. Offsite (714) 558-8300 43 Very Low Income Units
OC Community Housing Corp.	Huntington Beach	17422, 17432 Queens Ln.	92647	Family 2 Bedroom	8	64	Waiting List Closed OC Community Housing Corp. Offsite (714) 558-8300 8 Very Low Income Units
Pacific Court Arpartments	Huntington Beach	2200 Delaware St.	92648	Family 48-2 Bedroom	48	48	Call for availability (714) 960-6100 23 Very Low Units 24 Low Units
Sea Air Apartments	Huntington Beach	725, 729 & 733 Utica Ave.	92648	Family 36 – 2 Bedroom	36	36	1 – 3 Year Waiting List (714) 969-0877 36 Low Income Units
Sher Lane Apartments	Huntington Beach	16112 Sher Ln.	92647	Family 1 & 2 Bedroom	66	66	5 – 6 Year Waiting List Bridge America Foundation (714) 842-1393 33 Very Low & 33 Low Income Units
Villa Hermosa (formerlyAbility First) Apartments	Irvine	14501 Harvard Ave.	92606	Disabled 1 & 2 Bedroom	24	24	For Adults with Disabilities (949) 559-5902
Alegre Apartments	Irvine	3100 Visions	92614	Family/MHSA 1,2,3 & 4 Bedroom	104	104	Waiting List Closed Phone (949) 872-2589
The Arbor at Woodbury	Irvine	300 Regal Avenue	92620	Family 1, 2 & 3 Bedroom	89	90	Waiting List (949) 336-8300
Avalon Irvine Apartments	Irvine	2777 Alton Pkwy	92606	Family 1 & 2 Bedroom	23	280	Waiting List Closed (949) 863-9549
AXIS 2300 Apartments	Irvine	2300 Dupont Avenue	92612	Family 1 Bedroom	18	115	7 Year Waiting List (949) 474-0733
Camden Apts.	Irvine	2801 Main St.	92614	Family 1 & 2 Bedroom	58	290	Waiting List Closed for Very Low/Low Moderate Units Available (949) 833-7900
Cedar Creek	Irvine	5051 Alton Pkwy.	92604	Family 1 & 2 Bedroom	36	176	Waiting List Closed (949) 733-0404
Cross Creek	Irvine	22 Creek Rd.	92604	Family 2 & 3 Bedroom	45	136	Waiting List Closed (949) 733-0414

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Deerfield Apartments	Irvine	3 Bear Paw	92604	Family 1 & 2 Bedroom	20	288	Waiting List (949) 559-5000
Doria Apartments	Irvine	1000 Crested Bird	92620	Family/MHSA 1, 2 and 3 Bedroom	132	134	(949) 701-4719 doria@jsco.net doria1@jsco.net
Granite Court	Irvine	2853 Kelvin Ave.	92614	Family 1, 2 & 3 Bedroom	71	71	Waitingl List (949) 863-9790
Harvard Manor	Irvine	21 California Ave.	92612	Family 1, 2 & 3 Bedroom	35	50	6 Year Waiting List (949) 854-1536
The Alton	Irvine	2501 Alton Parkway	92606	Family 1 & 2 bedroom	17	344	Moderate Income Program-Waiting List Open (949) 344-7701
The Inn At Woodbridge	Irvine	11 Osborne St.	92604	Senior 62+ 1 & 2 Bedroom	116	116	Waiting List (949) 651-8600
The Residences on Jamboree	Irvine	2801 Kelvin	92614	Family 1,2, & 3 bedroom and studio 7-units	38	381	Waiting list closed (949) 298-6870
Irvine Inn	Irvine	2810 Warner Ave.	92606	Single Room Occupancy Small Studios	192	192	Waiting List Closed (949) 551-7999 Leasing Agent
Kelvin Court Apartments	Irvine	2552 Kelvin Ave.	92614	Family 1, 2 & 3 Bedroom	27	132	(949) 797-0003
Laguna Canyon Apartments	Irvine	400 Limestone Way	92618	Family 1, 2 & 3 Bedroom	120	120	Waiting List Closed Onsite (949) 502-5424
Mariposa Co-Op	Irvine	3773 University Dr.	92612	Disabled/Physically Challenged/Senior 36 – 1 Bedroom 4 – 2 Bedroom	39	40	2– 5 Year Waiting List Onsite (949) 509-7012 Or 1-800-500-7725 (Call MWF 10 a.m. – 2 p.m.)
The Kelvin Apartments	Irvine	2850 Kelvin	92612	Family 1 & 2 Bedroom	20	194	Waiting List Phone (888) 545-7365
Montecito Vista	Irvine	4000 El Camino Real	92620	Family 2 & 3 Bedroom	161	162	Waiting List Onsite (714) 389-7580
Northwood Place	Irvine	1300 Hayes St.	92620	Family 1, 2 & 3 Bedroom	186	604	Waiting List Closed Onsite (949) 857-4100
Northwood Park	Irvine	146 Roosevelt St.	92620	Family 1, 2 & 3 Bedroom	34	168	Waiting List Closed Onsite (949) 552-0177
Orchard Park	Irvine	50 Tarocco	92618	Large Family 2, 3 & 4 Bedroom	60	60	Waiting List Closed (949) 651-0200
The Parklands	Irvine	1 Monroe, #11	92620	Family 20 – 1 Bedroom 92 – 2 Bedroom 8 – 3 Bedroom	120	120	Waiting List Closed Onsite (949) 651-0468
San Leon Villa Apartments	Irvine	1 San Leon	92606	Family 1, 2 & 3 Bedroom	72	247	Waiting List Closed (949) 863-7050

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San Marco Apartments	Irvine	101 Veneto	92614	Family 1, 2 & 3 Bedroom	361	426	Waiting List Closed (949) 975-1888
San Marino Villa Apartments	Irvine	403 San Marino	92614	Family 1, 2 & 3 Bedroom	59	199	Waiting List Closed (949) 553-1662
San Paulo Apartments	Irvine	100 Duranzo Aisle	92606	Family 1, 2 & 3 Bedroom	203	382	Waiting List Closed (949) 756-0123 or (949) 223-0800
San Remo Villa	Irvine	1011 San Remo	92606	Family 1 & 2 Bedroom	76	248	Waiting List Closed Onsite (949) 474-5056
Santa Alicia Apartments	Irvine	100 Santorini	92606	Family 1, 2, 3 & 4 Bedroom	82	84	Waiting List Closed (949) 653-2995 M-F 8am-5pm Only
Solaira At Pavilion Park	Irvine	100 Ridge Valley	92618	Senior Age 55+ 1 & 2 Bedroom	219	221	Applications available at www.solairaliving.com or phone (949) 209-5025
Toscana Apartments	Irvine	35 Via Lucca	92612	Family Studio, 1 & 2 Bedroom	84	563	Very Low Waiting List CLOSED Low Waiting List is Open Onsite (949) 757-1111
Turtle Rock Canyon Apartments	Irvine	100 Stone Cliff Aisle	92612	Family 1, 2 & 3 Bedroom	66	217	Waiting List Closed Onsite (949) 854-8989
University Town Center	Irvine	1100 Stanford	92612	Family 1, 2 & 3 Bedroom	285	1207	Waiting List Closed Onsite (949) 854-2417
Villa Siena	Irvine	25 Palatine #100	92612	Family 2 Bedroom	216	1442	Waiting List Closed (949) 474-4422
Windrow Apartments	Irvine	5300 Trabuco Rd.	92620	Family 1, 2 & 3 Bedroom	96	96	Waiting List Closed Onsite (949) 861-2470
Windwood Glen	Irvine	97 Hearthstone	92606	Family 1, 2 & 3 Bedroom	40	196	3 – 5 Year Waiting list Onsite (949) 551-1577
Windwood Knoll	Irvine	2 Flagstone	92606	Family 2, 3 & 4 Bedroom	60	188	Waiting List Closed Onsite (949) 551-3258
Woodbridge Cross Creek Apartments	Irvine	22 Creek Rd., #1	92604	Family 2 & 3 Bedroom	45	136	Waiting List (949) 733-0414
Woodbridge Manors I & II	Irvine	25/27/29 Lake Rd.	92604	Senior 62+/Disabled 1 Bedroom	165	165	Waiting List Closed Onsite (949) 552-6794
Woodbridge Oaks	Irvine	1 Knollglen	92604	Family 2 & 3 Bedroom	120	120	Closed Waiting List Onsite (949) 786-7154
Woodbridge Villas	Irvine	10 Thunder Run #30	92614	Family 48 – 2 Bedroom 6 – 3 Bedroom 6 – 4 Bedroom	60	258	Closed Waiting List Onsite (949) 786-5110

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Woodbridge Willows	Irvine	344 Knollglen	92614	Family 1, 2 & 3 Bedroom	10	200	Waiting List Closed Onsite (949) 857-0383
Woodbury Walk Apts.	Irvine	99 Talisman, #100	92620	Family 1, 2 & 3 Bedroom	150	150	Waiting List Closed (949) 861-8914
OC Community Housing Corp.	Irvine	Various locations	92604 92618 92620	Family 2 & 3 Bedroom	6	6	3 – 5 Year Waiting List OC Community Housing Corp. Offsite (714) 558-8300
Casa El Centro	La Habra	101 N. Cypress St.	90631	Senior/Disabled 62+ 53 – 1 Bedroom 2 – Handicap	55	55	Waiting List (562) 691-4342
Casa Nicolina	La Habra	1510 W. La Habra Blvd.	90631	Family 1 – Studio 4 – 1 Bedroom 15 – 2 Bedroom 1 – 3 Bedroom	22	22	First Come/First Serve Onsite (562) 690-2704
Cypress Villas Apartments	La Habra	900 N. Cypress St.	90631	Family 1 & 2 Bedroom	72	72	2 Year Waiting List (562) 697-0173
Grace Ave. Apartments	La Habra	251 Grace Ave.	90631	3 Bedroom	4	4	ProActive Realty Investments (714) 529-7022
Las Lomas Gardens	La Habra	900 S. Las Lomas Dr.	90631	Family 14 – 1 Bedroom 43 – 2 Bedroom 32 – 3 Bedroom 4 – 4 Bedroom	93	112	3 – 5 Year Waiting List (714) 879-5583 or (800) 638-5510
Villa Camino Real	La Habra	601, 607, 609 E. La Habra Blvd.	90631	Family	12	12	ProActive Realty Investments (714) 529-7022
Camden Place Apartments	La Palma	4500 Montecito Dr.	90623	Senior 62+ 30 - 1 Bedroom 5 - 2 Bedroom	35	35	Onsite (562) 865-2511 Call Monday – Friday, 9 a.m. – 5 p.m.
Seasons La Palma	La Palma	7051-7061 Walker St.	90623	Senior 62+ 1 & 2 Bedroom	60	60	1 – 1.5 Year Waiting List Onsite (714) 690-9830
Nova La Palma Apartments	La Palma	7777-7799 Valley View St.	90623	Family 2 & 3 Bedroom	272	272	1 – 2 Year Waiting List Onsite (714) 523-7171
Laurel Glen	Ladera Ranch	70 Sklar St.	92694	Family 1, 2 & 3 Bedroom	44	220	Wating List is Closed Open for Larger Households 5+ only Onsite (949) 218-4025
Hagan Place	Laguna Beach	383 3rd St.	92651	1 Bedroom Disabled 24 – 1 Bedroom	24	24	5 Year Waiting List Onsite (949) 376-3033

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Harbor Cove Apartments	Laguna Beach	310-312 Broadway St.	92651	Senior 62+ 1 Bedroom	15	15	Section 8 Voucher required. Two year Wait List (714) 974-1010
Alice Court	Laguna Beach	450 Glenneyre St.	92651	Studio	26	27	6 Month – 2 Year Waiting List (949) 759-1238
Vista Aliso	Laguna Beach	21544 Wesley Dr.	92651	Senior 62+/Disabled 18 – Studio 52 – 1 Bedroom	70	71	Waiting List Closed (Temporarily) Onsite (949) 499-5581
Rancho Niguel	Laguna Hills	25952 Via Lomas	92653	Family 40 – 2 Bedroom 6 – 3 Bedroom 5 – 4 Bedroom	51	51	Waiting List Onsite (949) 831-8486
Rancho Moulton	Laguna Hills	25705 Via Lomas	92653	Family 40 – 2 Bedroom 6 – 3 Bedroom 5 – 4 Bedroom	51	51	Waiting List Onsite (949) 831-1604
Alicia Park Apartments	Laguna Niguel	23681 Cambridge Cir.	92677	Family 2, 3 & 4 Bedroom	55	56	3 - 4 Year Waiting List Onsite (949) 495-5131
Village La Paz	Laguna Niguel	24275 Avenida Breve	92677	Family 80 – 2 Bedroom 12 – 3 Bedroom 8 – 4 Bedroom	100	100	6 Year Waiting List Onsite (949) 831-1534

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Arroyo at Baker Ranch (Built 2015)	Lake Forest	100 Indigo	92610	6 one-bdrm. (income not exceeding 50% of AMGI); 49 one-bdrm. (income not exceeding 60% of AMGI); 8 two-bdrm. (income not exceeding 50% of AMGI); 67 two-bdrm. (income not exceeding 60% of AMGI); 6 three-bdrm. (income not exceeding 50% of AMGI); 51 three-bdrm. (income not exceeding 60% of AMGI) "AMGI": area median gross income	187	189	(949) 380-0311
Crestwood Apartments	Lake Forest	21011 Osterman Rd.	92630	26 – 2 Bedroom 50 – 3 Bedroom	38	76	Advanced Management Company (949) 770-4755
Laurel Park Manor	Los Alamitos	4121 Katella Ave.	90720	Senior 62+ and Mobility Impaired (7) Studio & 1 Bedroom	70	71	4 – 5 Year Waiting List Onsite (714) 827-2553
Bishop Apartments	Midway City	8142 Bishop	92655	9 – 2 Bedroom	9	10	American Family Housing (714) 897-3221
Jackson Aisle	Midway City	15432 Jackson St.	92655	Special Needs Housing	30	30	A Community of Friends Outreach Coordinator (323) 757-0670 x105
Midway City SRO	Midway City	15161 Jackson St.	92655	Studios (SRO)	17	18	Shelter for the Homeless (714) 897-3221
Midway Meadows	Midway City	14852 Park Ln.	92655		91	92	Advanced Property Services (714) 289-7600
Pacific Terrace Apartments	Midway City	15000 Pacific St.	92655	Seniors 62+	97	97	3 – 4 YearWaitiing List G& K Management Co., Inc. (714) 893-8822

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Arroyo Vista Apartments	Mission Viejo	26196 Crown Valley Pkwy.	92692	Family 36 – 1 Bedroom 72 – 2 Bedroom 40 – 3 Bedroom 8 – 4 Bedroom	156	156	Waiting List Closed (949) 347-0650
Avalon	Mission Viejo	24950 Via Florecer	92692	Family Jr., 1 & 2 Bedroom	32	166	Waiting List Onsite (949) 380-7656
Heritage Villas Senior Apartments	Mission Viejo	26836 Oso Pkwy.	92691	Senior 62+ 1 & 2 Bedroom	142	143	8 Month - 1.5 Year Waiting List (949) 348-1894
Sendero Bluffs	Mission Viejo	30472 Gateway Place	92694	Senior 55+			Leasing Office (877) 681-6016 http://www.senderobluffs.com/
Esencia Norte	Mission Viejo	86 Esencia Drive	92694				Waiting List Closed Leasing Office (877) 681-8270 http://www.esencianorte.com/
Bayview Landing	Newport Beach	1121 Back Bay Dr.	92660	Senior 62+ 1 & 2 Bedroom	120	120	Waiting List Onsite (949) 759-1238, M - F
Baywood Apartments	Newport Beach	1 Baywood Drive	92660	Single & Families 1 & 2 Bedroom	105		Leasing Office (949) 644-5555
Adams Triplexes	Orange	1741-1745, 1837-1841, & 1915-1919 E. Adams Ave.	92867	Family 1 – 1 Bedroom 1 – 2 Bedroom per triplex	9	9	2 Year Waiting List Orange Housing Dev. Corp. (714) 289-7600
Alice Clark Orange Blossom Sr. Apartments	Orange	141 E. Walnut Ave.	92866	Senior 62+ 3 – 1 Bedroom 1 – 2 Bedroom	4	4	1 Year Waiting List Orange Housing Dev. Corp. Offsite (714) 771-1439
Buena Vista	Orange	8610 N Olive Road	92865	11 – 2 Bedroom 6 – 3 Bedroom	17	17	Advanced Property Services (714) 289-7600
Casa Ramon	Orange	840 W. Walnut Ave.	92868	Family 26 – 1 Bedroom 41 – 2 Bedroom 8 – 3 Bedroom	74	75	2 Year Waiting List Orange Housing Dev. Corp. Onsite (714) 639-1700
Casas Del Rio	Orange	1740 E. La Veta Ave.	92866	Disabled Only 20 Studio 15 – 1 Bedroom 5 – 2 Bedroom	40	40	3 – 5 Year Waiting List Onsite (714) 633-2510
Chestnut Place	Orange	1745 E. Fairway Dr.	92866	Senior 62+ 1 Bedroom	49	50	6 Month – 1 Year Waiting List Onsite (714) 633-5610

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Citrus Grove Apartments	Orange	1120 N. Lemon St.	92867	Family 38 – 2 Bedroom 18 – 3 Bedroom	56	57	Advanced Property Services (714) 289-7600
Citrus Village	Orange	501 N. Citrus St.	92868	Family 11 – 1 Bedroom 11 – 2 Bedroom	22	47	Onsite (714) 744-0800/ (714) 315-4585
Community Garden Towers	Orange	4001 W. Garden Grove Blvd.	92868	Senior 62+ 332 – 1 Bedroom	332	333	Wait List Closed September 28, 2018 (714) 971-1782
El Modena Senior Apartments	Orange	18852 E. Center St.	92869		12	12	Advanced Property Services (714) 289-7600
El Modena Transitional Shelter	Orange	18662-18692 E. Pearl St.	92869	5 – 3 Bedroom	5	6	Orange County Rescue Mission (714) 247-4311
Esplanade St. Apartments	Orange	280 S. Esplanade St.	92869	Family 27 – 2 Bedroom	27	27	2 – 3 Year Waiting List Orange Housing Dev. Corp. Onsite (714) 289-7600
Friendly Center	Orange	451-453 N. Lemon St.	92866	Family 3 – 1 Bedroom 4 – 2 Bedroom 1 – 3 Bedroom	8	8	Waiting List Varies (714) 771-5300
Harmony Creek Sr. Apartments	Orange	1616 E. Rock Creek Dr.	92866	Senior 62+ 1 & 2 Bedroom	82	83	3 – 6 Month Waiting List Onsite (714) 516-1900
Hoover Avenue	Orange	108-118, 218-228 W. Hoover Ave.	92867	Family 32 – 1 Bedroom 8 – 2 Bedroom	40	40	6 Month – 1 Year Waiting List Orange Housing Dev. Corp. (714) 289-7600
The Knolls	Orange	3138 Maple Ave., Suite C	92869	Family 2 Bedroom Townhomes	256	260	Now Accepting Applications (714) 538-1400
Lemon Grove Apartments	Orange	1148 N. Lemon Street	92867	Family 23 – 2 Bedroom 58 – 3 Bedroom	81	82	Wait List Advanced Property Services (714) 289-7600
Lemon Street Apartments	Orange	481-491 Lemon Street	92866	Family 1 Bedroom	6	6	6 Month – 1 Year Waiting List Orange Housing Development Corp. Off-site (714) 289-7600
OHDC/Orange Rotary Senior Plaza	Orange	235 W. La Veta Avenue	92866	Senior 1 Bedroom	6	6	6 Month – 1 Year Waiting List Orange Housing Development Corp. Off-site (714) 731-1439
Orange Garden Apartments	Orange	928 N. Highland St., #2	92867	Family 12 – 1 Bedroom 12 – 2 Bedroom	24	24	1 Year Waiting List Onsite (714) 633-4840
Orangevale Apartments	Orange	1300 N. Shaffer Ave.	92867	Family 56 – 2 Bedroom 8 – 3 Bedroom	64	64	6 – 9 Month Waiting List Onsite (714) 639-6286

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Orchid Gardens	Orange	1051 N. Glassell St.	92867	Senior 62+ 17 – 1 Bedroom	17	33	6 Month Waiting List (714) 633-7008
Plaza Garden Apartments	Orange	928 N. Highland St., #2	92867	Family 28 – 1 Bedroom 28 – 2 Bedroom	56	56	First Come, First Serve (714) 633-4840
Parker Street Apartments	Orange	161 N. Parker St.	92868	Family 3 – 3 Bedroom	3	3	1 – 3 Year Waiting List Orange Housing Dev. Corp. Offsite (714) 771-1439
Pixley Arms	Orange	537 W. Almond Ave.	92868	Senior 62+ 15 – 1 Bedroom	15	15	6 Month – 1 Year Waiting List Orange Housing Dev. Corp. Offsite (714) 289-7600
Rose Avenue Apartments	Orange	1743 E. Rose Ave.	92867	Family 6 – 2 Bedroom	6	6	2 – 3 Year Waiting List (714) 289-7600
Serrano Woods	Orange	2060 N. Park Lane	92865	Family 2 & 3 Bedroom	62	63	Advanced Property Services (714) 289-7600
Stonegate Senior Apartments	Orange	170 N. Prospect St.	92869	Senior 62+	19	20	Waiting List Onsite (714) 538-7729
Triangle Terrace	Orange	555 S. Shaffer St.	92866	Senior 62+ Studio & 1 Bedroom	75	75	1 – 5 Year Waiting List Onsite (714) 633-7344
Villa Modena	Orange	4431 E. Marmon Ave.	92869	Family 2 – 2 Bedroom 3 – 3 Bedroom	5	5	1 – 3 Year Waiting List Orange Housing Dev. Corp. Offsite (714) 771-1439
Walnut Court	Orange	1519 E. Walnut Ave.	92867	Family 7 – 3 Bedroom	7	7	1 – 2 Year Waiting List Orange Housing Dev. Corp. Offsite (714) 771-1439
Wilson Avenue Apartment I	Orange	1924 & 1934 E. Wilson Ave.	92867	Family 1 Bedroom	20	20	6 Month – 1 Year Waiting List Orange Housing Dev. Corp. Offsite (714) 289-7600
Wilson Avenue Apartments II	Orange	1844 E. Wilson Ave.	92867	Family 1 Bedroom	10	10	6 Month – 1 Year Waiting List Orange Housing Dev. Corp. Offsite (714) 289-7600
Wilson Avenue Apartments III	Orange	1944 E. Wilson Ave.	92867	Family 1 Bedroom	10	10	6 Month – 1 Year Waiting List Orange Housing Dev. Corp. Offsite (714) 289-7600
Highland Orchard Apartments	Placentia	140 S. Highland Ave.	92870	Family 2 Bedroom	10	104	1 Year Waiting List Onsite (714) 961-1985
Imperial Villas	Placentia	1050 E. Imperial Hwy.	92870	Family 46 – 2 Bedroom 6 – 3 Bedroom 6 – 4 Bedroom	58	58	5 Year Waiting List Onsite (714) 996-1021

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Ramona Gardens	Placentia	415 & 421 Ramona St.	92670	Family 2 Bedroom	6	6	3 – 5 Year Waiting List OC Community Housing Corp. Offsite (714) 558-8300
Villa La Jolla	Placentia	734 W. La Jolla St.	92870	Family 44 – 2 Bedroom 6 – 3 Bedroom 5 – 4 Bedroom	54	55	Onsite (714) 630-1744
No Name Provided	Placentia	219 Melrose St.	92870	Family	2	2	(714) 528-8420 1 Very Low income Unit 1 Low Income Unit
No Name Provided	Placentia	307 Santa Fe Ave.	92870	Family	2	2	(818) 207-1541 2 Low income Units
No Name Provided	Placentia	338 Santa Fe Ave.	92870	Family 1 Bedroom	4	4	(714) 865-3841 4 Low Income Units
OC Community Housing Corp.	Placentia	Various Locations	92870	Family 2 & 3 Bedroom	14	14	3 – 5 Year Waiting List OC Community Housing Corp. Offsite (714) 558-8300
Villa Aliento	Rancho Santa Margarita	114 Aliento St.	92688	Family Studio, 1 & 2 Bedroom	23	225	1 Year Waiting List Onsite (949) 858-4620
Casa de Seniors	San Clemente	105 Avenida Presido	92672	Senior 62+ or Disabled 18 – Studios 54 – 1 Bedroom	72	72	2 – 3 Year Waiting List Onsite (949) 492-2970
Escalones Nuevos	San Clemente	150-152 W. Escalones	92672	Family	6	6	1 Year Waiting List Mary Erickson Community Housing (949) 369-5419
Henderson House Shared Housing	San Clemente	676 & 680 Camino De Los Mares	92672	Singles "Sober living" Shared Housing	6	6 two bedroom (24 beds.)	Friendship Shelter (949) 494-6928 4 – 6 Week Waiting List (60-day maximum stay)
Mendocino Apartments in Talega	San Clemente	123 Calle Amistad	92673	Family	185	186	6 Month - 1 Year/3 – 4 Year Waiting List (depending on income) (949) 498-6430
Mary Erickson Community Housing	San Clemente	133-135 W. Canada 143 W. Marquita	92672	Family 4 – 2 Bedroom 4 – 3 Bedroom 1 – 4 Bedroom	12	12	1 Year Waiting List Mary Erickson Community Housing (949) 369-5419
Vintage Shores	San Clemente	366 Camino De Estrella	92672	Senior 55+ 1 & 2 Bedroom	122	122	First Come/First Servet Onsite (949) 661-6160

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Little Hollywood Program	San Juan Capistrano	Los Rios Historic Area	92675	Single Family Homes 1 – 3 Bedrooms	24	24	2 – 5 Year Waiting List (949) 443-6313 Leave Name and Address
Seasons	San Juan Capistrano	31641 Rancho Viejo Rd.	92675	Senior 55+ 1 and 2 Bedroom	150	150	(949) 487-0210
Villa Paloma	San Juan Capistrano	27221 Paseo Espada	92675	Senior 55+ Studio, 1 & 2 Bedroom	66	84	8 Month Waiting List (949) 443-9237
3524 W. Washington Ave.	Santa Ana	3524 W. Washington Ave.	92703	Family 2, 3, 4 & 5 Bedroom	6	8	Waiting List (714) 835-0406
2009 W. Myrtle St.	Santa Ana	2009 W. Myrtle St.	92703	Family 2 Bedroom	6	6	Waiting List (714) 835-0406
Raitt Street Apartments	Santa Ana	201 N. Raitt St.	92703	Family 3 Bedroom	2	6	Waiting List (714) 835-0406
405 S. Raitt St.	Santa Ana	405 S. Raitt St.	92703	Family 2 & 3 Bedroom	6	12	Waiting List (714) 835-0406
City Gardens Apartments	Santa Ana	2901 N. Bristol	92706	Family 1 & 2 Bedroom	55	274	Leasing Office (714) 547-6343
Cornerstone Village	Santa Ana	805 – 904 S. Minnie	92701	Family 1 & 2 Bedroom	126	127	Leasing Office (714) 558-1003 6 Month Waiting List
Flower Park Plaza	Santa Ana	901 W. First Street	92703	Senior Studio & 1 Bedroom	199	199	Leasing Office (714) 542-6002
Heninger Village Apartments	Santa Ana	200 S. Sycamore St.	92701	Senior 1 & 2 Bedroom	58	58	Leasing Office (714) 541-9438
Highland Manor Apartments	Santa Ana	1128 W. Highland St.	92703	Family 2 & 3 Bedroom	12	12	Leasing Office (714) 538-7729 3 - 5 Year Waiting List
Jackson Park	Santa Ana	300-304 N. Jackson St.	92703	Family 3 & 4 Bedroom	4	7	Waiting List (714) 835-0406
638-642 E. Adams	Santa Ana	638-642 E. Adams	92707	Family 3 Bedroom	6	6	Waiting List (714) 835-0406
1025 N. Spurgeon	Santa Ana	1025 N. Spurgeon St.	92701	Family 2 Bedroom	4	4	American Family Housing (714) 897-3221
Orange County Community Housing Corporation	Santa Ana	Various Locations	Various	Family 3 & 4 Bedroom	10	10	Leasing Office (714) 558-7300 3 – 5 Year Waiting List
1060 W. Third	Santa Ana	1060 W. Third St.	92706	Family/Senior 1 & 3 Bedroom	4	6	Waiting List (714) 835-0406

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415-417 Birch	Santa Ana	415-417 Birch St.	92701	Family 1 Bedroom	3	3	Onsite Mgr., no phone numbers.
Santa Ana Towers	Santa Ana	401 W. 1st St.	92701	Senior 1 Bedroom	198	198	Leasing Office (714) 835-6905
Sullivan Manor	Santa Ana	2516 W. 1st St.	92703	Family 2, 3, & 4 Bedroom	54	54	Leasing Office (714) 541-8616
Town Square	Santa Ana	600 W. 3rd St. 700 W. 1st St.	92701	Family 1 & 2 Bedroom	48	63	Waiting List (714) 835-0406
Villa Del Sol Apartments	Santa Ana	811 S. Fairview St.	92704	Family 1 & 2 Bedroom	114	562	1 - 2 Year Waiting List Onsite (714) 547-7485
Warwick Square	Santa Ana	780 S. Lyon St.	92705	Family 1 & 2 Bedroom	500	500	(714) 836-0955
Flower Terrace Apartments	Santa Ana	1401 N. Flower St.	92706	Senior 62 or Disabled	140	199	Leasing Office (714) 541-4451
Orange Housing Development/C&C Development	Santa Ana	Various Locations	92701	Family 1 & 2 Bedroom	609	661	Leasing Office (714) 289-7600 6 month Waiting List
Vista Del Rio	Santa Ana	1600 W. Memory Lane	92706	Developmentally Disabled	40	41	John Stewart Company (213) 787-2700 Waiting List
Rosswood Villas	Santa Ana	100 N. Ross St.	92701	Senior	199	199	Leasing Office (714) 972-1319
American Family Housing	Santa Ana	Various Locations	92701	Family 1 & 2 Bedroom	13	13	Leasing Office (714) 897-3221
Santa Ana Station District	Santa Ana	616 N. Lacy A	92701	Family 1 & 2 Bedroom	112	113	Leasing Office (714) 836-5808
Depot at Santiago	Santa Ana	923 N. Santiago Street	92701	Family 1,2 & 3 Bedroom	69	70	Advanced Property Services (714) 289-7600
Andalucia Apartments	Santa Ana	816 N. Figueroa	92703	Family 3 Bedroom	69	70	Advanced Property Services (714) 289-7600
Continental Gardens	Stanton	8101 Cerritos Ave.	90680	Family 1, 2 & 3 Bedroom	297	297	(714) 995-3311
Park Stanton Senior Apartments (Formerly Park Place Apartments)	Stanton	7622 Katella Ave.	90680	Senior 55+ 294 – 1 Bedroom 40 – 2 Bedroom	334	335	Onsite (714) 895-1340
Plaza Patria Court	Stanton	11440 Court St.	90680	Family 36 – 1 Bedroom 36 – 2 Bedroom 32 – 3 Bedroom	104	104	First come, First serve Onsite (714) 799-0028

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Casa de Esperanza	Stanton	10572 Knott Ave.	90680	Special Needs 9 – 1 Bedroom 1 – 2 Bedroom	9	10	United Cerebral Palsy (818) 782-2211 ext. 512 or (818) 782-2211 ext. 550
Chatham Village	Tustin	16331 McFadden Ave.	92780	Family 1 & 2 Bedroom	210	335	1 Year Waiting List (714) 836-5702
Flanders Pointe	Tustin	15520 Tustin Village	92780	Family 1 & 2 Bedroom	57	82	Onsite (714) 542-2229
Heritage Place at Tustin	Tustin	1101 Sycamore Ave.	92780	Senior 62+ 1 & 2 Bedroom	53	54	(714) 734-6752
Westchester Park Apartments	Tustin	1602 Nissan Rd.	92680	Family 16 – 1 Bedroom 94 – 2 Bedroom 40 – 3 Bedroom	149	150	Waiting List Closed (714) 832-8400
Summerville at Brookhurst	Westminster	15302 Brookhurst St.	92683	Senior 62+ Studios, 1 & 2 Bedroom	24	117	Waiting List (714) 775-4253
Coventry Heights	Westminster	7521 Wyoming St.	92683	Senior 62+ 1 & 2 Bedroom	76	76	1 - 2 Year Waiting List (714) 379-0795
Rose Gardens	Westminster	8190 13th St.	92683	Senior 60+ All 1 Bedroom	132	132	Waiting List Onsite (714) 896-0024
Windsor Court & Stratford Place	Westminster	8140 13th St.	92683	1 & 2 Bedroom for Seniors 62+ and 3 Bedroom for Families	85	86	Waiting List Closed (714) 891-3000
Cambridge Heights	Westminster	7541 Wyoming St.	92683	Senior 1 & 2 Bedroom	21	22	Onsite (714) 899-3022
Evergreen Villas	Yorba Linda	5053-5126 Avocado Circle	92886	Senior 55+ 1 & 2 Bedroom	28	52	Advanced Property Services Attn: Elvira (714) 288-7600 ext. 128
Parkwood Apartments	Yorba Linda	4075 Prospect Ave.	92886	Senior 55+ 1 & 2 Bedroom	100	100	Waiting List Onsite (714) 986-9505
Riverbend (Archstone Yorba Linda)	Yorba Linda	25550 River Bend Dr.	92887	Family 1 & 2 Bedroom	100	400	Waiting List (714) 692-7711
Victoria Woods Senior Apartments	Yorba Linda	5303-5365 Stonehaven Dr.	92887	Senior 58+ 1 & 2 Bedroom	125	125	4 Year Waiting List (714) 695-0500
Yorba Linda Palms	Yorba Linda	18542 Yorba Linda	92886	Family 2 & 3 Bedroom	44	44	Solari Property Mgmt., Orange (714) 282-2520

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2018 Housing Inventory Chart – Sorted by Program Type and Service Planning Area
Emergency Shelters

Project Type	Organization Name	Project Name	City	Service Planning Area	Target Populations	Year-Round Beds	Total Beds
ES	Build Futures	Emergency Housing for Youth	All OC	All OC	Single Males and Females	0	35
ES	Interval House	Emergency Shelter	All OC	All OC	Single Female Households with Children Domestic Violence	71	75
ES	Mercy House	Regina House Emergency	Santa Ana	Central	Households with Children	21	21
ES	Orange County Rescue Mission	ES Village of Hope	Tustin	Central	Single Males and Females Households with Children	66	66
ES	Salvation Army	Hospitality House	Santa Ana	Central	Single Males	75	75
ES	The Midnight Mission	Courtyard in OC	Santa Ana	Central	Single Males and Females	375	400
ES	The Midnight Mission	Courtyard in OC	Santa Ana	Central	Single Males and Females	25	25
ES	Waymakers	Huntington Beach Youth Shelter	Huntington Beach	Central	Youth Male and Female	8	8
ES	Casa Teresa	Emergency Maternity Shelter	Orange	North	Single Female Households with Children	17	17
ES	Casa Youth Shelter	Basic Center Group	Los Alamitos	North	Youth Male and Female	12	12
ES	Colette's Children's Home	Placentia Hope Emergency Shelter	Placentia	North	Households with Children	16	16
ES	Family Promise of Orange County	Interfaith Hospitality Network	Orange	North	Households with Children	14	16
ES	Grandma's House of Hope	Women's Emergency Shelter	Anaheim	North	Single Female	30	30
ES	Illumination Foundation	Emergency Shelter Program	Stanton	North	Single Males and Females	16	16
ES	Illumination Foundation	Emergency Shelter Program	Stanton	North	Single Males and Females	8	8
ES	Illumination Foundation	Recuperative Care Program	Buena Park	North	Single Males and Females	20	20
ES	Illumination Foundation	Recuperative Care Program	Buena Park	North	Single Males and Females	26	26

2018 Housing Inventory Chart – Sorted by Program Type and Service Planning Area

ES	Illumination Foundation	Recuperative Care Program	Buena Park	North	Single Males and Females	33	33
ES	Illumination Foundation	Theriault House	Stanton	North	Households with Children	40	40
ES	Mercy House	Bridges at Kramer Place	Anaheim	North	Single Males and Females	100	100
ES	Mercy House	Family Care Center	Orange	North	Households with Children	56	56
ES	Pathways of Hope	New Vista Emergency	Fullerton	North	Households with Children	38	38
ES	Pathways of Hope	New Vista Emergency	Fullerton	North	Households with Children	8	8
ES	Pathways of Hope	Via Esperanza	Anaheim	North	Households with Children	52	52
ES	Precious Life Shelter	Emergency Shelter	Los Alamitos	North	Pregnant Single Females	6	6
ES	Women's Transitional Living Center	45 Day Emergency Shelter	North	North	Single Female Households with Children Domestic Violence	58	58
ES	Mercy House	Armory Emergency Shelter	Fullerton	North	Single Males and Females	0	200
ES	Mercy house	Armory Emergency Shelter	Santa Ana	Central	Single Males and Females	0	200
ES	Family Assistance Ministries	Family Shelter	San Clemente	South	Households with Children	34	34
ES	Friendship Shelter	Friendship Shelter-Self-Sufficiency Program	Laguna Beach	South	Single Males and Females	30	30
ES	Friendship Shelter	Laguna Beach Alternate Sleeping Location	Laguna Beach	South	Single Males and Females	45	45
ES	Human Options	Family Healing	South	South	Single Female Households with Children Domestic Violence	12	13
ES	Human Options	Human Options Emergency Shelter	South	South	Single Female Households with Children Domestic Violence	36	37
ES	Laura's House	Laura's Domestic Violence Emergency	South	South	Single Female Households with Children Domestic Violence	42	42

2018 Housing Inventory Chart – Sorted by Program Type and Service Planning Area
Transitional Housing

Project Type	Organization Name	Project Name	City	Service Planning Area	Target Population	Total Beds
TH	Mercy House	ISN (Interfaith Shelter Network)	All OC	All OC	Single Males and Females	12
TH	Colette's Children's Home	Colette's Children's Home #1	Huntington Beach	Central	Single Female Households with Children	24
TH	Colette's Children's Home	Colette's Children's Home #2	Huntington Beach	Central	Single Female Households with Children	24
TH	Colette's Children's Home	Colette's Children's Home #3	Huntington Beach	Central	Single Female Households with Children	24
TH	Colette's Children's Home	Dairyview	Huntington Beach	Central	Single Female Households with Children	19
TH	Grandma's House of Hope	Women's Transitional Housing	Garden Grove	Central	Single Females	61
TH	Grandma's House of Hope	Women's Transitional Housing	Garden Grove	Central	Single Females	15
TH	Mercy House	Joseph House	Santa Ana	Central	Single Males	2
TH	OC Gateway to Housing	Transitional Housing Program	Tustin	Central	Households with Children	42
TH	Orange County Rescue Mission	TH Village of Hope	Tustin	Central	Single Males and Females Households with Children	196
TH	Orange County Rescue Mission	Tustin Veteran's Outpost	Tustin	Central	Single Males and Females Households with Children	25
TH	Radiant Health Services	Transitional Housing Program	Costa Mesa	Central	Single Males and Females	2
TH	Straight Talk Inc.	Start House	Santa Ana	Central	Single Males and Females	7
TH	Thomas House	Thomas House Homeless Family Shelter #10	Garden Grove	Central	Households with Children	60
TH	Thomas House	Thomas House Homeless Family Shelter #10	Garden Grove	Central	Households with Children	4
TH	WISEPlace	Positive Steps House	Santa Ana	Central	Single Females	5
TH	WISEPlace	Steps to Independence	Santa Ana	Central	Single Females	30
TH	Casa Teresa	Casa Teresa Parenting Program	Orange	North	Single Female Households with Children	14
TH	Casa Teresa	Casa Teresa Transformation I Program	Orange	North	Households with Children	4
TH	Casa Teresa	Casa Teresa Transformation II Program	Orange	North	Households with Children	5
TH	Colette's Children's Home	CCH Ariel Place/Anaheim	Anaheim	North	Single Female Households with Children	24
TH	Colette's Children's Home	CCH Cypress Street #2/Placentia	Placentia	North	Single Female Households with Children	24
TH	Colette's Children's Home	Cypress/Placentia III	Placentia	North	Single Female Households with Children	16
TH	Family Promise of Orange County	Jacob's House	Fullerton	North	Households with Children	9
TH	Family Promise of Orange County	Kramer House	Fullerton	North	Households with Children	8

2018 Housing Inventory Chart – Sorted by Program Type and Service Planning Area

TH	Grandma's House of Hope	Men's Transitional Housing	Anaheim	North	Single Males	15
TH	HIS House	HIS House	Placentia	North	Single Males and Females Households with Children	54
TH	Mercy House	Bethany	Anaheim	North	Single Females	10
TH	Orange County Rescue Mission	Hope Family Housing-Buena Park	Buena Park	North	Households with Children	65
TH	Orange County Rescue Mission	Hope Family Housing-El Modena	Orange	North	Households with Children	24
TH	Orange County Rescue Mission	House of Hope	Orange	North	Single Female Households with Children	45
TH	Pathways of Hope	Hope's Corner	Fullerton	North	Households with Children	34
TH	Precious Life Shelter	Transitional Program	Los Alamitos	North	Households with Children Pregnant Single Women	25
TH	Salvation Army	Transitional Housing Program	Buena Park	North	Households with Children	45
TH	The Eli Home Inc.	Transitional Shelter Program (ELI)	Anaheim	North	Households with Children	18
TH	Families Forward	Transitional Housing	Irvine	South	Households with Children	52
TH	Family Assistance Ministries	Gilchrist House	San Clemente	South	Single Female Households with Children	16
TH	Human Options	Second Step	South	South	Single Female Households with Children	48
TH	Laura's House	Laura's Domestic Violence Transitional Housing Program	South	South	Single Female Households with Children	22
TH	One Step Ministry	Our House	Lake Forest	South	Households with Children	9
TH	South County Outreach	SCO THP NHG	Lake Forest	South	Households with Children	25

2018 Housing Inventory Chart – Sorted by Program Type and Service Planning Area
Rapid Rehousing

Project Type	Organization Name	Project Name	City	Service Planning Area	Target Population	Total Beds
RRH	1736 Family Crisis Center	Rapid Re-housing for Homeless Veterans	All OC	All OC	Single Males and Females Households with Children	12
RRH	Families Forward	Housing First	All OC	All OC	Households with Children	17
RRH	Families Forward	HUD Rapid Re-housing	All OC	All OC	Households with Children	75
RRH	Illumination Foundation	Housing Support Program SSA	All OC	All OC	Single Males and Females	53
RRH	Illumination Foundation	TAY State ESG	All OC	All OC	Transitional Aged Youth	7
RRH	Interval House	Rapid Re-housing	All OC	All OC	Single Females Households with Children	24
RRH	Mental Health America Los Angeles	SSVF Operation Healthy Homecoming RRH	All OC	All OC	Single Males and Females Households with Children	7
RRH	Mercy House	CoC JRHR Rapid Re-housing	All OC	All OC	Single Males and Females Households with Children	22
RRH	Mercy House	CoC Rapid Re-housing (HO)	All OC	All OC	Households with Children	5
RRH	Mercy House	ESG Orange County RRP	All OC	All OC	Single Males and Females Households with Children	2
RRH	Pathways of Hope	FAM PTC	All OC	All OC	Households with Children	71
RRH	Pathways of Hope	Paths Ahead	All OC	All OC	Single Females Households with Children	8
RRH	Pathways of Hope	Paths Together Collaborative	All OC	All OC	Households with Children	46
RRH	Project Hope Alliance	Family Stability Program	All OC	All OC	Households with Children	5
RRH	Serving People in Need	GAPP CoC Rapid Re-housing	All OC	All OC	Households with Children	32
RRH	Serving People in Need	GAPP UW FACE 2024 Rapid Rehousing Program	All OC	All OC	Households with Children	14
RRH	US Veterans Initiatives	SSVF Rapid Re-housing	All OC	All OC	Single Males and Females Households with Children	2
RRH	Volunteers of America	SSVF Rapid Re-Housing	All OC	All OC	Single Males and Females Households with Children	115
RRH	Illumination Foundation	Santa Ana ESG Rapid Re-housing	Santa Ana	Central	Single Males and Females Households with Children	2
RRH	Mercy House	CA State ESG	Santa Ana	Central	Single Men Households with Children	8
RRH	Mercy House	ESG Santa Ana RRP	Santa Ana	Central	Single Males and Females Households with Children	3
RRH	Illumination Foundation	Chronically Homeless Individual Pilot Program	Anaheim	North	Chronically Homeless Individuals	4

2018 Housing Inventory Chart – Sorted by Program Type and Service Planning Area

RRH	Illumination Foundation	HAPP Rapid Re-housing	Anaheim	North	Households with Children	124
RRH	Mercy House	Anaheim CHIPP	Anaheim	North	Single Males and Females Households with Children	4
RRH	Pathways of Hope	Anaheim ESG Rapid Re-housing	Anaheim	North	Households with Children	3
RRH	Family Assistance Ministries	Rapid Re-housing	San Clemente	South	Single Males and Females Households with Children	13
RRH	OC Gateway to Housing	OCIS Rapid Re-Housing Program	Irvine	South	Households with Children	9

2018 Housing Inventory Chart – Sorted by Program Type and Service Planning Area
Permanent Supportive Housing

Proj. Type	Organization Name	Project Name	City	Service Planning Area	Target Population	Total Beds
PSH	Mercy House	AFH PSH Collaboration II	All OC	All OC	Single Males and Females	7
PSH	Mercy House	CCH PSH Collaboration II	All OC	All OC	Single Males and Females	8
PSH	Mercy House	CCH PSH Collaborative	All OC	All OC	Single Males and Females	6
PSH	Mercy House	CoC Leasing	All OC	All OC	Single Males and Females	26
PSH	Mercy House	CoC PSH Leasing	All OC	All OC	Single Males and Females	17
PSH	Mercy House	FAM PSH Collaboration II	All OC	All OC	Single Males and Females	8
PSH	Mercy House	FSI PSH Collaboration II	All OC	All OC	Single Males and Females	11
PSH	Mercy House	FSI PSH Collaborative	All OC	All OC	Single Males and Females	39
PSH	Mercy House	MCY PSH Collaboration II	All OC	All OC	Single Males and Females	14
PSH	Mercy House	MCY PSH Collaborative	All OC	All OC	Single Males and Females	126
PSH	Mercy House	POH PSH Collaboration II	All OC	All OC	Single Males and Females	10
PSH	Mercy House	SUS PSH Collaboration II	All OC	All OC	Single Males and Females	10
PSH	Orange County Housing Authority	2010 Shelter Plus Care Mercy House	All OC	All OC	Single Males and Females	11
PSH	Orange County Housing Authority	Shelter Plus Care Colette's Children's Home	All OC	All OC	Single Females Households with Children	9
PSH	Orange County Housing Authority	Shelter Plus Care TRA Consolidated #1 Renewal	All OC	All OC	Single Males and Females	369
PSH	Orange County Housing Authority	VASH	All OC	All OC	Veterans	935
PSH	American Family Housing	AFH Permanent Housing Collaborative	Huntington Beach	Central	Single Males and Females Households with Children	37
PSH	American Family Housing	Permanent Housing 2	Westminster	Central	Single Males and Females Households with Children	30
PSH	Colette's Children's Home	Housing First	Huntington Beach	Central	Single Females Households with Children	18
PSH	Orange County Housing Authority	2008 Shelter Plus Care TRA Project	Santa Ana	Central	Single Males and Females	14
PSH	Orange County Housing Authority	2009 New Shelter Plus Care TRA Project	Huntington Beach	Central	Single Males and Females	23
PSH	Orange County Housing Authority	VASH Project-Based Vouchers - Newport Veteran's Housing	Newport Beach	Central	Veterans	6
PSH	Anaheim Supportive Housing	Tyrol Plaza	Anaheim	North	Single Males and Females	12
PSH	Colette's Children's Home	Olinda Permanent Supportive Housing	Anaheim	North	Households with Children	16
PSH	H.O.M.E.S. Inc.	Diamond Apartments	Anaheim	North	Single Males and Females Households with Children	33

2018 Housing Inventory Chart – Sorted by Program Type and Service Planning Area

PSH	Illumination Foundation	SHP Stanton Multi-Service Center	Stanton	North	Single Males and Females	40
PSH	Illumination Foundation	Street 2 Home	Stanton	North	Single Males and Females	95
PSH	Mercy House	Mills End	Anaheim	North	Single Males and Females	4
PSH	Orange County Housing Authority	2002 Shelter Plus Care TRA Renewal Project	Anaheim	North	Single Males and Females	60
PSH	Orange County Housing Authority	2003 Shelter Plus Care TRA Renewal Project	Anaheim	North	Single Males and Females	106
PSH	Orange County Housing Authority	2004 Shelter Plus Care TRA Renewal Project	Fullerton	North	Single Males and Females	80
PSH	Orange County Housing Authority	2005 Shelter Plus Care TRA Renewal Project	Anaheim	North	Single Males and Females	62
PSH	Orange County Housing Authority	2006 Shelter Plus Care TRA Renewal Project	Anaheim	North	Single Males and Females	66
PSH	Orange County Housing Authority	Jackson Aisle	Midway City	North	Single Males and Females	29
PSH	Orange County Housing Authority	New Shelter Plus Care TRA PHBP	Anaheim	North	Single Males and Females	28
PSH	Orange County Housing Authority	New Shelter Plus Care TRA Samaritan Housing	Orange	North	Single Males and Females	25
PSH	Orange County Housing Authority	Shelter Plus Care TRA 2007 Project	Fullerton	North	Single Males and Females	64
PSH	Orange County Housing Authority	VASH Project-Based Vouchers - Potter's Lane	Midway City	North	Veterans	27
PSH	Orange County Housing Authority	Volunteers of America SRA Project	Orange	North	Veterans	12
PSH	Friendship Shelter	Henderson House Permanent Supportive Housing	San Clemente	South	Single Males and Females	35
PSH	H.O.M.E.S. Inc.	Doria Apartment Homes Phase I	Irvine	South	Single Males and Females Households with Children	24

2018 Housing Inventory Chart – Sorted by Program Type and Service Planning Area
Other Permanent Housing

Proj. Type	Organization Name	Project Name	City	Service Planning Area	Target Population	Total Beds
OPH	Orange County Housing Authority	Homeless Preference Housing Choice Voucher Program Vouchers	All OC	All OC	Single Males and Females Households with Children	24
OPH	Mercy House	Katherine Drexel Residence	Orange	North	Households with Children	8
OPH	Orange County Housing Authority	Avenida Project Based Vouchers	Anaheim	North	Single Males and Females Households with Children	34
OPH	Orange County Housing Authority	Oakcrest Heights	Yorba Linda	North	Transitional Aged Youth Single Males and Females Households with Children	8

Restaurant Meals Program (RMP)

Data for Participating Households Experiencing Homelessness

Total Eligible RMP Households	30,778
Elderly	16,504
Homeless	12,471
Disabled	1,803

	Month	Eligible Households	Participating Restaurants	Transactions	OC Expenditures
2018	Feb	27,267	10	148	$1,719
	March	28,348	14	404	$4,734
	April	28,899	27	461	$4,982
	May	30,267	32	766	$9,296
	June	31,618	32	581	$8,295
	July	32,035	32	864	$12,911
	August	32,041	31	928	$13,373
	Sept	31,879	32	816	$14,901
	Oct	31,879	39	1,071	$14,958
	Nov	32,158	39	1,627	$19,978
	Dec	32,158	39	2,313	$28,212
2019	Jan*	31,456	42	4,057*	50,379*
	Feb	30,778	44	1,728	$18,651
2/2018 – 2/2019	Total	N/A	N/A	11,707	$152,010

*CalFresh benefits for February 2019 were released on January 21, 2019 as a result of the Federal shutdown. This led to more utilization of RMP benefits in January and a decrease for February.

CalWORKs Homeless Prevention and Housing Statistics

Month/Year	CalWORKs Temporary Homeless Assistance (1)	CalWORKs Permanent Homeless Assistance (2)	ResCare – Housing Support (3)	CalWORKs Housing Support Program (4)
November 2018	114 families	17 Families	105 Families • Eviction: 1 • Motel: 27 • Partial Rent: 6 • DASU Temp Shelter: 11 • DASU Transitional Shelter: 60	• Financial Assistance and Caseload Management Service to: 60 Families (Rent, security deposit, etc.) • Case Management Services: 2 families
December 2018	94 Families	7 Families	104 Families • Eviction: 3 • Motel: 17 • Partial Rent: 5 • DASU Temp Shelter: 11 • DASU Transitional Shelter: 68	• Financial Assistance and Caseload Management to: 36 Families • Case Management Services: 17 families
January 2019	124 families	9 Families	87 Families • Eviction: 3 • Motel: 19 • Partial Rent: 1 • DASU Temp Shelter: 10 • DASU Transitional Shelter: 54	• Financial assistance and Caseload Management Services to: 28 families • Case Management Services: 4 families
February 2019	130 Families	13 Families	91 Families • Eviction: 2 • Motel: 30 • Partial Rent: 3 • DASU Temp Shelter: 13 • DASU Transitional Shelter: 43	Data pending

Homeless Prevention Services

1) CalWORKs Temporary Housing Assistance (HA):

   A family is considered homeless when it physically lacks a fixed and regular night time residence, shares a residence with other family or friends on a temporary basis, or resides in a temporary shelter, commercial establishment, or transitional housing or has been issued a notice to pay rent or quit.

   To be eligible for Temporary HA, a family must:

   a. Be apparently **eligible for CalWORKs,** meet the **definition of homelessness,** and have less than $100.00 in cash;
   b. Obtain temporary shelter from a commercial establishment (e.g., hotel or motel) or from a person who has a history of renting properties; and
   c. Be seeking permanent housing, and provide verification of the search. Once the eligibility requirements are met, a family:
      i. Is eligible for up to 16 consecutive days of temporary shelter, and may receive $65 per night and up to $125, depending on the family size, in increments not to exceed seven days; and
      ii. Must be issued a Temporary HA on the same day as the request.

2) CalWORKs Permanent Housing Assistance (HA):

   A family is considered homeless when it physically lacks a fixed and regular night time residence, shares a residence with other family or friends on a temporary basis, or resides in a temporary shelter, commercial establishment, or transitional housing or has been issued a notice to pay rent or quit.

   To be eligible for Permanent HA:

   a. The family must be **approved for CalWORKs**, meet the **definition of homelessness,** and have less than $100.00; and
   b. The family's share of the rent does not exceed 80% of the Total Monthly Household Income (TMHI). Once the eligibility requirements are met:
      i. The family may receive payments for move-in costs, such as, last month's rent, key deposits, cleaning fees, etc. However, the payment cannot exceed two times the total rent (rent amount before subsidies). Additional funds can be issued for utility deposits as needed; and

ii. A participant receiving Permanent HA must provide verification of the cost of permanent housing within 30 days.

3) ResCare is SSA's contractor for CalWORKs Welfare-to-Work Employment Services. Part of ResCare's contract includes support services, which can include housing prevention activities as listed. DASU refers to the Domestic Abuse Services Unit.

Permanent Housing Programs

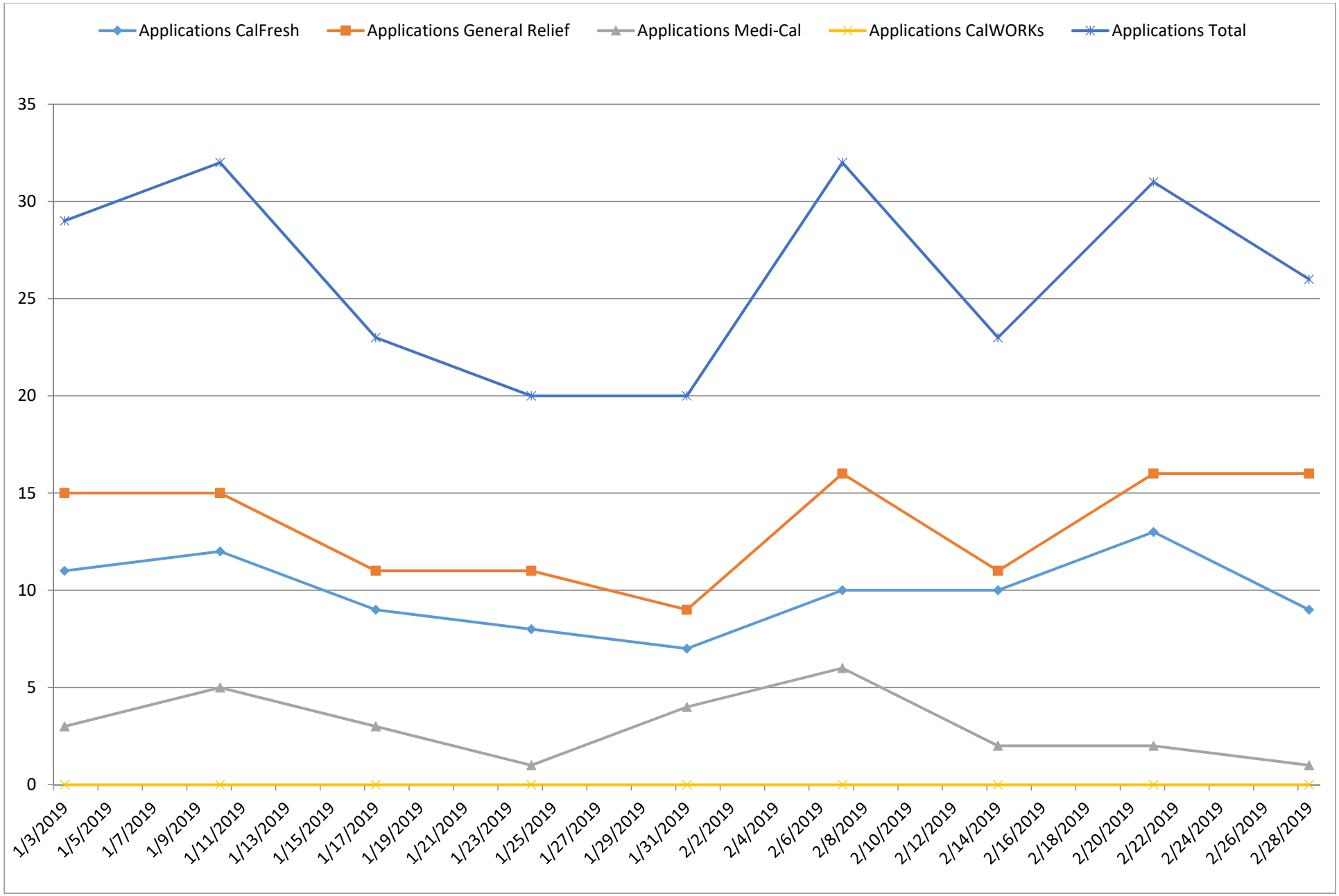
4) CalWORKs Housing Support Program

For the purposes of the CalWORKs Housing Support Program, a household is considered homeless when it meets one of the following definitions:

a. Lacking a fixed and regular nighttime residence; or
b. Having a primary nighttime residence that is a supervised publically or privately operated shelter designed to provide temporary living accommodations; or
c. Residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human being; or
d. In receipt of a judgment for eviction, as ordered by a court.

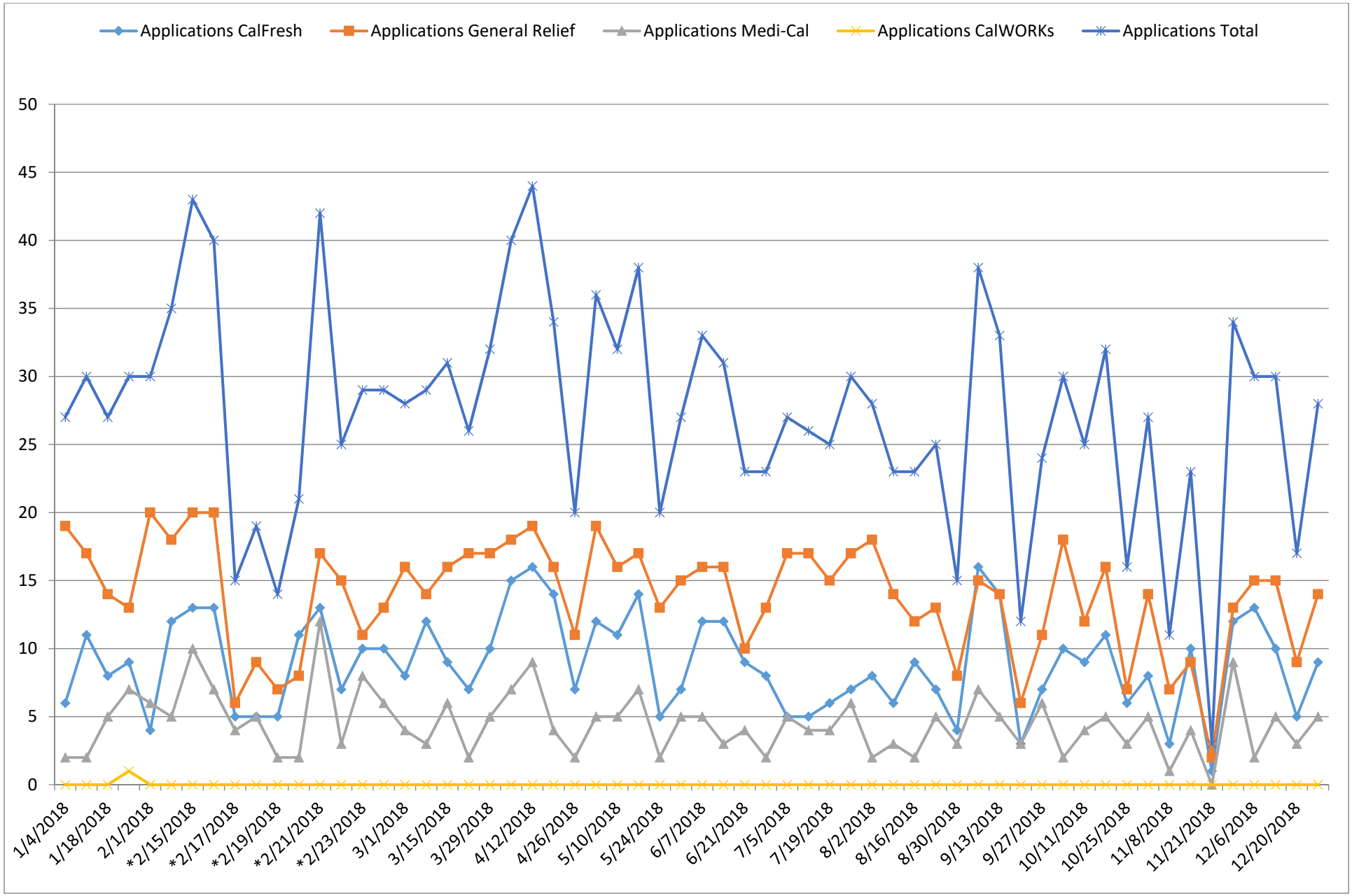
Outreach Services to Connect Individuals and Families Experiencing Homelessness with Benefits

Courtyard Transitional Center – 2019 Application Graphs



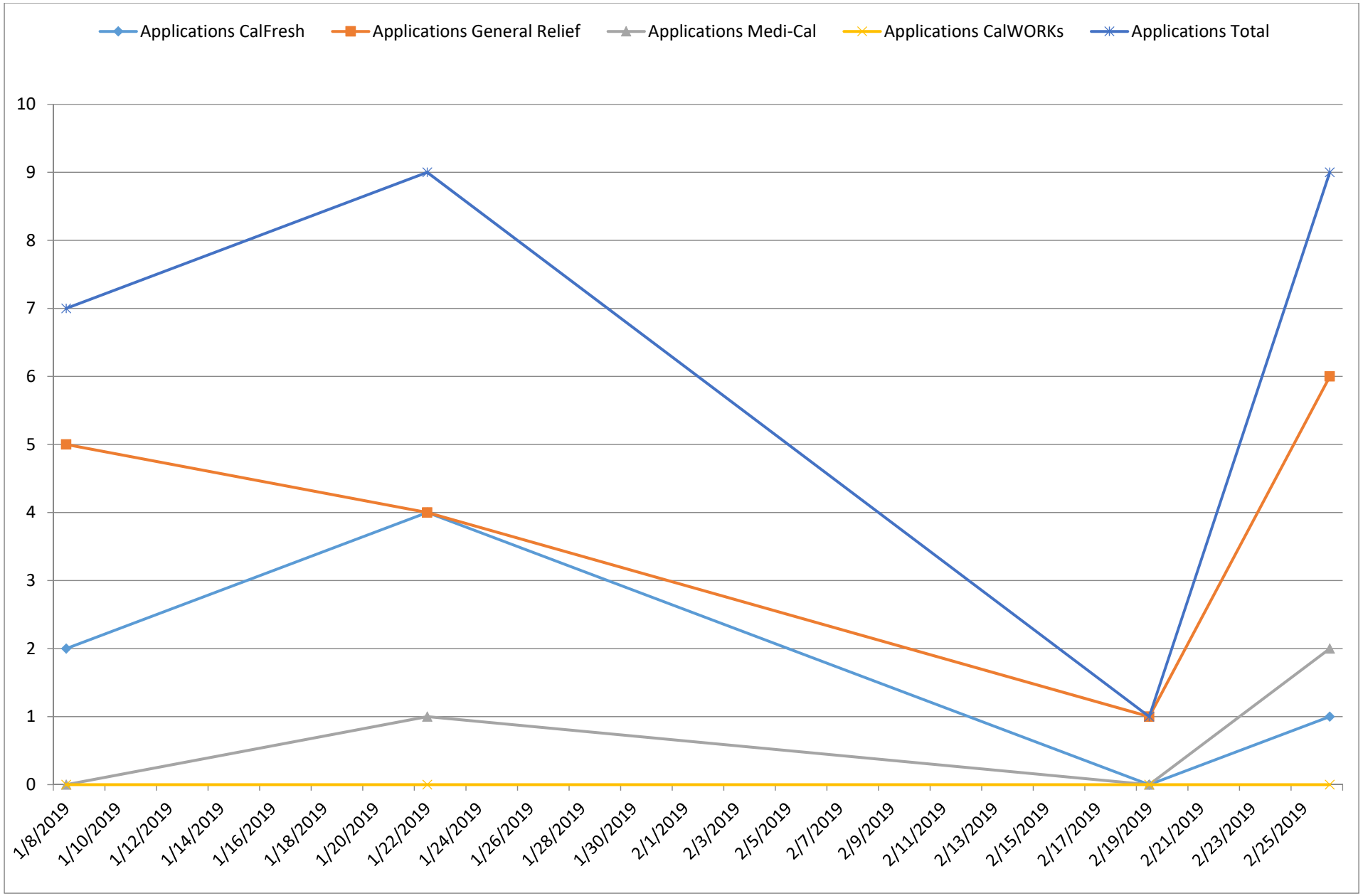
Outreach Services to Connect Individuals and Families Experiencing Homelessness with Benefits

Courtyard Transitional Center – 2018 Application Graphs



Outreach Services to Connect Individuals and Families Experiencing Homelessness with Benefits

Bridges at Kraemer Place – 2019 Applications Graph



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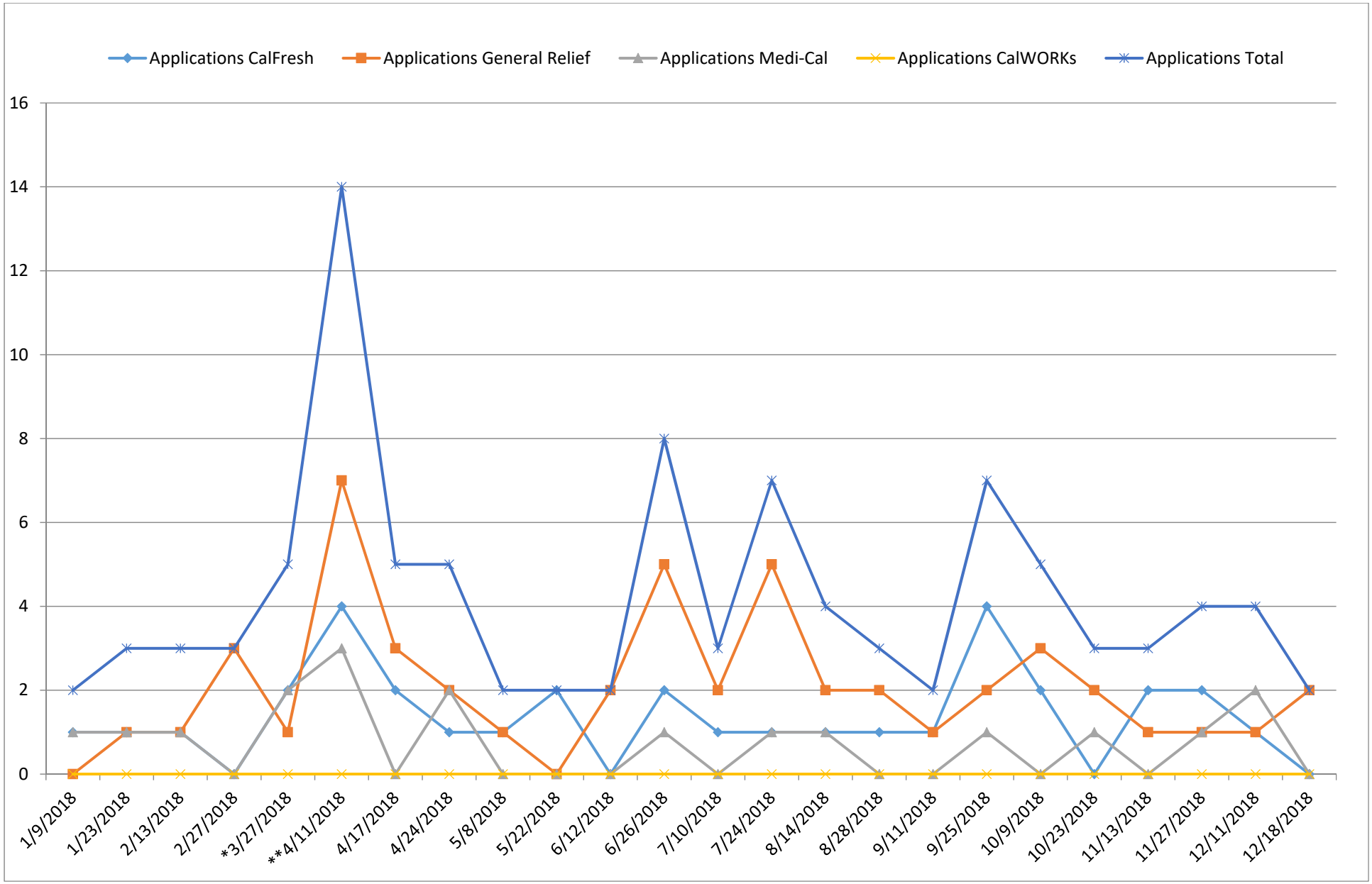
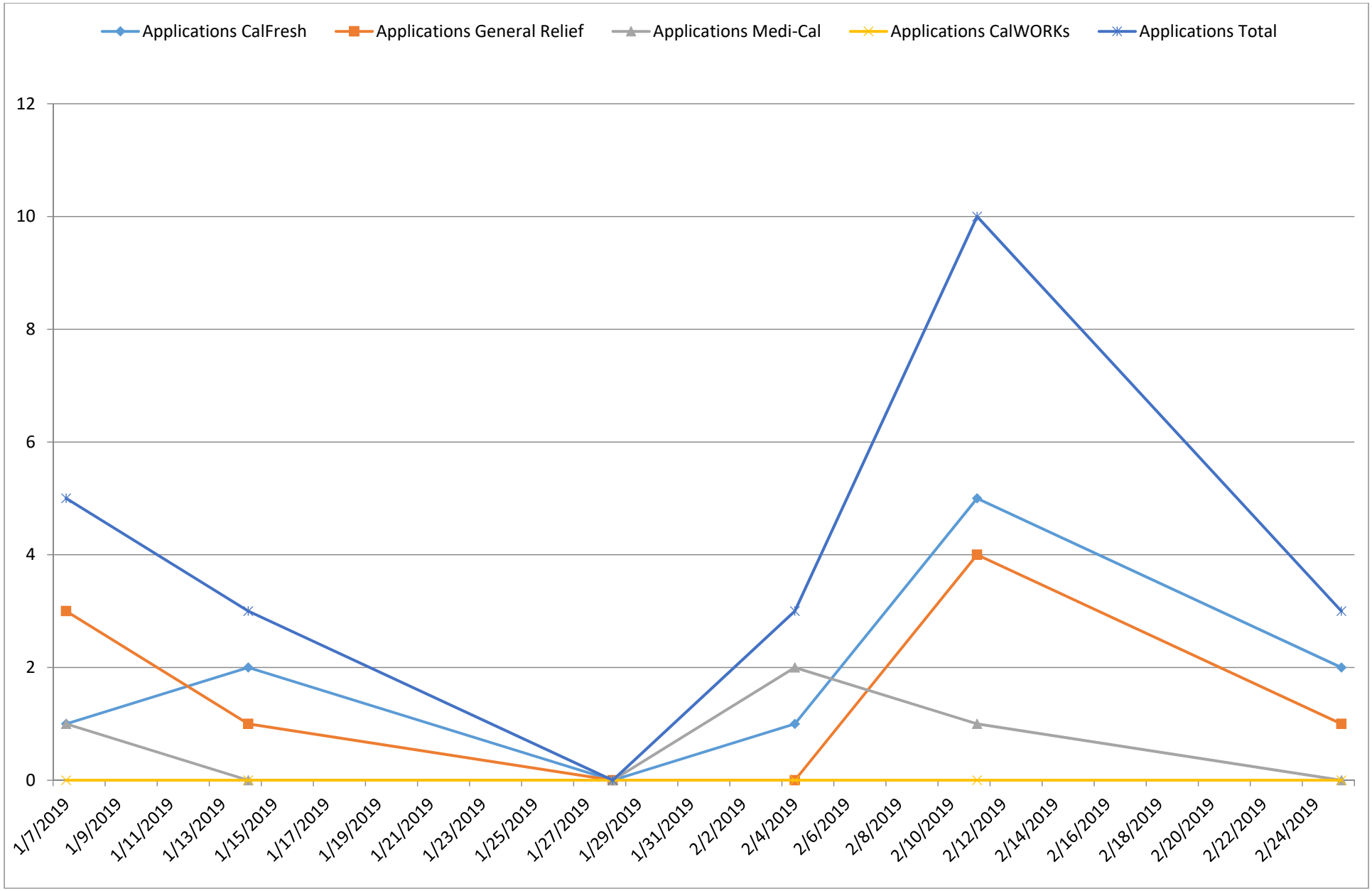


Outreach Services to Connect Individuals and Families Experiencing Homelessness with Benefits

Family Assistance Ministries – 2019 Applications Graph



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Family Assistance Ministries – 2018 Applications Graph