A G E N D A

REGULAR MEETING
COMMISSION TO END HOMELESSNESS

Wednesday, August 17, 2022, 1:00 P.M.

County Conference Center
Room 104/106
425 West Santa Ana Boulevard, Santa Ana, CA 92701
Meetings are broadcast live at https://www.facebook.com/ocgov

COMMISSION MEMBERSHIP

Doug Chaffee, Fourth District Supervisor, Chair	Vacant, Business Representative
Don Wagner, Third District Supervisor	Jack Toan, Business Representative
Jim Vanderpool, North Service Planning Area	AJ Patella, Orange County Sheriff's Department
Scott Stiles, Central Service Planning Area	Todd Spitzer, Orange County District Attorney
Debra Rose, South Service Planning Area	George Searcy, Affordable Housing Development
Sue Parks, Philanthropic Representative	Marshall Moncrief, Behavioral Health Representative
Robert Dunn, Chief of Police	Paul Wyatt, At Large Member
Randy Black, Orange County Fire Authority	Milo Peinemann, At Large Member
Richard Afable, Hospital Representative, Vice Chair	Matt Bates, Continuum of Care Board Representative
Nesan Kistan, Faith-Based Community Representative	Tim Houchen, Continuum of Care Board Representative

Commission Director	**Clerk of the Commission**
Doug Becht, Director of Care Coordination	Valerie Sanchez, Chief Deputy Clerk

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

In compliance with the Americans with Disabilities Act, and County Language Access Policy, those requiring accommodation and/or interpreter services for this meeting should notify the Clerk of the Board's Office 72 hours prior to the meeting at (714) 834-2206. Requests received less than 72 hours prior to the meeting will still receive every effort to reasonably fulfill within the time provided

All supporting documentation is available for public review online at:
https://www.ochealthinfo.com/about-hca/directors-office/office-care-coordination/commission-end-homelessness and with 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 8:00 a.m. - 5:00 p.m., Monday through Friday.

A G E N D A

Call to Order

Pledge of Allegiance

Roll Call

DISCUSSION ITEMS

1. Office of Care Coordination Update
   a. Continuum of Care Supplemental to Address Unsheltered and Rural Homelessness Notice of Funding Opportunity (CoC Special NOFO)
   b. Grand Jury Report
   c. 2022 Point in Time Count Debrief

ACTION ITEMS

2. Approve Creation of Ad Hoc Committee for 2023 Survey
   a. Overview
   b. Create an Ad Hoc to assist and advise on the 2023 Survey

3. Approve recommendation to submit Homeless Service System Pillars Document to the Board of Supervisors
   a. Overview
   b. Recommend the Homeless Service System Pillars Document to the Board of Supervisors for Policy Consideration and Adoption

4. Approve launch of recruitment process and utilize the existing Membership Ad Hoc Committee to evaluate and make recommendations for appointments and/or reappointments to the Commission to be submitted to the Board of Supervisors for final approval. The expired membership seats that will be included in the recruitment are:
   a. Business Representative
   b. Municipal Fire Department Representative
   c. Hospital Representative
   d. Behavioral Health Representative
   e. Continuum of Care Board Representative

5. Approve Commission to End Homelessness minutes from the June 15, 2022, regular meeting

PRESENTATIONS

6. CalOptima Homeless Health Initiatives

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.

A G E N D A

COMMISSION MEMBERS COMMENTS

ADJOURNMENT

NEXT REGULAR MEETING: October 19, 2022, 1:00 P.M.

Agenda Item #1 (b)

Draft Response to Grand Jury Report

DRAFT Responses to Findings and Recommendations
2021-22 Grand Jury Report:

"How is Orange County Addressing Homelessness?"

SUMMARY RESPONSE STATEMENT:

On June 23, 2022, the Grand Jury released a report entitled "How is Orange County Addressing Homelessness?" This report directed responses to findings and recommendations to the Orange County Board of Supervisors. The responses are below:

FINDINGS AND RESPONSES:

F1.   **South Orange County SPA cities lack low-threshold emergency shelters resulting in more homeless encampments and individuals living on the streets.**

Response: **Agrees with the finding.** While the South Service Planning Area (SPA) does have a few emergency shelters such as the Friendship Shelter that operates the City of Laguna Beach's Alternative Sleeping Location (ASL) Emergency Shelter, the 2022 Point In Time Count did identify a total of 422 individuals experiencing unsheltered homelessness within the South SPA. And while this is an overall decrease of 116 individuals or a 21.56 percent decrease from the 538 individuals experiencing unsheltered homelessness identified during the 2019 Point In Time Count, there is still a need for additional low-threshold emergency shelters.

F2.   **Too many of the homeless who are severely and persistently mentally ill and those with addiction issues end up incarcerated instead of more appropriate placements.**

Response: **Disagrees partially with the finding.** The 2022 Point In Time Count did indicate that the number of homeless individuals in the county who self-identified as having a mental health disorder or substance use disorder has increased. However, mental health diagnoses run the entire gamut of being "mild to moderate" through "severely and persistently mentally ill" (SPMI); therefore, it would be difficult to make a definitive statement that all SPMI homeless individuals end up incarcerated versus appropriate placements. Following the 2019 Point in Time Count, the County launched the OC Cares initiative focused on reducing recidivism in the Corrections System through diversion, data-driven decision making and rehabilitative best

practices. Additionally, in January 2021, the County's first payer-agnostic behavioral health campus, Be Well, opened its doors in Orange, California.

F3. **The County of Orange and cities within Orange County have been inconsistent in collaboration for support of shelters and services, which has resulted in missed opportunities to end homelessness.**

Response: **Disagrees wholly with the finding.** The collaboration between the County of Orange (County), Orange County Continuum of Care and cities in Orange County has resulted in the creation of several shelters and services that better address unsheltered homelessness.

F4. **There are insufficient number of rental units available to those exiting Emergency Shelters, resulting in the majority returning to homelessness when leaving the shelters.**

Response: **Agrees partially with the finding.** The County has oversight of the Coordinated Entry System which streamlines access and referrals to permanent housing opportunities. Often individuals and families experiencing homelessness who are working towards a permanent housing option may experience delays and barriers in securing rental units. This is due to several reasons including the lack of affordable units in desired areas, especially the one-bedroom units, extremely low fixed income or no income, criminal backgrounds, credit scores, employment history, rental history/evictions, screenings performed by landlords and property management, etc. Because of the barriers to housing faced by people experiencing homelessness, the County has invested in programs with equipped staff to assist in finding and securing units successfully. These efforts have resulted in housing-focused emergency shelters, increased housing navigation and unit identification programming, and enhanced supportive services to assist people in securing permanent housing.

Within County-operated and funded contracts, the County does not establish a limited length of stay within the emergency shelter program as the County understands every household's housing process and timeline may be varied. Additionally, the County recognizes that returning people to unsheltered homelessness would further disengage the homeless population from accessing available supportive services and discourage progress from securing permanent housing.

F5. **The Office of Care Coordination, in collaboration with the Continuum of Care Board, provides an effective community-based system of setting priorities to address homelessness, learning best practices, awarding and monitoring contracts, and overseeing a comprehensive system of care. However, the challenge of housing all our homeless requires much more.**

Response: **Agrees with the finding.**

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F6. **Transitional Aged Youth who age out of the Foster Care system are a vulnerable population that often become homeless and need assistance in finding housing. There are insufficient resources to adequately serve these young people.**

Response: **Agrees with the finding.** The Orange County Social Service Agency (SSA) has several specialized programs and services that assist transitional aged youth that are aging out of the Foster Care system.

In addition, SSA works with the Orange County Continuum of Care, the Santa Ana Housing Authority, the Orange County Housing Authority and the Office of Care Coordination to coordinate access to available housing resources and programs to assist Transitional Aged Youth in finding housing. This has resulted in increased collaboration and awareness of the housing needs experienced by transitional aged youth experiencing homelessness.

RECOMMENDATIONS AND RESPONSES:

R1. **By July 1, 2023, the CoC and County of Orange should leverage funding to persuade South Orange County cities to open a regional, low-threshold emergency shelter for the homeless, in addition to the Laguna Beach Friendship Shelter. (F1)**

Response: **The recommendation requires further analysis.** The Orange County Continuum of Care and County of Orange (County) strive for the community-wide commitment of ending homelessness through regional coordination and collaboration, as well as adopting a coordinated approach to funding opportunities. On April 27, 2022, the County of Orange with the support of the Orange County Continuum of Care Board issued a Request for Proposals (RFP) to seek proposals from qualified organizations to provide Emergency Shelter Operations and Services across three Service Planning Areas (SPAs) in Orange County and for different segments of the homeless population including individuals, families, transitional aged youth and survivors of domestic violence. The primary goal of the Emergency Shelters Operations and Services program is to ensure accessible, streamlined entry to emergency shelter and providing robust supportive services that assist participants in obtaining permanent housing. The goal is to award contracts to the Emergency Shelter Operations and Service programs.

R2. **By July 1, 2023, South OC SPA cities should collaborate in siting and funding a low-threshold emergency shelter for the homeless, in addition to the Friendship Shelter in Laguna Beach. (F2)**

Response: **The recommendation requires further analysis.** Further analysis is required for recommendation R2 as outlined by the Orange County Grand Jury. The siting of a low-threshold emergency shelter for people experiencing homelessness in the South Service Planning Area (SPA) of Orange County requires collaboration amongst both the cities and the County of Orange (County). The County will always be a willing partner in establishing low-threshold shelters in the South SPA with the South County cities.

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R3. **The CoC should fund programs in fiscal year 2022-23 for people with severe and persistent mental illness and addiction issues to receive supervised care and treatment. (F2)**

Response: **The recommendation will not be implemented because it is not warranted or is not reasonable.** The County of Orange's (County) Office of Care Coordination on behalf of the Orange County Continuum of Care recognizes the need for a higher level of care for people experiencing homelessness with severe and persistent mental illness and addiction issues. It is important to recognize that the Orange County Continuum of Care's role is to coordinate with the appropriate components of the System of Care, including behavioral health and healthcare, to address homelessness and not replicate or overlap programs that provide supervised care and treatment for people with severe and persistent mental illness and addiction issues. As such, the Office of Care Coordination's ongoing coordination and collaboration with the Orange County Health Care Agency's Mental Health and Recovery Services is key in meeting the needs of individuals experiencing homelessness who have severe and persistent mental illness and addition issues.

R4. **By July 1, 2024, the County of Orange and cities should collaborate to open facilities that can house people with severe and persistent mental illness and addiction issues in a secure setting. (F2)**

Response: **The recommendation has been implemented.** The 2022 Housing Inventory Count identified 2,793 units of permanent supportive housing. Permanent supportive housing is long-term affordable housing paired with supportive services for people experiencing homelessness who have disabling conditions such as severe and persistent mental illness and addition issues. Permanent supportive housing is prioritized for individuals experiencing the longest lengths of homelessness in Orange County and with high service needs as a result of the disabling conditions they experience.

Since the Orange County Board of Supervisor's adoption of the Orange County Housing Funding Strategy in 2018 and through the Orange County Housing Finance Trust, a total of 1,273 permanent supportive housing units have been completed, are in progress of funding, or under construction. The Housing Funding Strategy has established a target for the development of 2,700 new supportive housing by 2025. The development of new permanent supportive housing and affordable housing is an existing and ongoing collaborative effort between the County of Orange, the cities and the Orange County Housing Finance Trust.

R5. **By July 1, 2023, the County of Orange, cities and CoC should collaborate to encourage the development of housing affordable to individuals exiting the emergency shelters in Orange County. (F3, F4, F5)**

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Response: **The recommendation has been implemented.** The County of Orange (County), cities and the Orange County Continuum of Care have been working together to encourage the development of affordable housing and permanent supportive housing that supports the needs of people experiencing homelessness and accessing the system of care. This includes the development of housing opportunities that support participants exiting from emergency shelters into permanent housing.

In 2019, the Orange County Housing Finance Trust (OCHFT) was established and is a collaboration between the County of Orange and the cities for the purpose of funding affordable housing and permanent supportive housing to assisting the homeless population and households of extremely low, very low, and low income within Orange County. Twenty-four (24) cities are now members in the Trust along with the County. The OCHFT has issued three Notice of Funding Availabilities (NOFAs) and provided funding commitments for seventeen (17) projects to date.

To date, over 2,600 units of affordable and supportive housing are complete, under construction or in progress of funding throughout Orange County with the support and collaboration between the County of Orange and Cities.

The Orange County Continuum of Care and the four public housing authorities – Orange County, Santa Ana, Garden Grove and Anaheim - have worked together to support the Emergency Housing Voucher program. The Emergency Housing Voucher program will provide a total of 1,041 special purpose vouchers for people experiencing homelessness or at risk of homelessness as identified by the service providers in the Orange County Continuum of Care.

The County continues to allocate additional resources to subsidize housing opportunities for households that previously experienced homelessness and/or households experiencing homelessness. Since the adoption of the Housing Funding Strategy, the Orange County Board of Supervisors have authorized utilization of a combined 310 project-based Housing Choice, Mainstream and Veterans Affairs Supportive Housing vouchers from the Orange County Housing Authority for permanent supportive housing developments throughout the Orange County. In addition, since 2018, the Orange County Board of Supervisors has approved an allocation of over $135.5 million in Mental Health Services Act funding for supportive housing development that is administered at both the state and local level. The County has also partnered with developers to apply jointly for other available funding sources such as No Place Like Home, Housing for a Healthy California and Housing Accelerator funds.

The County, in partnership with cities, worked with developers in identifying prospective sites that may be eligible for State of California's Homekey Program funding. To date, there has been over $50 million in funding awarded to the County of Orange and to developer co-applicants for five motel conversions that will provide 252 units of permanent supportive housing.

The County will continue to work with all cities and the Orange County Continuum of Care in various capacities to collaborate and encourage the development of affordable housing and permanent supportive housing as part of the system of care.

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R6. **By December 1, 2022, the County of Orange, cities and CoC should collaborate to increase the number of housing opportunities for Transitional Aged Youth. (F6)**

Response: **The recommendation has been implemented.** Since June 2020, County's Office of Care Coordination has worked to improve the homeless service delivery for transitional aged youth experiencing homelessness or at risk of homelessness. The County provides oversight over the Coordinated Entry System and has worked to implement a separate process for transitional aged youth to be prioritized for available housing resources in Orange County. This has resulted in the implementation of a Transitional Aged Youth Registry, composed of youth participants experiencing homelessness in Orange County regardless of their household composition. Transitional aged youth service providers are invited to attend a collaborative case conferencing meeting to discuss individual cases, available housing resources, and dynamic prioritization through the Coordinated Entry System to ensure that the most vulnerable participants are receiving the most appropriate housing referrals.

In addition to this, the Office of Care Coordination began tracking outcomes in the form of transitional aged youth-focused dashboard to understand the housing needs and analyze trends. The Office of Care Coordination and the Orange County Continuum of Care have utilized this information to inform the implementation of housing resources and the solicitation of new housing resources specifically designed to meet the needs of the transitional aged youth experiencing homelessness or at risk of homelessness in Orange County.

The Office of Care Coordination most recently submitted an application for the Youth Homelessness Demonstration Program, a funding opportunity from the U.S. Department of Housing and Urban Development (HUD) designed to reduce the number of transitional aged youths experiencing homelessness through a coordinated community approach.

Lastly, the State of California's Homeless, Housing Assistance and Prevention Program, which provides funding to the County, CoC, and cities of Anaheim and Santa, require recipient jurisdictions to allocate a minimum percentage of the funding to create housing opportunities and resources for transitional aged youth. This focused funding resource has proven helpful in the planning and design of a homeless service system that meets the needs of transitional aged youth.

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Agenda Item #3

C2EH Pillars
Report

Commission to End Homelessness
Homeless Service System Pillars Report

The causes and reasons people experience homelessness are complex and diverse. There are often multiple factors at play leading up to a homelessness crisis. Loss of income, relationship breakdown or separation, poverty and other socio-economic factors all affect an individual or family's ability to access and sustain housing. The solutions to homelessness are therefore equally as complex – interventions must be tailored to an individual or family's needs and the County of Orange's approach must be trauma-informed, recognizing the harm that experiencing homelessness can cause to someone's mental and physical health and the impacts on the wider community. There is often an intersection and needed coordination between homelessness, behavioral health, community corrections, healthcare, housing, mainstream benefits, and multiple supportive services.
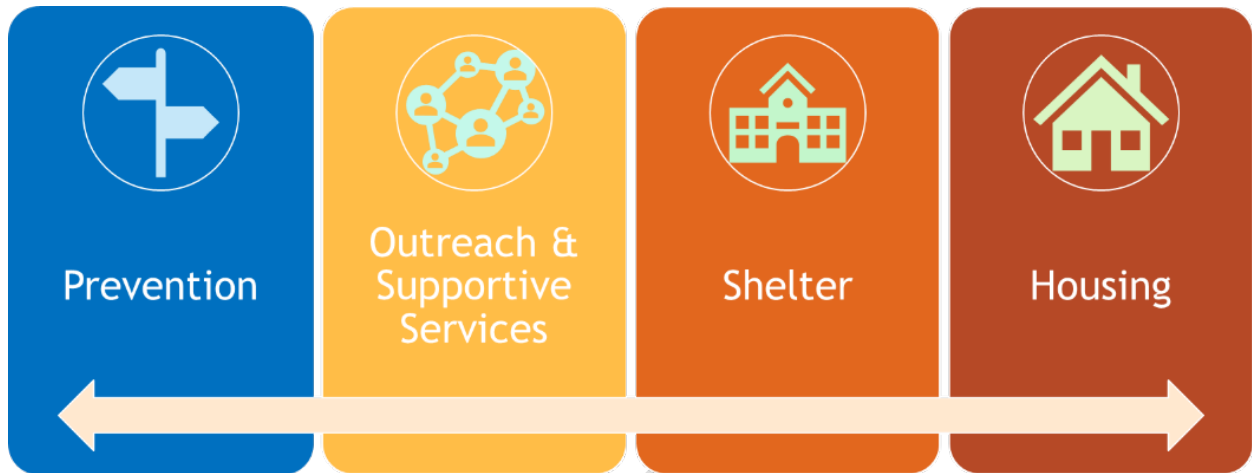
The Commission to End Homelessness has worked with its membership and the established Ad Hoc Working Group to analyze the Homeless Service System, focusing on Prevention, Outreach and Supportive Services, Shelter, and Housing. The transition and navigation between each pillar may not be linear for each individual or family experiencing homelessness. The pillars can be viewed as a continuum, with those at risk of or experiencing homelessness accessing services under each pillar depending on where they are in their journey to permanent and sustainable housing.

In examining each pillar, it was important to agree on a definition and goal to establish a collective understanding of the available interventions, programs, services, and outcomes within the pillar. These definitions then informed a set of principles and evidenced-based best practices to guide the delivery of homeless services in Orange County.

Local providers, national experts and people with lived experience were consulted on the framework of each pillar. Their feedback was utilized to refine the set of principles and commitments to better align the recommendations with daily practice and implementation of services to best meet the needs of the Orange County community at-risk and/or experiencing homelessness.

One reoccurring trend identified in each pillar was around the need to provide client-centered services. Client centered services focus on what the client wants and what is best for the client, requiring the client be actively involved in deciding the direction of their care and housing plan. Involving a client in this manner is essential because it allows the client to play a major role in identifying their own goals and services needed and establishes a shared accountability between the client and the service provider. This is achieved by the service provider ensuring consistent, meaningful interactions with the client to build trust and rapport in the service delivery process.

The graphic below represents the four Pillars that make up the Homeless System of Care:

All best practices identified have a grounding in national and local service providers, research on what works in homeless services delivery and evidence-based practices. The Commission to End Homelessness extends its gratitude and appreciation to all those who helped inform the process and shared their experience in direct client service work, as well as those who shared their lived experiences and expertise.

The Office of Care Coordination will use the identified best practices and guiding principles in this document to help define the approach and integration to services and contracts moving forward. It is the Commission to End Homelessness and Office of Care Coordination's recommendation that the County of Orange's Board of Supervisors evaluate and require contracts brought forth from County departments addressing homelessness also meet these standards. This document will serve as the guide to directing and shaping policy affecting homelessness and the approach to service requirements across County departments.

Pillar #1: Prevention

Definition: Homelessness prevention is a short-term intervention provided to individuals and families at risk of homelessness or experiencing a housing crisis to achieve housing stability.

Goal: Keep individuals and families in their homes and avoid an eviction with short-term interventions to stabilize housing.

Best Practices in Prevention:

o Early Intervention and Targeting Those "At-Risk" – Early intervention strategies can be enhanced and implemented beyond the traditional homelessness prevention. For example, childcare for low-income households can support families in increasing their income by allowing both parents to work. Targeting practices and interventions may be facilitated by using a risk assessment tool or prioritization that measures risk. This may include further targeted outreach at specific zip codes, local businesses and working with landlords.

o Family Reconnection, Conflict Resolution and Mediation – Assist individuals and families in building back and establishing relationships with their support system. This includes providing mediation and conflict resolution support to individuals and families who are at-risk of homelessness.

o Emergency Rental Assistance and Limited Financial Assistance – Provide financial assistance to pay rental arrears, past due utility bills and/or other unexpected financial expenses to address the factors causing the individual or family to experience housing instability and/or imminent risk of homelessness thus stabilizing in current housing. Ensuring flexibility of funding is key. Examples of financial assistance to be provided include rental deposit, utility deposits, payment of utility arrears and future costs, payment of rental arrears and future costs, bus tickets to assist with relocation and or transportation needs, grocery cards, gas cards.

o Connections to Mainstream Benefits and Community Services – Assist individuals and families at risk of homelessness in connecting to social services benefit programs. Utilize community-based provider training on independent living skills, including budgeting, job search and employment readiness services, to increase income and promote stability.

o Partner with Other Systems – Better planning between systems can assist individuals in transitioning effectively as they exit the corrections system, behavioral health system, and healthcare systems to avoid homelessness. Most individuals do not immediately enter the homeless system of care after exiting one of these other systems. For those at risk of entering the Homeless System of Care there is an opportunity to bring in family and/or friends to provide support from initial engagement and/or services to improve the overall approach to transitioning.

o Establish Housing Sustainability – Prevention efforts offset the greater costs experienced by the Homeless System of Care when people first become homeless and in a return to

homelessness, as such it is important that prevention does not only address the imminent risk of homelessness but provide the necessary supports to promote housing stability. Building in scheduled check-ins and aftercare plans for those transitioning from Rapid Rehousing and other assistance can improve housing stability and enhance prevention strategies.

Prevention Principles and Commitments

- **Early Intervention** – Identify risk factors and target interventions towards those most at-risk.

- **Increase Community Awareness and Education** – Conduct target outreach to ensure those who need the services are aware of the resources available by targeting certain zip codes and mailing directly to tenants and landlords.

- **Effective Reentry and Transition Planning** – Preventing returns to corrections, hospitals, and other institutional settings can be done by supporting the transition of these individuals out of these settings into appropriate locations.

- **Measure Outcomes** – It is important to determine the impact between the intervention and prevention for people at-risk of homelessness.

- **Prevention is an Integral Component of the Homeless System of Care** – When prevention is not possible, individuals and families who experience homelessness can access services under the other pillars to support in ending their homelessness

Pillar #2: Outreach and Supportive Services

Definition: Outreach is actively seeking, reaching out to, and engaging individuals experiencing homelessness, most often as the first step towards ending their homelessness. Supportive services are community-based services that support individuals and families to develop self-sufficiency and independence while on their journey to permanent and sustainable housing.

Goal: Persistent and frequent interactions to facilitate engagement, ensuring effective transitions from street to shelter, or more stable placement. Supportive services provide client centered wraparound services to support sustainment of housing placements in the community.

Best Practices in Outreach and Supportive Services:

- o **Human Connections Build Trust** – Building trust and rapport through genuine, consistent outreach to an individual or family is required to appropriately assess and provide them with the resources and services needed to address their homelessness. Trust and rapport are built through interaction and outreach conducted by professional outreach workers who are culturally competent. Critical to this process is meeting the family where they are at, this includes both physical location and stage of engagement.

- o **Assertive Outreach** – Outreach should occur through a regular schedule of visits to sites and resources used by individuals experiencing unsheltered homelessness. Ensuring consistent outreach to people experiencing unsheltered homelessness at frequented and varied locations allows outreach services to be more accessible and thus utilized. A warm, proactive, and repeated engagement strategy to build rapport with an individual or family greatly increases the likelihood for acceptance of shelter, housing and/or supportive services.

- o **Provide Ample Time and Opportunity for Engagement** – Often the engagement process can take three or more months before a person accepts a connection to services. Engagement is an activity that occurs not only leading up to the acceptances of services but continues during and after the utilization of services. Consistent engagement through the utilization of services ensures that the individual or family continues to have a voice in the process. It is important to note that the engagement and services acceptance process is often greatly affected by the availability and capacity of appropriate shelter, housing and/or support services.

- o **Recognition that Housing is One of the Lead Determinants of Physical and Mental Health** – Unsheltered homelessness leads to deteriorating physical and mental health, as such staff need to be trained in mental health, first aid and harm reduction methods to be able to provide an immediate response to these complex needs while on the streets and/or other unsheltered conditions. Understanding that outreach services are unable to fully address health needs while someone is experiencing unsheltered homelessness, establishing access to emergency housing and/or stable housing should continue to be the primary goal.

- o Outreach and Supportive Services are Best Delivered When Offered by Professional Service Staff (Non-Law Enforcement) – Individuals and families experiencing unsheltered homelessness not only need specific housing interventions but require referrals and linkages to many specialized services to address complex issues related to mental health and substance use. Building the rapport and trust with this population, as well as having the knowledge and ability to assess for, refer and link individuals and families to the right housing and support services requires professional training and skills. Additionally, with the understanding that this population has a significant history of experiencing trauma that comes with difficulties in building healthy trusting relationships, it is critical that those who do engage and serve this population are equipped to build and maintain that trust. For example, whenever possible, safe outreach should be conducted without police escort. Outreach staff should be trained to recognize inherent risks and practice safety measures that promote healthy engagements and interactions with people experiencing unsheltered homelessness.

Outreach and Supportive Services Principles and Commitments

- **Compassion and Equity** – Outreach team capacity should support frequent engagement and focus on meeting the individual where they are at, including physical locations and progress towards permeant housing.

- **Practice a No Wrong Door and 'Every Contact Counts' Approach** – Ensure each outreach contact is impactful and a step in the right direction toward connecting the individual to permanent housing and/or supportive services. Understanding that rapport and trust building takes time, as well as many interactions, before an individual or family accepts services, it is important to track all interactions. This provides an opportunity to study the average length of time and identify the types of interactions that ultimately do lead to acceptance of services. Doing this will better assist program development and service models to ensure they are effective and efficient.

- **Supportive Services to be Tailored and Inclusive** – The population experiencing unsheltered homelessness and needing supportive services are to be served by programs that most meet their needs. This includes very few barriers to program entry, as well as culturally competent delivery of services offer supported by staff training.

- **Operate with a Holistic View of Recovery** – Recovery may be paused, or relapses may occur; however, outreach and supportive services are to remain focused on both clinical and personal recovery, as well as overall progress.

- **Consistent and Continuous Efforts** – Outreach and supportive services should be consistently and continuously offered, regardless of how many times an individual may have previously not engaged. This should be done using different and persistent engagement tools.

Pillar 3: Shelter

Definition: Shelter is a temporary residence providing safety and protection from exposure and functioning as a safety net at times of crisis for individuals and families experiencing homelessness.

Goal: Supports steps towards achieving housing and financial stability. Emergency shelters and navigation centers are generally considered to be the entry points to a broader array of supportive services, with linkages to longer term programs and/or permanent housing opportunities.

Best Practices in Shelter:

o **Low or No Barrier to Entry** – Shelter should be readily accessible, meaning easy to physically access and open at all hours of the day or night, thus reducing any barriers to access for people experiencing homelessness. The shelter's eligibility and intake requirements should be minimal and simple to promote access, provide respite from the elements and safety in a structured program. Shelter eligibility and intake requirements should not exclude individuals who are experiencing mental health and substance use concerns, and/or medical issues, or establish requirements that these areas be address prior to entry. People experiencing homelessness fall into homelessness at all hours of the day and often have commitments such as employment and/or medical appointments that need to be attended to, thus policies should reflect a flexible schedule as opposed to limiting curfews and/or walk-up access.

o **Trauma-Informed Intake** – Program intake should focus on welcoming the individual and documenting the minimum information required to enter the facility. Often, individuals and/or families access shelter after experiencing a crisis and as such intakes should avoid extensive and lengthy assessment processes that involves participants repeating their story and information over and over, which can be retraumatizing and discourage engagement. Intakes should be completed in a space that provides privacy by a trustworthy individual, after providing access to basic necessities (i.e., food, water, access to restroom and shower) and should leverage information available in established databases, including background information and previous homeless service system utilization.

o **Psychologically Informed Environment (PIE)** – Provides supportive spaces to encourage positive interactions, including private rooms to meet with case managers and discuss sensitive matters, and outdoor spaces for socialization with other clients. The shelter design includes thoughtful consideration for light, comfort, temperature, color, and imagery. Shelter space and facilities are well maintained and safe for both participants and staff.

o **Incorporate Persons with Lived Experience** – Include shelter participants in decisions around expectations of client behavior by soliciting input and incorporating feedback in the development or updating of new policies and procedures to ensure a transparent and proportionate implementation of those expectations and enforcement for violation of

those expectations. Persons with first-hand knowledge of homelessness and shelter participation can share their perspectives on how policies and procedures of shelter operations affect the experience of homelessness and ongoing engagement of shelter and/or supportive services.

o Tailored and Housing–Focused Case Management – Case management that proactively supports clients in working towards positive shelter exit should be a key programmatic component of shelters. Shelter is a crisis-response resource and length of stay should be minimal to promote wellbeing and enable bed turnover to assist another individual experiencing unsheltered homelessness. Shelter should be focused on facilitating connections to available housing resources, reconnections to family and support networks, and supportive services that support the individual's journey to permanent housing and stability within that housing.

o Implement Navigation Center Model – Additional wraparound supportive services to be offer at shelter programs and whenever possible co-located to promote access and utilization of supportive services.

o Robust and Ongoing Training – Well-trained and supported staff team maintain safety and security of shelter, smooth operations, and enhanced crisis management capability. Training resources provide needed tools and techniques for staff operating in shelters and create a better environment for clients. Training includes crisis management, trauma-informed care, principles of housing first and harm reduction.

o Consistency in Shelter Operations – Whenever possible create consistency in shelter operations, including mealtimes, privacy, access to facilities, transportation models and other components.

Shelter Principles and Commitments

- **Promote Dignity, Respect, and Equal Access** – The operations of shelters should support individuals and families experiencing homelessness in times of crisis and promote dignity, respect, and equal access.

- **Improved Accessibility** – Facilitate access to shelters whenever possible, including looking at entry requirements and/or program models.

- **Housing-Focused** – Focus on supporting the client to work towards permanent housing during enrollment and participation in navigation center and/or emergency shelter programs.

- **County of Orange's Standards of Care** – Provides a standard to compliant management and delivery model for shelters.

- **Improved Design** – Explore potential to develop smaller congregate shelter program models and identify alternative models such as non-congregate shelter to support increased wellbeing of clients.

- **Essential Component of Crisis Response** – Shelters support access and flow through homeless system of care and act as a conduit to other supportive services and for housing resources.

Pillar #4: Housing

Definition: Housing is the solution to end a person's homelessness and provides a sustainable place to live long-term.

Goal: Housing programs and capacity that end a person's homelessness by providing a permanent home with supportive services to ensure sustainability and stability.

Best Practices in Housing:

o **Project Design and Administration** – The housing is tenant-centered, meaning it meets tenants' needs such as desired location and type of housing. The supportive housing projects meet or exceeds community standards, and the affordable housing and operating partners actively engage in community education and dialogue throughout the planning and development stages.

o **Property and Housing Management** – Management teams educate tenants on their rights and responsibilities as leaseholders and actively solicit tenant feedback. Individuals and families move into housing quickly, and the process accommodates the potential tenants' varying background and cultural needs, for example, by having forms and documents available in various languages. Housing program staff works closely with service providers and landlords to ensure tenants can sustain housing and be stable. While respecting tenant rights and privacy, staff regularly check-in to ensure the unit remains in good condition and receives any needed maintenance.

o **Supportive Services** – Services are voluntary, but also customized, and comprehensive, and target the needs of all household members, creating a high likelihood that the tenants engage in services. The primary service provider has established connections to mainstream and community-based resources and is able to facilitate access to services. Service provider staff supports tenants in developing and strengthening connections to their community. The supportive housing project has funding that is sufficient to provide services to tenants on an ongoing basis and flexible to address the changing tenant needs.

o **Community** – The most successful supportive housing does not operate in isolation but serves an integral role in the larger community. The supportive housing partners connect with and support the efforts of community stakeholders working to ensure positive community changes.

Housing Principles and Commitments

- **Stability and Sustainability** – All people can achieve housing stability in permanent housing if they are provided the right supports. All people have the right to self-determination, dignity, and respect.

- **Improved Quality of Life** – Housing serves as the foundation for improved quality of life and overall wellbeing. Health and mental health conditions, as well as employment are improved upon when people are housed.

- **Flexible, Voluntary Supportive Services** – Supportive services should be available and offered to tenants as they move-into housing to support with community integration, as well as promote stability and sustainability in the identified housing.

- **Increasing Housing Options** – Diversity in housing options is as critical as housing capacity. Individuals and families experiencing homelessness have unique housing and service needs, requiring the need for various housing options that address the varying needs of these households.

Next Steps

This document created by the Commission to End Homelessness comes to the Board of Supervisors as a framework to create recommendations and shape policy surrounding homelessness in the County of Orange. The Office of Care Coordination will use it to guide the programs to prioritize and to develop future programming to best meet the needs of individuals and families experiencing homelessness or at risk of homelessness.

Below are the Commission to End Homelessness and Office of Care Coordination's set of recommendations for next steps regarding this document, including how these best practices and guiding principles can be implemented and put into practice.

- Request the Commission to End Homelessness membership to champion these best practices, principles and commitments within their agencies, service areas and explore potential to incorporate them into their delivery model and request for proposal practices. This will support effective change, cultural competency, and consistent delivery across Orange County.
- Ensure these best practices, principles and commitments are incorporated into Office of Care Coordination's issued requests for proposals, quality standards, audits, and trainings. Additionally, the Office of Care Coordination work with County departments to implement these best practices and design programming to ensure alignment across the County, including in any competitive solicitation processes related to homelessness and/or the four pillars.

Agenda Item #5

Minutes of the

June 15, 2022

Regular Meeting

SUMMARY ACTION MINUTES

REGULAR MEETING
COMMISSION TO END HOMELESSNESS

Wednesday, June 15, 2022 1:00 P.M.

County Conference Center
Room 104/106
425 West Santa Ana Boulevard, Santa Ana, CA 92701

Doug Chaffee, Fourth District Supervisor, Chair	Vacant, Business Representative
Don Wagner, Third District Supervisor	Jack Toan, Business Representative
James Vanderpool, North Service Planning Area	AJ Patella, Orange County Sheriff's Department
Scott Stiles, Central Service Planning Area	George Searcy, Affordable Housing Industry
Paul Wyatt, South Service Planning Area	Marshall Moncrief, Behavioral Health Representative
Sue Parks, Philanthropic Representative	Teresa "Tita" Smith, At Large Member
Robert Dunn, Chief of Police	Milo Peinemann, At Large Member
Randy Black, Orange County Fire Authority	Todd Spitzer, District Attorney
Richard Afable, Hospital Representative, Vice Chair	Matt Bates, Continuum of Care Board Representative
Jim Palmer, Faith-based Community Representative	Tim Houchen, Continuum of Care Board Representative

ATTENDANCE: Commissioners Afable, Chaffee, Dunn, Houchen, Moncrief, Palmer, Parks, Peinemann, Price (designee for Spitzer), Searcy, Stiles, Toan, Wagner and Wyatt

ABSENT: Commissioners Bates, Black, Patella, Smith and Vanderpool

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

Call to Order
COMMISSION CHAIR CHAFFEE CALLED THE MEETING TO ORDER AT 1:01 P.M.

Pledge of Allegiance
COMMISSIONER DUNN LED THE PLEDGE OF ALLEGIANCE

Roll Call
THE CLERK CALLED THE ROLL AND CONFIRMED QUORUM WAS PRESENT

SUMMARY ACTION MINUTES

DISCUSSION ITEMS

1. <u>Working Group Ad Hoc Update - Review Housing Pillar and Discuss Next Steps</u>
    DIRECTOR OF CARE COORDINATION, DOUG BECHT, PROVIDED AN OVERVIEW OF THE HOUSING PILLAR INCLUDING DEFINITION, GOALS AND BEST PRACTICES

2. <u>Office of Care Coordination Update – 2022 Point In Time Count Results and Next Steps</u>
    DIRECTOR OF CARE COORDINATION, DOUG BECHT, PROVIDED INFORMATION ON THE RESULTS OF THE 2022 POINT-IN-TIME COUNT; COMMISSIONERS PALMER AND AFABLE SUGGESTED DOING THE POINT-IN-TIME COUNT ON AN ANNUAL BASIS; CHAIRMAN CHAFFEE SUGGESTED THAT IF A FULL POINT IN TIME COUNT EVERY YEAR IS NOT FEASIBLE, THEN IN THE INTERVENING YEARS TO COLLECT DATA BY SURVEY OR OTHER METHODS

ACTION ITEMS

3. <u>Approve Tim Houchen as a Continuum of Care Representative on the Commission to End Homelessness (Continued from 4/20/22, Item 1)</u>
    17 5 1 2 3 4 6 7 8 9 10 11 12 13 14 15 16 18
    **   X   X   X   X**
    APPROVED AS RECOMMENDED

4. <u>Elect a new Vice Chair for the Commission to End Homelessness</u>
    MOTION BY COMMISSIONER PALMER AND SECONDED BY COMMISSIONER SEARCY TO NOMINATE COMMISSIONER AFABLE FOR VICE CHAIR OF THE COMMISSION TO END HOMELESSNESS
    7 11 1 2 3 4 5 6 8 9 10 12 13 14 15 16 17 18
    **   X   X   X   X**
    APPROVED AS RECOMMENDED

5. <u>Approve Commission to End Homelessness minutes from the February 16, 2022, and April 20, 2022, regular meeting</u>
    2 11 1 3 4 5 6 7 8 9 10 12 13 14 15 16 17 18
    **   X   X   X   X**
    APPROVED AS RECOMMENDED

6. <u>Recommend the following applicants to serve as members on the Commission to End Homelessness to the Board of Supervisors (BOS) as the BOS has final approval. Business Representative – Jack Toan, Illumination Foundation; Central SPA – Scott Stiles, City of Garden Grove; South SPA – Debra Rose, City of Lake Forest; Philanthropic Leader – Sue Parks, OC United Way; Member At-large – Paul Wyatt; Faith Based Representative – Nesan Kistan, Salvation Army OC</u>
    5 17 1 2 3 4 6 7 8 9 10 11 12 13 14 15 16 18
    **   X   X   X   X**
    APPROVED AS RECOMMENDED

SUMMARY ACTION MINUTES

PUBLIC COMMENTS

Pat Burns – Is a former police officer that dealt with homeless during time on patrol; believes it is state overreach to put the burden on taxpayers to take care of all these people; while well intended, taxpayer funds are taken from other public services are diverted to this issue; personally saw how quality of life declined in areas where homeless individuals are housed; these areas also use up police and other public resources

ELDR Center – The make up of the commission includes those who received funding from the County; commission does not take much action, just talks about action; Commission focuses on presentations rather than any real actions or recommendations

COMMISSIONER COMMENTS

None

ADJOURNED: 2:30 P.M.

NEXT MEETING: August 17 , 2022, 1:00 P.M.

*** VOTE KEY ***

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

1	Doug Chaffee, Chair	
2	Vacant	
3	Richard Afable, Vice Chair	A = Abstained
4	Randy Black	X = Excused
5	Robert Dunn	V = Vacant
6	Marshall Moncrief	N = No
7	Jim Palmer	C.O. = Commission Order
8	Sue Parks	
9	Milo Peinemann	
10	AJ Patella	
11	George Searcy	
12	Teresa (Tita) Smith	
13	Todd Spitzer	
14	Scott Stiles	
15	Jack Toan	
16	James Vanderpool	
17	Don Wagner	
18	Paul Wyatt	

Signature on File
SUPERVISOR DOUG CHAFFEE
Chair

Signature on File
Valerie Sanchez, Chief Deputy Clerk
Clerk of the Commission