

ORANGE COUNTY CONTINUUM OF CARE BOARD CANDIDATE INTEREST FORM

INTEREST FORM: PART ONE

1. Name *

Ryan Yamamoto

2. If you represent a specific organization in Orange County, please list your organization & role: *

Coalition of Orange County Community Health Centers; Chief Operating Officer

3. Pronouns (for example: she/her, he/him, they/them, xe/hir):

He/Him

6. What qualities, skills, and experience do you bring that would help the CoC Board to further its work in ending homelessness and furthering effectiveness and collaboration within the work of the Orange County CoC? *

Prior to supporting and engaging community health centers in the the County, I was employed at a large healthcare delivery system and served in the Community Health Department with the responsibility of managing an annual grant portfolio exceeding \$7M with a concentration on supporting and investing in safety net partners, community delivery systems and community based organizations. This docket included homelessness as a focus area. Prior to leaving this organization, I was assigned to a national task force located in Oakland to solve homelessness in the City of Oakland for the frail and elderly. The mandate for this four-month exercise was to develop a plan (with unlimited resources) for the organization to address homelessness for the frail and elderly. Leading up to this work, I served as the organization's representative as a funding member of the Home For Good Funders Collaborative in Los Angeles County and developed a program to address the unhoused that frequented two emergency departments of varying size in the County.

In my current role, I served as the community health center liaison between the community health centers and CalOptima Health in the early iteration of the street medicine program several years ago.

7. While having a conflict of interest does not make you ineligible to serve on the CoC Board, it helps CoC staff for record keeping purposes. Do you have any current conflicts of interest or previous ties to any agency that is a recipient or sub-recipient of CoC funding in the Orange County CoC?

Examples of conflicts might include: Current or former staff, Board member, volunteer or client/participant at a CoC-funded agency, etc.

For further information on what constitutes a conflict of interest, please visit this link: <https://ceo.oc.gov/sites/ceo/files/2024-06/CoC%20Conflict%20of%20Interest%20Policy%20and%20Form%20Final.pdf>.

*For a current list of CoC-funded agencies, please visit this link: <https://ceo.oc.gov/sites/ceo/files/2025-10/FY2024%20CoC%20Program%20NOFO%20Awards.pdf>. **

☐ Yes

☐ No

☒ I'm not sure

8. If yes or not sure, please describe the potential conflict(s) of interest:

The Illumination Foundation is a current member of the Coalition of Orange County Community Health Center's membership.

9. Are you able to commit to attending at least 75% of CoC Board meetings each year? The CoC Board meets monthly, in person, currently every fourth Wednesday from 2:00 p.m. - 5:00 p.m., though that time is subject to change. *

- ☒ Yes
- ☐ No
- ☐ I'm not sure

10. Are you able to commit to serving on at least one CoC committee, working group, or ad-hoc committee, and to attend at least 75% of that committee, working group, or ad-hoc's meetings each year? This is usually 1-2 hours per month for in-person or virtual meetings, though, depending on the group you choose to participate in, the time commitment could be higher. *

- ☒ Yes
- ☐ No
- ☐ I'm not sure

11. We want to make sure that people who are elected to the Board have the support from their employer, agency, or group they represent (if applicable) to fully participate in the CoC Board.

If applicable: is your employer, agency, or the group you represent aware that you plan to run for a CoC Board seat? *

- ☒ Yes
- ☐ No
- ☐ Not Applicable (N/A): I'm not affiliated with or representing a specific employer, agency, or group. I would be participating in the CoC Board on my own time.

12. If applicable: does your employer understand the full commitment that you're making to the CoC Board, including time commitments to meetings, potential time away from work, and responsibilities you'll hold? *

- ☒ Yes
- ☐ No
- ☐ Not Applicable (N/A): I'm not affiliated with or representing a specific employer, agency, or group. I would be participating in the CoC Board on my own time.

13. Do you currently live or work in Orange County? Please select all that apply. *

- ☒ I live in Orange County
- ☒ I work in Orange County
- ☐ I do not live or work in Orange County

14. As part of the CoC Strategic Plan, the CoC Board adopted the following strategies to accomplish in Year 1 of implementation, which occurs from October 1, 2025 – September 30, 2026 (see September 24, 2025, CoC Board meeting agenda on the CoC webpage <https://ceo.ocgov.com/continuum-care>):

a. Assess Staff Training Needs (Objective 1A)

- Asses the staff training landscape and needs to develop a plan to fill gaps, align practices, ensure accountability in using best practices, and deliver on the promise to ensure people feel like they're being treat with dignity and respect.

b. Update Written Standards (Objective 1B)

- Review and update Written Standards to more intentionally embed key principles, align with evidence-based approaches, and support achieving system performance goals.

c. Elevate Lived Experience Leadership (Objective 1D)

- Embed deeper support for people with lived experience to get compensated, gain expertise, and hold decision-making power.

d. Develop a Policy Agenda (Objective 2D)

- Develop or adopt a policy agenda to measurably improve the resources and performance of the CoC.

e. Improve Data Collection and Analysis (Objective 3A)

- Develop and implement data collection and analysis processes that seek to hear people's experiences in the system, understand holistic system performance, and address gaps in our understanding of people's experiences and outcomes.

f. Plan for Coordinated Investments (Objective 4B)

- Conduct a strategic coordinated investment planning process to map current funding resources, analyze current funding impacts, and identify gaps.

g. Evaluate Coordinated Entry System (CES) (Objective 5B)

- Conduct a Coordinated Entry System evaluation.

Which of these strategies resonates with you most, and where would you like to contribute to supporting these strategies? *

Objectives 2D and 4B resonate the most in comparison to the list of objectives. Both are somewhat related and given the uncertain times, invaluable.

15. Please discuss one (1) significant challenge to addressing homelessness in Orange County. If you could wave a magic wand to address this challenge, what would your solution be? *

A major challenge in addressing the unhoused issue is the lack of investment and support of low income housing. Over the past several decades there has been a decline in the investment in this space. Overall investment and support is needed to create housing opportunities across the spectrum of housing; from shelters through low-income housing and everything in between. Capacity must exist across the spectrum of housing in order to move individuals from unhoused to housed.

INTEREST FORM: PART TWO

It is important to the Orange County CoC to ensure that the CoC Board is representative of the people in our community who tend to experience homelessness. To that end, we would like to know more about your personal/professional identities, experiences, and background.

This form will be viewed by the CoC Nominating Ad Hoc members and CoC staff helping to facilitate this process (10 total people). Please only share what you feel comfortable disclosing to this group. Note, however, that any information provided to the County through this form could be required to be disclosed if someone were to file a Freedom of Information Act (FOIA) request.

The CoC Nominating Ad Hoc will review all completed interest forms and will determine the full list of qualified candidates who will run for election to the Board. The full CoC general membership will then vote to elect new Board members, and information about those candidates will be posted publicly on the CoC Nomination and Election webpage. If you are included in the list of qualified candidates to participate in the election, you will have an opportunity to choose and consent to the information shared about you publicly. We will not publicly disclose any information included on this form without your consent.

Personal Identities & Experiences

16. Have you experienced homelessness? *

- ☐ Yes
- ☒ No
- ☐ Prefer not to answer

17. If you answered "yes" to the question above, please check all of the following that apply and that you feel comfortable disclosing.

- ☐ I have experienced homelessness in the last 5 years.
- ☐ I have experienced homelessness as a person under 25 years old in the last 5 years.
- ☐ I have experienced homelessness as an adult on my own or with a partner, but without children in my household.
- ☐ I have experienced homelessness as an adult with at least one child in my household.
- ☐ I have experienced homelessness as an older adult (age 62 or older)
- ☐ Prefer not to answer
- ☐ Not Applicable (N/A)

18. What is your race and/or ethnicity? Please select all that apply. *

- ☐ Black or African American
- ☐ Indigenous or Native American
- ☒ Person of Color (including but not limited to people who are: Asian, Asian-American, Pacific Islander, Native Hawaiian, Latino/a/e/x, Central American, South American, Caribbean, Middle Eastern, North African)
- ☐ Mixed race
- ☐ White
- ☐ Prefer not to answer
- ☐ Other

19. Are you 2SLGBTQIA+ (2-spirit, lesbian, gay, bisexual, trans, queer, questioning, intersex, asexual/aromantic, +)? Please check all of the following that apply and that you feel comfortable disclosing. *

- ☐ Yes - I'm 2SLGBTQIA+ based on my sexual and/or romantic orientation (e.g., I'm lesbian, gay, bi, pan, queer+)
- ☐ Yes - I'm 2SLGBTQIA+ based on my gender identity and/or expression (e.g., I'm trans, non-binary, intersex, gender fluid, 2-spirit, gender non-conforming+)
- ☒ No, I'm not 2SLGBTQIA+
- ☐ Prefer not to answer

20. Do any of the following identities or experiences apply to you? *

- ☐ I have a disability or disabling condition (could be any type of disability including mental, physical, etc.)
- ☐ I'm neurodivergent (e.g., I have ADHD or am autistic)
- ☐ I have served in the military or armed forces
- ☐ Someone in my immediate family has served in the military or armed forces
- ☐ I have experienced domestic violence or intimate partner violence
- ☐ I'm an older adult (age 62 or older)
- ☐ I'm a young adult (age 18-25)
- ☒ No, none of these apply to me
- ☐ Prefer not to answer

Personal or Professional Background & Experiences

We are seeking people with an array of meaningful connections, whether personal or professional, to key partners and systems in our community. For example, you could be currently employed by one of these types of partners, or you could be currently participating in services/programs or previously participated in services/programs from one of these types of partners.

21. Please select all of the entities or areas with which you have **past and/or current** personal experience or **current professional** experience. *

- ☐ Veteran/military service-focused agency or programming
- ☐ Emergency Solutions Grant (ESG) Program funded agency or recipient agency
- ☐ Public Housing Agency (PHA)
- ☐ Domestic violence agency or programming
- ☐ Education field / McKinney-Vento liaison
- ☒ Behavioral health field
- ☒ Health care field
- ☐ Transition-Aged Youth (TAY) Agency
- ☐ Family Agency
- ☐ Homeless system programs: Diversion
- ☒ Homeless system programs: Street Outreach
- ☒ Homeless system programs: Prevention
- ☒ Homeless system programs: Emergency Shelter
- ☒ Homeless system programs: Rapid Rehousing
- ☒ Homeless system programs: Permanent Supportive Housing
- ☒ Faith-based organization or community
- ☐ Affordable housing development background
- ☐ I have no personal or professional connections to any of these