

ORANGE COUNTY
CONTINUUM OF CARE BOARD MEETING
Wednesday, February 25, 2026
2:00 p.m. – 5:00 p.m.

Location:

**County Administration South (CAS) Building
County Conference Center
425 West Santa Ana Blvd. Room 104/106
Santa Ana, CA 92701-4599
[Click Here](#) for parking information.**

Virtual Meeting Option*:

**Zoom Meeting Link: [Click here for meeting link](#)
Join by phone: +1 669 444 9171
Webinar ID: 917 1260 5590**

****Listen-in option only***

AGENDA

Board Members

Judson Brown, City of Santa Ana
Dr. Kelly Bruno-Nelson, CalOptima Health
Andrew Crowe, Scholarship Prep
Dr. Shelby Feliciano- Sabala, Project Hope Alliance
Kelita Gardner, Second Baptist Church of Santa Ana
Nichole Gideon, Individual
Shakoya Green Long, Thomas House Family Shelter
Becks Heyhoe-Khalil, OC United Way
Marisol Johnson, Dayle McIntosh Center
Sandra Lozeau, City of Anaheim

Sammie MarTínez, Individual
Melanie McQueen, PATH
Dr. Tiffany Mitchell, Orangewood Foundation
[Secretary]
Nishtha Mohendra, Families Forward [Vice Chair]
Robert “Santa Bob” Morse, Individual
Jason Phillips, Individual
Maricela Rios-Faust, Human Options [Chair]
Tim Shaw, Individual
Dr. Shauntina Sorrells, Individual

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 Office of Care Coordination 72 hours prior to the meeting at (714) 834-5000 or email CareCoordination@ceo.oc.gov. Requests received less than 72 hours prior to the meeting will still receive every effort to reasonably fulfill within the time provided.

Supporting documentation is available for review by the public at least 72 hours prior to regular meetings and at least 24 hours prior to special meetings of the Continuum of Care (CoC) Board. Those wishing to review supporting documentation can visit the CoC Webpage [here](#) or the lobby of the County Administration North (CAN) Building, located 400 West Civic Center Drive, Santa Ana, CA 92701-4599, and request a copy of the meeting materials from the Office of Care Coordination during normal business hours of 8:00 a.m. – 5:00 p.m. Monday through Friday (excluding holidays).

Call to Order – Maricela Rios-Faust, Chair

Board Member Roll Call – Dr. Tiffany Mitchell, Secretary

Public Comments: Members of the public may address the CoC Board on items listed within this agenda or matters not appearing on the agenda so long as the subject matter is within the jurisdiction of the CoC Board. Members of the public may address the CoC Board with public comments on agenda items in the business calendar after the agenda item presentation. Comments will be limited to three minutes. If there are more than five public speakers, this time will be reduced to two minutes. Members of the public utilizing interpreter services will be given double the amount of time to provide public comment.

To address the CoC Board, members of the public who are attending in person are to complete a Request to Address the CoC Board form prior to the beginning of each agenda item and submit it to CoC Board staff. Staff will call your name in the order received.

Members of the public, including those listening in via the virtual meeting option, may also submit public comment by emailing CareCoordination@ceo.oc.gov. All comments submitted via email at least 24 hours before the start of the CoC Board meeting will be distributed to the CoC Board members for their consideration and all comments submitted prior to the meeting will be added to the administrative records of the meeting. Please include “CoC Board Meeting Comment” in the email subject line.

Board Member Comments: Members of the CoC Board may provide comments on matters not appearing on the agenda so long as the subject matter is within the jurisdiction of the CoC Board.

BUSINESS CALENDAR

1. **CoC Committee Appointments** – Felicia Boehringer, Interim CoC Manager, Office of Care Coordination
 - a. Appoint Shakoya Green-Long as Chair of the Domestic Violence Committee.
 - b. Appoint Marisol Johnson to the Policies, Procedures and Standards (PPS) Committee as an at-large member.
2. **Homebase’s Homeless Management Information System (HMIS) Data Request** – Erin DeRycke, Director, Data Analytics, 2-1-1 Orange County (211OC), Orange County United Way; Mark Mora, Senior Policy Analyst, Homebase; and Riley Meve, Policy Analyst, Homebase
 - a. Authorize the Office of Care Coordination, as the CES Lead and CoC Administrative Entity, and Orange County United Way, as the HMIS Lead, to provide all needed, relevant data to Homebase, in addition to the original CoC Board-approved request, to carry out the Orange County’s CoC Fiscal and Resource Mapping project.
3. **CoC Program Funding Update** – Zulima Lundy, Director of Operations, and Felicia Boehringer, Interim CoC Manager, Office of Care Coordination
 - a. Submission of Fiscal Year (FY) 2025 CoC Program Project Priority Listing.
 - b. Impact of Consolidated Appropriation Act of 2026 on FY2025 and FY2026 CoC Program funding.
4. **HMIS Data Quality Policy Recommendation** - Erin DeRycke, Director, Data Analytics, 211OC, Orange County United Way and Felicia Boehringer, Interim CoC Administrator, Office of Care Coordination
 - a. Overview of feedback received from the Lived Experience Advisory Committee, PPS Committee and Service Provider Forum regarding development of a policy to improve HMIS data quality.
 - b. Approve the proposed HMIS Data Quality Policy, as recommended by the HMIS Lead.

- c. Authorize the HMIS Lead to correct the Approximate Date Homelessness Started field, following approval of the recommended HMIS Data Quality Policy, for enrollments that were identified by the HMIS Lead as inaccurate according to the clients' HMIS records to support improved data quality for the Orange County Continuum of Care (CoC), including the System Performance Measures (SPM) Report.
- 5. **Orange County Coordinated Entry System (CES) Evaluation Update** – Tom Albanese, LSW, Project Lead, Element Consulting Group, LLC and Dr. Shauntina Sorrells, CES Evaluation Advisory Group Member
- 6. **HMIS Lead Updates** – Erin DeRycke, Director, Data Analytics, 211OC, Orange County United Way
- 7. **Orange County Homelessness Updates** – Douglas Becht, Director and Jasmin Miranda, Interim CoC Administrator, Office of Care Coordination
 - a. System of Care Update
 - b. CoC Update

Next Meeting: Wednesday, March 25, 2026, from 2:00 p.m. – 5:00 p.m.

Date: February 25, 2026

Subject: Continuum of Care (CoC) Committee Appointments

Recommended Actions:

- a. Appoint Shakoya Green-Long as Chair of the Domestic Violence (DV) Committee
- b. Appoint Marisol Johnson to the Policies, Procedures and Standards (PPS) Committee as an at-large member.

Background

The Orange County CoC Committees are chaired by designated representatives, primarily CoC Board members, to ensure the sustained vision and support of CoC Board initiatives. Current CoC Committee Chair and member vacancies are to be filled during a CoC Board meeting to ensure continuity of established committees. The committee governance charters, adopted by the CoC Board on January 25, 2023, identify the Chair and Vice Chair appointment requirements for each committee as well as the committee purpose and responsibilities. Additionally, the PPS Committee Governance Charter requires at least one (1) and no more than two (2) at-large members of the CoC Board to participate as PPS Committee members and provides the ability for CoC Committee Chairs to appoint a representative from their respective committees to the PPS Committee, should they be unable to participate.

At the February 17, 2026, meeting of the DV Committee, Maricela Rios-Faust, as the current Chair of the committee, shared that she would be stepping down after being elected CoC Board Chair and had asked Shakoya Green-Long to consider serving as the new committee Chair. Shakoya Green-Long confirmed interest, and the DV Committee membership provided support for the nomination while expressing gratitude to Maricela Rios-Faust for her leadership. Additionally, in conversations with PPS Committee Chair, Nishtha Mohendra, Chair Maricela Rios-Faust and Nishtha Mohendra agreed that appointing an additional at-large member to the PPS Committee would both create further opportunities for CoC Board members and help ensure the PPS Committee’s quorum remains an odd number.

Current CoC Committee Chair and Member vacancies include the following:

- DV Committee Chair
- PPS Committee at-large member

The roles and committee descriptions included in **Attachment A** are provided to assist the CoC Board membership in making informed decisions in the nomination and election process of the DV Chair and PPS Committee at-large member.

Attachments

Attachment A – DV Committee Chair and PPS Committee Member Descriptions

Orange County Continuum of Care (CoC) Committee Chair Description

Please note, CoC Committee Chair responsibilities are further detailed in each committee governance charter. In addition to specified committee functions, all CoC committees are responsible for committing to advancing equity in the Orange County CoC, specifically addressing populations who have been most disproportionately impacted by homelessness, to ensure all people in Orange County experiencing homelessness and those at-risk will have equitable access to navigation, housing, and supportive services in ways that ensure equitable outcomes including overall well-being and long-term housing stability. Additionally, all CoC Committee Chairs may appoint a Vice Chair to assist with planning, facilitation, and coordination of the committee meetings.

Domestic Violence Committee Chair

- The Domestic Violence Committee will be chaired by a member of the CoC Board who will serve for the duration of their term on the CoC Board.
- The Domestic Violence Committee Chair will meet with the Office of Care Coordination as the Collaborative Applicant every quarter for a planning meeting.
- The Domestic Violence Committee Chair will participate as a member of the Policies, Procedures and Standards Committee or appoint a Domestic Violence Committee representative to the Policies, Procedures and Standards Committee should the Chair be unable to participate.
- In addition to facilitating the committee meeting, the Domestic Violence Committee Chair will support in bringing committee recommendations or presentations to CoC Committees and the CoC Board.
- The Domestic Violence Committee Chair will support the planning and implementation of special initiatives of the CoC that require committee engagement or feedback.
- The Domestic Violence Committee is responsible for the following functions:
 - Support the CoC in identifying individuals and families who have experienced or are fleeing domestic violence, dating violence, sexual assault and/or stalking, experiencing homelessness, and connecting them to the Coordinated Entry System.
 - Coordinate efforts to measure progress towards ending homelessness for individuals and families who have experienced or are fleeing domestic violence, dating violence, sexual assault and/or stalking, through the analysis of data and information sharing.
 - Coordinate the delivery of services to support survivors who have experienced or are fleeing domestic violence, dating violence, sexual assault and/or stalking achieve housing stability and/or quickly secure permanent housing.
 - Convene local, state, federal and regional stakeholders working to address homelessness for survivors of domestic violence to share information on events, discuss funding opportunities, and troubleshoot problems.
 - Educate and inform the CoC on the needs and concerns of individuals and families who have experienced homelessness because of fleeing of domestic violence, dating violence, sexual assault and/or stalking.
 - Inform the strategy for the identification and counting of individuals, youth and families that are experiencing homelessness as a result of fleeing from domestic violence, dating violence, sexual assault and/or stalking during the Point In Time Count processes.

Committee Member Description

Policies, Procedures and Standards (PPS) Committee At-Large Member

- The PPS Committee at-large member will be a CoC Board member who does not represent any of the other CoC Committees and will serve for the duration of their CoC Board term.
- An at-large member of the PPS Committee will attend at least 75% of the committee meetings.
- The PPS Committee is responsible for the following functions:
 - Recommending any committees, work groups, and ad hoc groups necessary for the proper and efficient functioning of the Orange County CoC and recommending dissolving any committees, workgroups, and ad hoc groups, if they are determined to be unnecessary for the proper and efficient functioning of the Orange County CoC.
 - Vetting all proposed policies arising from committees/workgroups to ensure adherence to the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, U.S. Department of Housing and Urban Development (HUD) Notices and regulations, and evidence-based practices. The PPS Committee will then determine whether proposed policies and standards will be referred for additional input, recommended to the CoC Board for adoption through a consent item, or head for further conversation and vote by the full CoC Board.
 - Establishing a clear standard for the level of care that agencies should provide by program type. This level of care and service delivery will support a minimum threshold and consistent practices across the CoC.
 - Working with the Office of Care Coordination as the Collaborative Applicant to update the CoC Board Governance Charter, which will include all procedures and policies needed to comply with HUD mandates and HEARTH Act regulations.

Date: February 25, 2026

Subject: Homebase’s Homeless Management Information System (HMIS) Data Request

Recommended Action:

- a. Authorize the Office of Care Coordination, as the CES Lead and CoC Administrative Entity, and Orange County United Way, as the HMIS Lead, to provide all needed, relevant data to Homebase, in addition to the original CoC Board-approved request, to carry out the Orange County’s CoC Fiscal and Resource Mapping project.

Background and Analysis

In accordance with the [HMIS Policies and Procedures](#), data requests from entities that are not participating in HMIS are approved by the Orange County Continuum of Care (CoC) Board (CoC Board) prior to any data being released. Once approved, data requests are carried out by Orange County United Way, 2-1-1 Orange County (211OC) as the HMIS Lead for the Orange County CoC.

On January 21, 2026, the CoC Board approved a [data request from Homebase](#) (pgs. 37 – 38) to support the Orange County CoC Fiscal and Resource Mapping project. The request included data elements related to basic project characteristics, an inventory of project beds and units, project funding sources, and project performance outcomes. Recognizing the timeline for the project and through discussions with the Office of Care Coordination, as the Coordinated Entry System (CES) Lead and Administrative Entity, Homebase noted that there may be a need to request additional data from the Orange County CoC. To ensure a timely response, this request allows the Office of Care Coordination, as the CES Lead and Administrative Entity, and Orange County United Way, as the HMIS Lead, to provide any additional data that may be needed to complete this analysis on behalf of the CoC. Data provided will not include any client identifying data.

The results of this analysis will help the CoC better understand how funds in Orange County flow into the homeless response system, identify gaps, and inform future strategic investment. This project aligns with the CoC’s Strategic Plan goal to “identify funding gaps and develop funding strategies to fill those gaps in alignment with [the] plan's priorities.” Further, the project will include a comprehensive analysis of key funding streams – such as CoC, Emergency Solutions Grant (ESG), and Homeless, Housing, Assistance and Prevention (HHAP) – that support homeless services in Orange County.

The CoC Board is being asked to review and approve a similar recommendation as the recommended action approved for the CES Evaluation at the November 19, 2025, meeting. Recognizing the continued data requests received, especially for CoC-approved initiatives, the CES Lead/Administrative Entity and HMIS Lead see this approach as a way to streamline the data request process and ensure a reduction of barriers to providing needed data to move forward the work of the CoC. Should additional HMIS data be provided to Homebase, a report will be given to the CoC Board at a future meeting with further details.

Date: February 25, 2026

Subject: Homeless Management Information System (HMIS) Data Quality Policy Recommendation

Recommended Action:

- b. Approve the proposed HMIS Data Quality Policy, as recommended by the HMIS Lead.
- c. Authorize the HMIS Lead to correct the Approximate Date Homelessness Started field, following approval of the recommended HMIS Data Quality Policy, for enrollments that were identified by the HMIS Lead as inaccurate according to the clients' HMIS records to support improved data quality for the Orange County Continuum of Care (CoC), including the System Performance Measures (SPM) Report.

Background

At the January 21, 2026, CoC Board meeting, Orange County United Way, as the HMIS Lead for the Orange County CoC, informed the Board of the CoC's current system performance. In particular, the presentation focused on performance related to the Length of Homelessness measure that is captured in the SPM Report submitted to the U.S. Department of Housing and Urban Development (HUD) on an annual basis. Approximately 182 enrollments were identified with current episodes of homelessness that were longer than 25 years, which is causing the Length of Homelessness measure to increase every year. Because the SPM Report is to be submitted by March 4, 2026, the HMIS Lead elevated the need for a potential policy to correct the data and improve data quality, given the impact of the CoC's system performance on scoring for competitive funding opportunities. The CoC Board provided direction to the HMIS Lead to receive feedback from the Lived Experience Advisory Committee (LEAC); the Policies, Procedures, and Standards (PPS) Committee; and Service Provider Forum to consider a proposed policy and process to correct this data.

The HMIS Lead discussed potential solutions to correct the data at the LEAC on February 4, 2026, the PPS on February 10, 2026, and the SPF on February 19, 2026. Feedback received from these groups is reflected in **Attachment A**.

As a result of these meetings, the HMIS Lead further investigated the client records with long lengths of homelessness to determine if the Approximate Date Homelessness Started field was correct, or if there was other data in the client's record that suggested the date was incorrect. After reviewing 112 enrollments, the team determined that 97 (87%) should be corrected. If approved, the HMIS Data Quality Policy would authorize the HMIS Lead to correct the Approximate Date Homelessness Started field for households with a current episode of homelessness of more than 25 years to a later date determined from the client's record, for the reasons listed below. This would impact 97 enrollments in Emergency Shelter, Transitional Housing, or Permanent Housing projects active between October 1, 2024, and September 30, 2025. In cases where the HMIS Lead was unable to determine a later date, the Approximate Date Homelessness Started would not be edited.

- 60 of 112 (54%): The client reported a later date that their current episode of homelessness began in a previous enrollment, signifying that the Approximate Date Homelessness Started in question is inaccurate
- 12 of 112 (11%): The client had a permanent housing placement prior to the enrollment, which signifies a break in homelessness
- 3 of 112 (3%): The client's Homelessness Verification or Chronic Homelessness Verification documentation lists a later date that their current episode of homelessness began, signifying that the Approximate Date Homelessness Started in question is inaccurate
- 22 of 112 (20%): The client reported being homeless multiple times in the past three years, and the client's HMIS history suggests breaks in homelessness.

It is important to note that the proposed policy supports addressing an immediate need to improve data quality as it relates to the Approximate Date Homelessness Started field. Discussion at the LEAC, PPS Committee, and Service Provider Forum meetings presented ideas and feedback for opportunities to strengthen training of frontline staff inputting data into HMIS, education around specific data elements and data inputting processes for all involved in the homeless service system, and review of specific functions within HMIS that could lead to improved data quality. Additionally, the HMIS Lead will continue following up with individual agencies to correct data errors. The CoC Board is being asked to review and approve the proposed HMIS Data Quality Policy in **Attachment B** to support providing the most accurate data to HUD in preparation for the current SPM Report submission. If approved, this would be a one-time correction to the data for the current submission. Any future revisions would require CoC Board approval.

Attachments

Attachment A – HMIS Data Quality Policy Feedback Received

Attachment B – HMIS Data Quality Policy

Homeless Management Information System (HMIS) Data Quality Policy Feedback Received February 2026

Lived Experience Advisory Committee (LEAC) Feedback Received February 4, 2026

Feedback	Response	Additional Details
Changing the client's Approximate Date Homelessness Started without consulting a client erases their history and experience.	The HMIS Lead reviewed these client records in HMIS using previous enrollments and Homelessness Verification forms to determine if the reported Approximate Date Homelessness Started was accurate. Out of 112 enrollments reviewed, 97 (87%) were inaccurate.	
Clients are required to verify their data within 90 days of project enrollment.	The HMIS Lead reviewed these client records in HMIS using previous enrollments and Homelessness Verification forms to determine if the reported Approximate Date Homelessness Started was accurate. Out of 112 enrollments reviewed, 97 (87%) were inaccurate.	Using HMIS data to inform the client's Approximate Date Homelessness Started is an acceptable form of verification.

Policies, Procedures and Standards Committee (PPS) Feedback Received February 10, 2026

Feedback	Response	Additional Details
The CoC needs to know whether the dates prior to January 1, 2000 entered into the Approximate Date Homelessness Started field are accurate.	The HMIS Lead reviewed these client records in HMIS using previous enrollments and Homelessness Verification forms to determine if the reported Approximate Date Homelessness Started was accurate. Out of 112 enrollments reviewed, 97 (87%) were inaccurate.	
More training is needed on how to collect this data element properly.	The HMIS Lead will determine additional training opportunities to educate users about proper data collection.	HMIS Part 1 training is required for all users, and includes a lesson on Approximate Date Homelessness Started. The HMIS Lead is also implementing regular trainings on data element collection during the monthly User Meeting.

Item 4. Attachment A

<p>More information is needed about how agencies are collecting this data.</p>	<p>The HMIS Lead held a breakout session during the February Service Provider Forum to learn more about how users are collecting the client’s Approximate Date Homelessness Started.</p>	
<p>The Committee would like more information about the clients with old dates in the Approximate Date Homelessness Started field.</p>	<p>Just under half (49%) of the clients being reviewed by the HMIS Lead are still enrolled in the project that reported an old Approximate Date Homelessness Started. All were active in the project at some point since October 2024. 61% of enrollments are in Permanent Supportive Housing and Other Permanent Housing projects, and the remaining 39% are in Emergency Shelter. These old dates are not distributed evenly across all agencies, and are occurring in less than half (43%) of the agencies that contributed data during the reporting period. Two agencies in particular account for 54% of these dates, which could point to challenges in data collection.</p>	

Service Provider Forum Feedback Received February 19, 2026

Feedback	Response	Additional Details
<p>If the recommended action is approved, the agencies would like to be notified of the clients whose Approximate Date Homelessness Started was corrected.</p>	<p>If approved, the HMIS Lead will send each agency a list of enrollments that were corrected, the new Approximate Date Homelessness Started, and the reason for the change. If an agency disagrees with the new Date, they are able to revise the data in HMIS.</p>	
<p>The majority of forum participants were supportive of the recommended action.</p>	<p>Agencies were sent corrections twice over the past few months to review and correct this data. If the recommended action is approved by the CoC Board, the HMIS Lead will only have a week to correct the data in HMIS and providers will be notified.</p>	

Item 4. Attachment A

<p>More training is needed on how to collect this data element properly, and how to have the conversation with the client.</p>	<p>The HMIS Lead will determine additional training opportunities to educate users about proper data collection.</p>	<p>HMIS Part 1 training is required for all users, and includes a lesson on Approximate Date Homelessness Started. The HMIS Lead is also implementing regular trainings on data element collection during the monthly User Meeting. Two key learning items emerged for trainings: to ensure that this field captures current length of homelessness episode; and to ensure that this field is actively reviewed and updated when needed as this field auto-populates from previous enrollment, contributing to incorrect data.</p>
<p>Most meeting participants shared that there were only a small amount of people experiencing homelessness that had been continuously homeless for 25 or more years.</p>	<p>The HMIS Lead reviewed these client records in HMIS using previous enrollments and Homelessness Verification forms to determine if the reported Approximate Date Homelessness Started was accurate. Out of 112 enrollments reviewed, 97 (87%) were inaccurate, supporting that very few people experiencing homelessness have been continuously homeless for 25 years or more.</p>	
<p>Some participants use third-party verification and other documentation to verify length of homelessness, while some are relying on the client’s self-reported answer.</p>	<p>The HMIS Lead will determine additional training opportunities to educate users about proper data collection.</p>	
<p>Some clients may be responding with the date they first became homeless, not the date of their current episode of homelessness.</p>	<p>The HMIS Lead will determine additional training opportunities to educate users about proper data collection.</p>	
<p>If the Approximate Date Homelessness Started field is already populated from a previous enrollment, some users are using that date without verifying with the client.</p>	<p>The HMIS Lead will consider removing the functionality that allows client responses to “cascade” from one enrollment to the next, which will force users to ask clients every question.</p>	

Homeless Management Information System (HMIS) Data Quality Policy

The HMIS Lead will identify client records with lengths of homelessness greater than 25 years indicated in the Approximate Date Homelessness Started field and correct the Approximate Date Homelessness Started field to a later date determined from the client's record, for the reasons listed below.

- The client reported a later date that their current episode of homelessness began in a previous enrollment, signifying that the Approximate Date Homelessness Started in question is inaccurate.
- The client had a permanent housing placement prior to the enrollment, which signifies a break in homelessness.
- The client's Homelessness Verification or Chronic Homelessness Verification documentation lists a later date that their current episode of homelessness began, signifying that the Approximate Date Homelessness Started in question is inaccurate.
- The client reported being homeless multiple times in the past three years, and the client's HMIS history suggests breaks in homelessness.

Upon correction of the data, the HMIS Lead will notify the agency's HMIS Administrator. The HMIS Lead will provide follow-up with HMIS Administrators as needed to correct any additional data errors, following standard procedures. In cases where the HMIS Lead is unable to determine a later date, the Approximate Date Homelessness Started field will not be edited.



Orange County Continuum of Care (CoC) Coordinated Entry System (CES) Evaluation

Overview

The Orange County Continuum of Care (CoC), with financial support from the **Samueli Foundation**, is undertaking a comprehensive, independent evaluation of its Coordinated Entry System (CES) to better understand how effectively the system connects people experiencing housing crises to appropriate housing and services across Orange County. The evaluation will focus on identifying practical, actionable opportunities to strengthen system performance, equity, and coordination across all populations and Service Planning Areas.

Element Consulting Group (ECG) has been retained as the independent evaluation partner, bringing national expertise in coordinated entry, homelessness system evaluation, equity analysis, and implementation planning. The evaluation will be planned and implemented collaboratively with the **County of Orange's Office of Care Coordination**, with intentional coordination with and guidance from Orange County Continuum of Care partners via an ad hoc CES Evaluation Advisory Group, including CoC Board leadership, CES providers, community partners, and people with lived experience.

The evaluation will examine whether CES is effectively resolving housing crises, whether it improves the impact of housing and service interventions, and whether available resources are appropriately aligned with community needs across subpopulations and regions. While the evaluation will evaluate consistency with HUD requirements and performance utilizing HUD tools and evaluation resources, it will also examine opportunities to improve coordinated, efficient and equitable access to all forms of housing, healthcare, and service supports for neighbors facing homelessness.

Why This Evaluation Matters

In communities across the U.S., CES plays a central role in how individuals, families, transitional-aged youth, survivors of domestic violence, and Veterans access homelessness prevention, crisis response, and rehousing assistance, along with services to support further stabilization. A strong CES promotes fair, equitable and timely access to assistance, effective use of limited resources, and consistent experiences across regions, programs, and populations. This evaluation provides an opportunity to step back, examine how the system is functioning today, and identify concrete improvements that can strengthen outcomes now and over time.

How the Work Will Be Done

The evaluation is being planned and coordinated collaboratively with the Orange County Office of Care Coordination (OCC) and a Core Team to ensure alignment with ongoing initiatives, stakeholder expectations, and operational realities. A **CES Evaluation Advisory Group** is forming to advise the ECG evaluation team on engagement strategies, review emerging findings, and ensure that recommendations are grounded in real-world experience and community priorities. The advisory group includes people with lived experience, providers, system leaders, and cross-sector partners and will not be responsible for formal decision-making; rather, its role is to strengthen the work through perspective, context, and expertise.

The evaluation is a 12-month effort beginning in January 2025 and proceed through three integrated phases:

Planning (January-February 2026): Evaluation workplan, evaluation and stakeholder engagement plan.

Engagement & Analysis (February-August 2026): Stakeholder kick-off sessions and engagement; data collection/analysis and system modeling; community review sessions.

Findings & Recommendations (May-December 2026): Preliminary and final Evaluation Report with actionable recommendations to strengthen CES policies, workflows, and coordination; framework for continuous improvement.

Final evaluation results will be shared with the CoC Board, CES Steering Committee, and other stakeholders.

Date: February 25, 2026

Subject: Homeless Management Information System (HMIS) Lead Updates – 2026 Pulse of Orange County Executive Summary

Background

On February 11, 2026 Orange County United Way hosted the 2026 Pulse of Orange County: Data-Driven Solutions for Better Care Coordination. The Pulse of Orange County provides a countywide snapshot of how residents are navigating health and human services and where pressures across systems are intensifying. Drawing on multi-year 211 Orange County contact center data and homelessness system data, this summary highlights the most significant trends shaping demand, complexity, and care coordination across Orange County. The full report is available as Attachment A.

Key Findings and Trends

Needs Are Becoming More Complex

While overall contact volume has fluctuated, the number of referrals provided by 211OC has increased significantly over the past three years. This growth is driven by an increase in referrals per request, indicating that residents are presenting with more layered and interconnected needs. The data reflects a shift from single-issue requests toward situations requiring coordinated responses across multiple systems.

Housing Instability Remains the Primary Driver

Housing-related needs consistently account for approximately half of all referrals and continue to rise. The largest increases are seen in affordable housing navigation, senior housing, and assistance managing housing costs. These trends underscore housing instability as a central factor driving demand across food access, behavioral health, and community support services.

Behavioral Health Needs Are Accelerating

Behavioral health referrals have increased steadily, with particularly sharp growth in substance use treatment and detoxification services. Among people experiencing homelessness, the share reporting mental health or substance use conditions has risen over time, signaling higher acuity and longer periods of instability. These trends point to the growing intersection of behavioral health, housing insecurity, and crisis response.

Seniors Are an Increasingly Vulnerable Population

Referrals for older adults have more than doubled in three years, driven by increases in housing-related support, food assistance, and community-based services. At the same time, the number of seniors served within homelessness programs has remained relatively stable, highlighting a growing gap between rising need and system capacity for seniors once they enter crisis.

Prevention Is Expanding Amid Capacity Constraints

Data from the homelessness system shows increased reach to individuals at risk of homelessness, reflecting stronger prevention efforts. However, fewer individuals experiencing homelessness are being served

through outreach and housing programs due to funding and capacity constraints. This divergence highlights both the impact of prevention investments and the ongoing limitations of downstream response.

Why This Matters

Together, these findings point to a system under increasing strain from more complex needs, constrained housing options, rising behavioral health acuity, and an aging population facing growing instability. Addressing these challenges requires shared data, coordinated planning, and aligned investment across sectors.

The Role of 211 Orange County

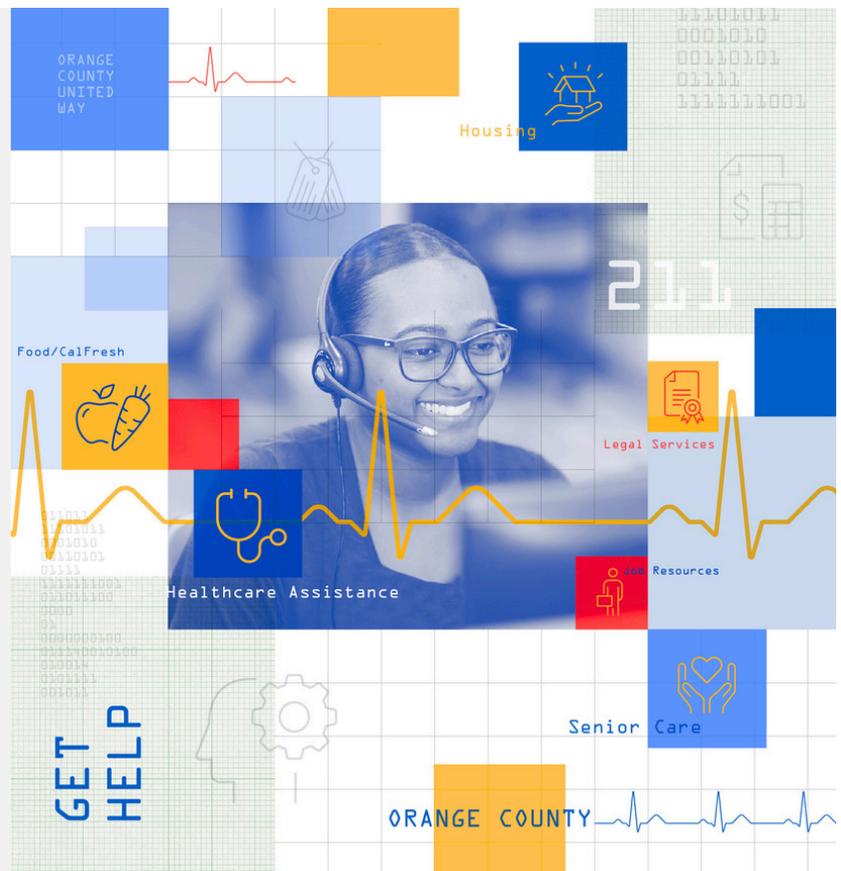
211 Orange County serves as both the front door to services and a trusted source of real-time insight into community need. By integrating contact center data with homelessness system data, 211OC provides a unified view of how residents experience the system and where coordination can improve outcomes.

Attachments

Attachment A – 2026 Pulse of OC Report

THE PULSE OF ORANGE COUNTY

Data-Driven Solutions
for Better Care Coordination



WHAT THE DATA IS TELLING US: FINDINGS FROM THE PULSE OF OC

On February 11, 2026, 2-1-1 Orange County (211OC) convened nonprofit, public sector, and community partners for the second annual Pulse of Orange County on National 211 Day. The Pulse of OC is designed to translate community-level data into shared insight, supporting better alignment across systems and stronger care coordination for Orange County residents.

This report summarizes key findings shared during the 2026 event and provides brief context to support interpretation and use. The insights reflect rising complexity across needs, including housing instability, food insecurity, behavioral health, and the growing vulnerability of older adults. Throughout, the focus is not data for data's sake, but what the trends signal about where systems are strained, where people get stuck, and where coordinated responses can improve outcomes.

As a central access point for health and human services, 211OC is positioned to help partners move from trends to action, strengthening referral pathways, supporting shared learning, and informing decisions about resources, programs, and collaboration.

About This Analysis

The findings in this report are based on a multi-year review of community-level data to identify critical needs, emerging trends, and populations experiencing increased vulnerability.

- **Timeframe:** November 2022 through October 2025
- **Data Sources:**
 - 211OC Contact Center data.
 - Orange County Homeless Management Information System (OC-HMIS) data; includes unduplicated clients served in Street Outreach, Coordinated Entry, Emergency Shelter, Transitional Housing, Homelessness Prevention, and clients in Permanent Housing projects searching for housing.
- **Focus:** Critical needs across the community and growing populations of focus, with an emphasis on how overlapping needs impact care coordination and service delivery.



Key Terms

To support consistency and clarity throughout this report, the following terms are used:

- **211OC Contact Center data:** Referrals provided to residents who contacted the 211OC Contact Center by phone, text, or chat for assistance.
- **Orange County Homeless Management Information System (OC-HMIS):** A secure electronic data system that stores person-level information on individuals accessing the homeless services system; participating agencies contribute data on services and housing outcomes.
- **Behavioral Health:** Includes mental health and substance use referrals, as well as individuals who self-reported a mental health or substance use condition within OC-HMIS.
- **Seniors:** Individuals age 62 and older.

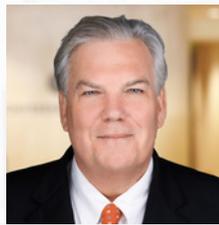
BEHIND THE DATA: THE PULSE OF OC TEAM

The Pulse of OC Data Team combines analytics expertise and community insight to translate complex data into clear, actionable findings. Their work ensures that the trends shared in this report are grounded in real experiences and relevant to partners working across systems to strengthen care coordination.



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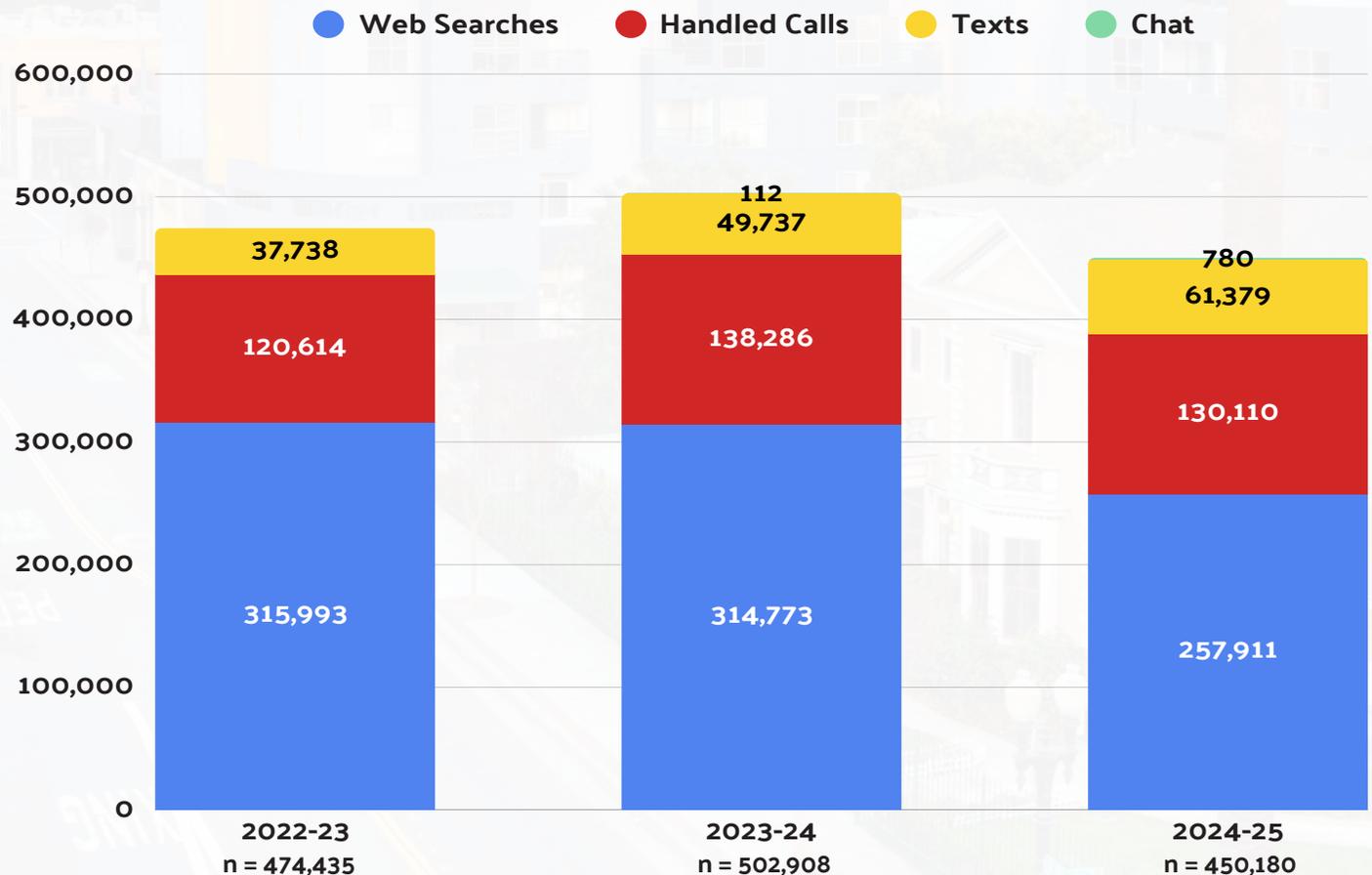
KEY DATA INSIGHTS

Residents are Increasingly Turning to Calls, Texts, and Chat

Over the past three years, how residents contact 211OC has continued to shift, reflecting changing preferences and growing complexity in how people seek support. While overall contact volume has fluctuated year to year, demand across live engagement channels remains strong.

- **Text contacts increased 63%** over the past three years, while calls **increased 8%**.
- **Web searches declined 18%**, suggesting greater user proficiency and a growing preference for live interaction when needs are complex.
- **Chat functionality**, launched in August 2024, has steadily grown in its first year of use, expanding access for residents who may prefer or require non-voice options.
- **Total contact volume increased 6% in 2023-24**, followed by a **10% decrease in 2024-25**, reflecting year-to-year fluctuation rather than a decline in demand for support.

Together, these trends highlight the importance of maintaining multiple access points to ensure residents can connect with support in the ways that work best for them.



Source: 211OC Contact Center data

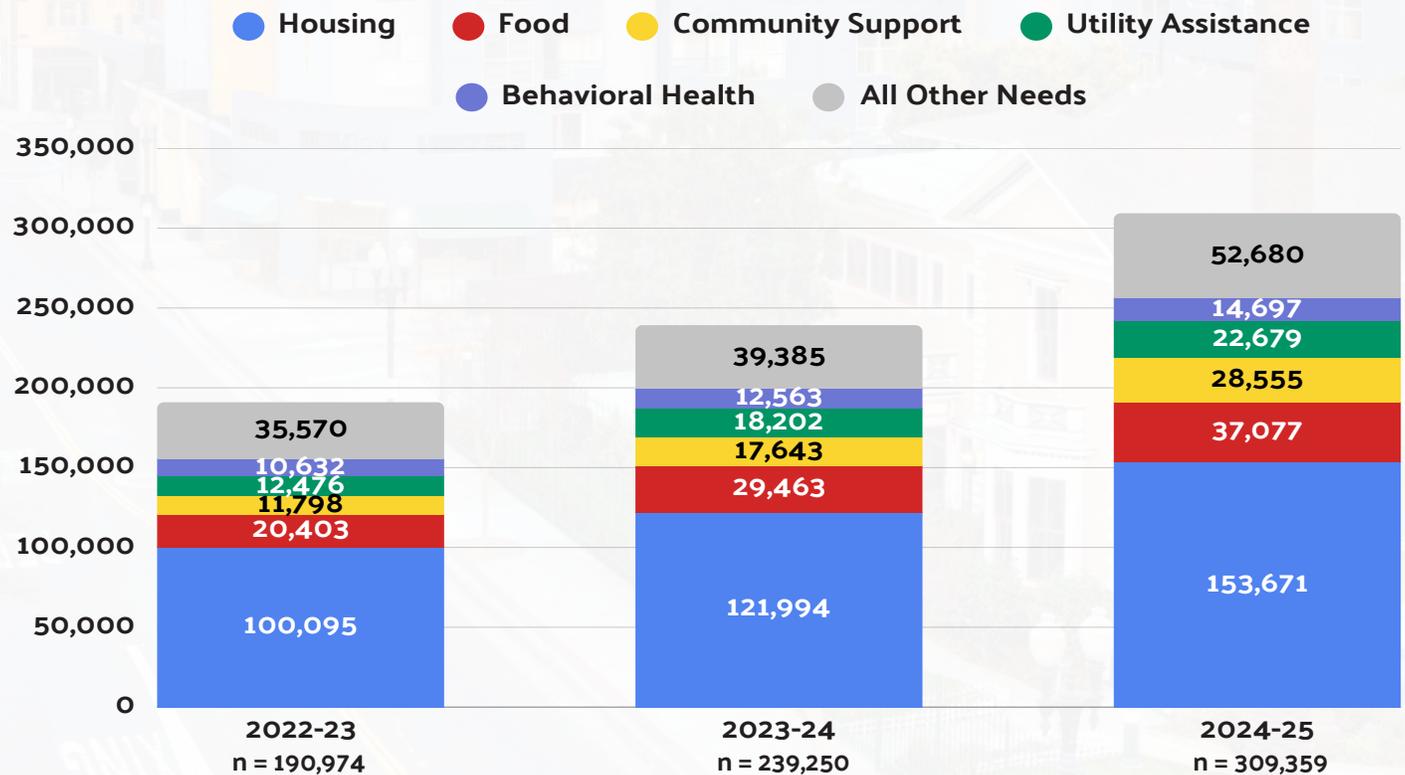


Residents are Rising as Needs Deepen and Care Assessments Improve

While overall requests for assistance have fluctuated, the number of referrals provided by 211OC has increased significantly over the past three years, reflecting both deeper, overlapping needs and improvements in how those needs are identified and addressed.

- **Total referrals increased 62%** over the past three years, driven by an increase in referrals per request from **3 to 5**, suggesting more comprehensive needs assessment and more complex client situations.
- **Referrals increased 25% in 2023-24** and an **additional 29% in 2024-25**, indicating sustained growth in service coordination activity year over year.
- **Housing consistently accounts for approximately half of all referrals**, underscoring its central role in community stability.
- The largest referral increases over the three-year period include:
 - **Community support services**, including case management and street outreach (+142%)
 - **Food assistance** (+82%)
 - **Utility assistance** (+82%)
- **All Other Needs referral category** includes healthcare, behavioral health, income support, education, employment, legal services, transportation, and additional community-based resources.

Taken together, these trends point to a shift from single-need requests toward more layered, coordinated responses, as 211OC staff conduct deeper assessments and connect residents to a broader range of supports.



Source: 211OC Contact Center data

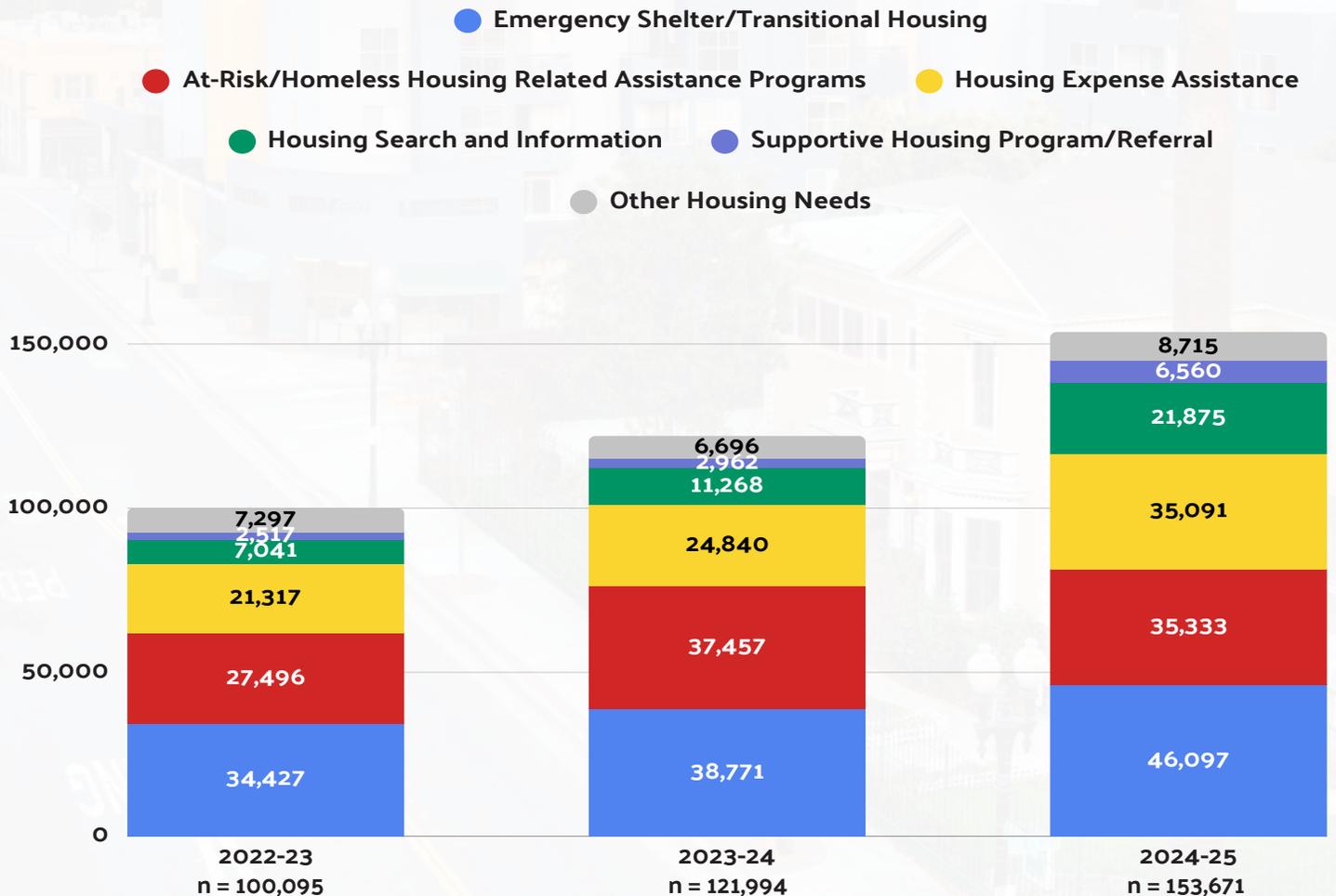


Affordable and Senior Housing Needs Increased Significantly

Housing continues to be the most persistent and central need reflected in 211OC referral data. Over the past three years, housing-related referrals have risen steadily, driven by increased demand for affordable housing options, senior housing, and assistance navigating housing costs.

- **Housing referrals increased 54%** over the past three years.
- **Referrals increased 18% in 2023-24** and an **additional 26% in 2024-25**, indicating sustained upward pressure on the housing system.
- The largest increases within housing-related referrals include:
 - **Housing Search and Information**, including affordable housing resources **(+211%)**
 - **Supportive Housing Programs**, including senior housing **(+161%)**
 - **Housing Expense Assistance** **(+65%)**
- Other Housing Needs category includes emergency shelter and transitional housing, homelessness prevention programs, home accessibility and modification, housing counseling, landlord-tenant assistance, and additional residential housing options.

These trends highlight both growing housing instability and increased reliance on navigation support, particularly for residents seeking affordable and senior housing in an increasingly constrained market.



Source: 211OC Contact Center data

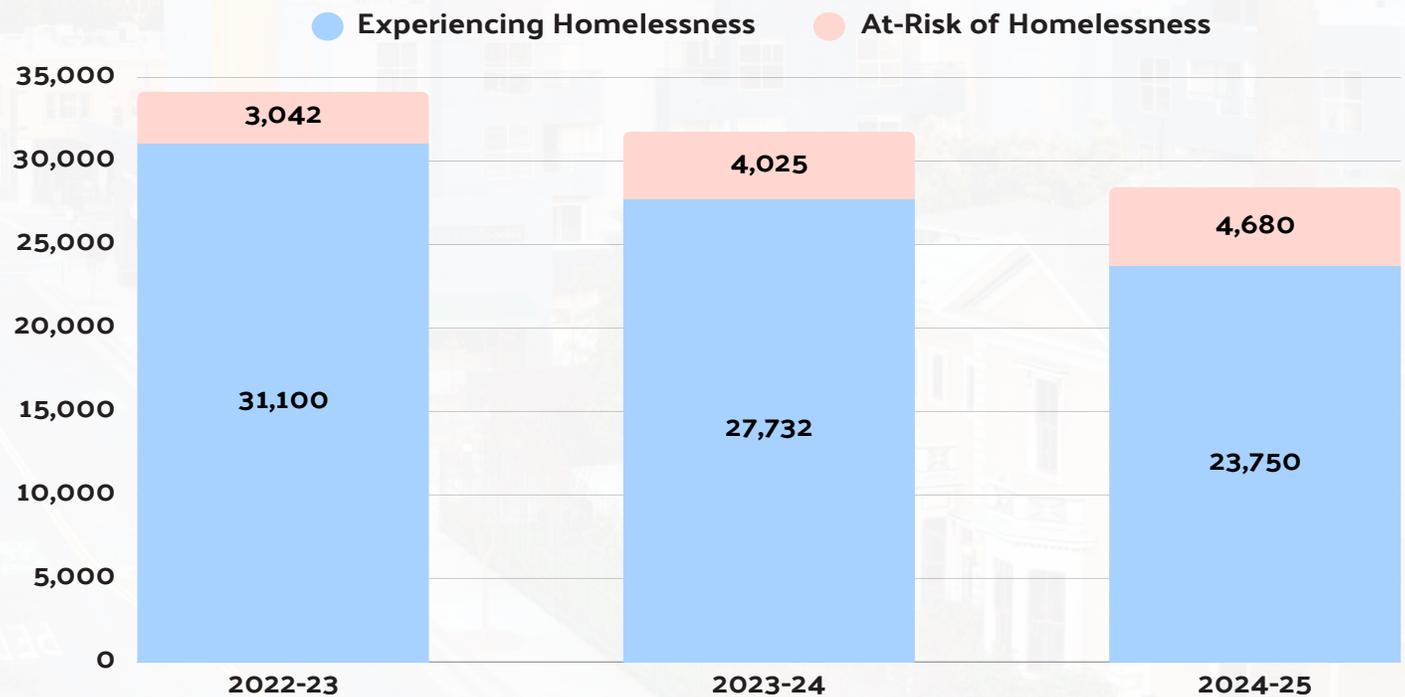


Funding Shifts Are Reducing Street Outreach While Prevention Surges

Recent funding shifts are changing how homelessness-related services are delivered across Orange County. While demand for street outreach continues to rise, fewer individuals experiencing homelessness are being served through these projects due to changes in funding availability and program capacity.

- **Referrals to street outreach have increased**, signaling continued need among people experiencing homelessness.
- **The number of individuals served through street outreach has declined**, reflecting funding shifts that have reduced program capacity.
- At the same time, increased investment in **homelessness prevention** has led to a **54% increase in the number of people served who are at risk of homelessness**, before they enter crisis.
- Across homelessness-related services, the number of unduplicated clients served **decreased 7% in 2023-24** and an **additional 10% in 2024-25**, indicating system-level changes in who is being reached and when.

Taken together, these trends suggest a shift toward upstream intervention, prioritizing prevention for those at risk of homelessness, while capacity constraints continue to limit outreach and support for people already experiencing homelessness.



Source: Orange County HMIS

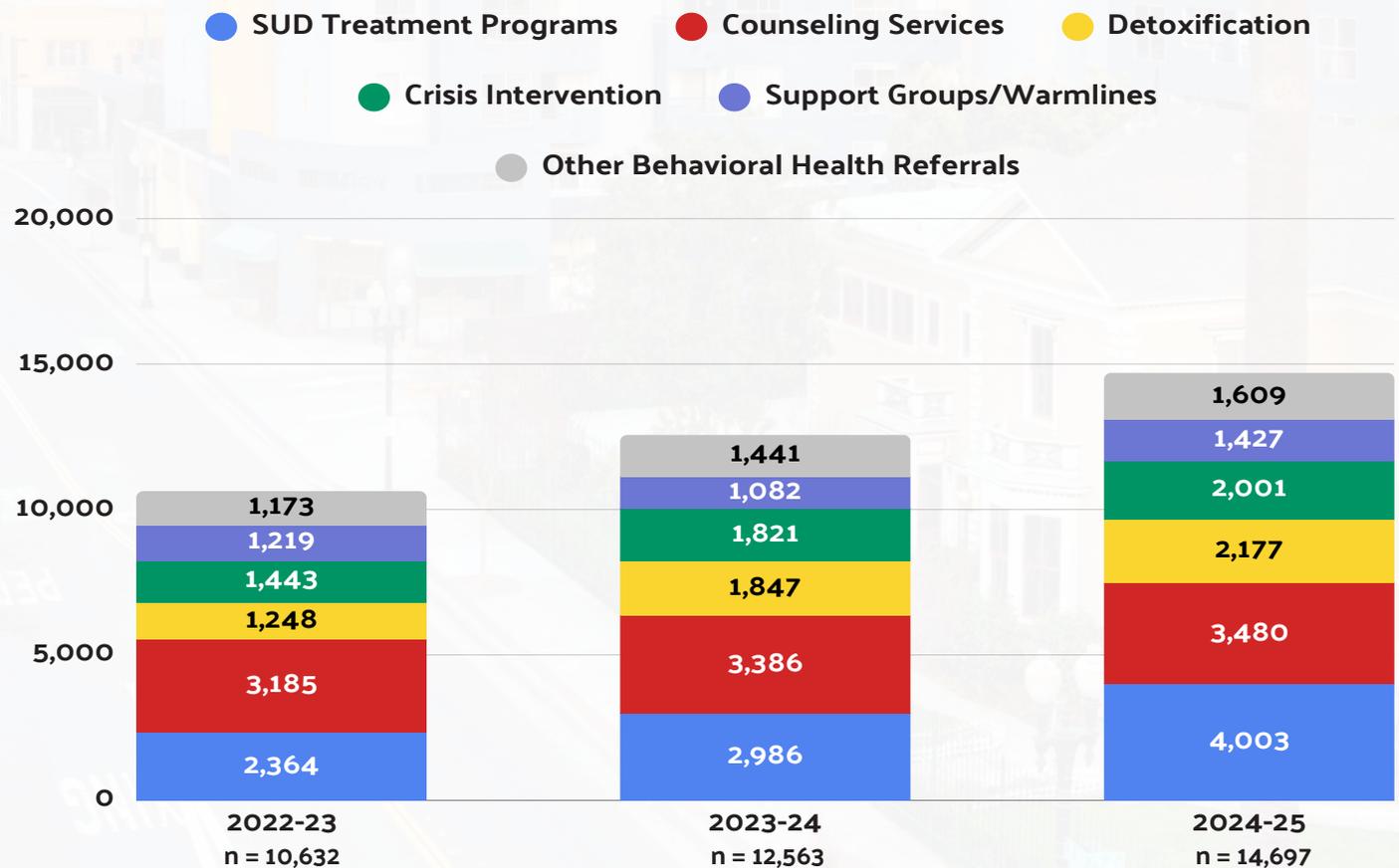


Behavioral Health Needs Are Accelerating, Especially for Substance Use Treatment

Behavioral health needs continue to rise across Orange County, with particularly sharp increases in substance use-related referrals. These trends reflect growing demand for both crisis response and ongoing treatment, often alongside housing, food, and other social service needs.

- **Behavioral health referrals increased 38%** over the past three years.
- Referrals rose **18% in 2023-24** and an **additional 17% in 2024-25**, indicating sustained growth year over year.
- The largest increases within behavioral health referrals include:
 - **Detoxification services (+74%)**
 - **Substance use disorder (SUD) treatment programs (+69%)**
- Other behavioral health referrals include counseling services, crisis intervention, support groups and warmlines, child and adolescent psychiatry, geriatric psychiatry, co-occurring disorders treatment, and mental health evaluation and facility-based services.

These trends align with increases in mental health and substance use-related hospitalizations reported in the 2026 Community Indicators report, reinforcing the need for coordinated, cross-sector responses that address behavioral health alongside housing and other stabilizing supports.



Source: 211OC Contact Center data

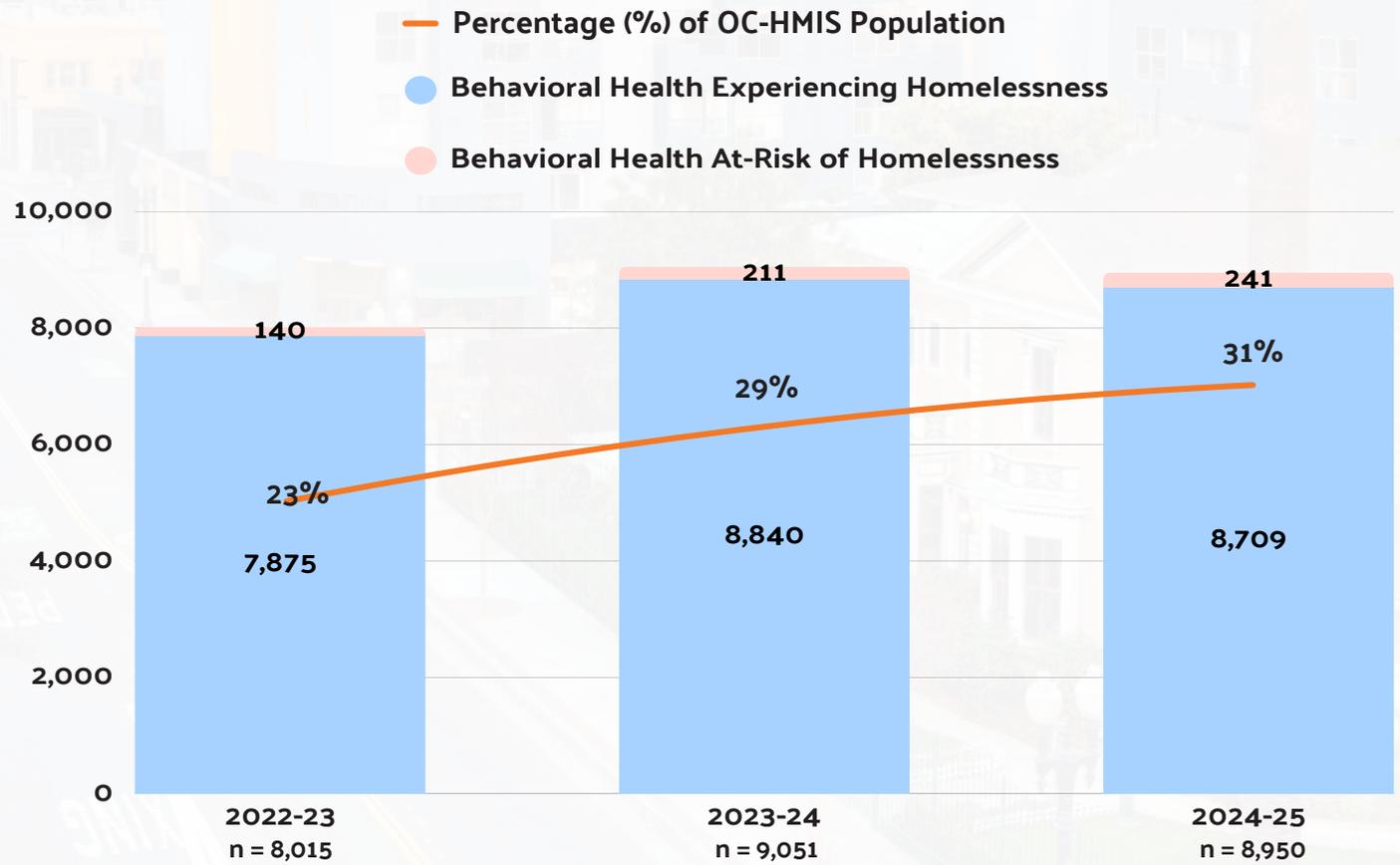


People Experiencing Homelessness Are Becoming More Vulnerable, With Higher Behavioral Health Needs

Data from the OC-HMIS shows that behavioral health needs among people experiencing homelessness are increasing, signaling growing vulnerability within the system of care. These trends suggest that individuals are entering homelessness with more complex needs and remaining in crisis longer.

- **The number of clients self-reporting a mental health or substance use condition in OC-HMIS increased 12% over the past three years.**
- Referrals involving behavioral health needs among people experiencing homelessness increased **13% in 2023-24**, followed by a **1% decrease in 2024-25**, indicating stabilization at a higher level of need rather than a return to prior conditions.
- The share of the OC-HMIS population reporting behavioral health conditions increased steadily, rising from **23% in 2022-23**, to **29% in 2023-24**, and **31% in 2024-25**.
- These trends correlate with longer lengths of time spent homeless, suggesting that homelessness itself may be intensifying behavioral health challenges.

Taken together, the data points to a population experiencing homelessness with higher acuity needs, reinforcing the importance of coordinated responses that integrate housing, behavioral health, and ongoing support services.



Source: Orange County HMIS

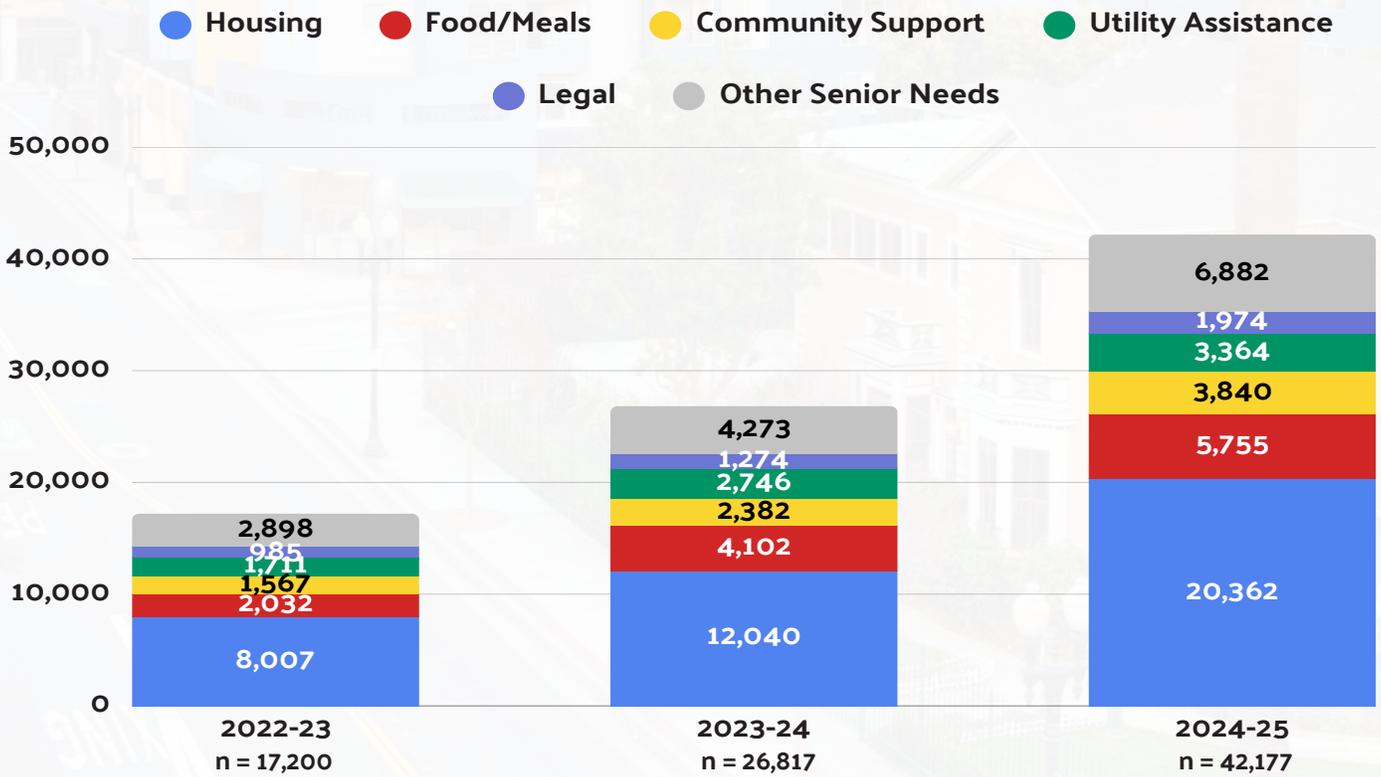


Senior Needs Are Increasing Dramatically, With Referrals More Than Doubling in Three Years

Referrals for older adults have risen sharply over the past three years, indicating a growing population of seniors experiencing instability and increasingly complex needs. The data points to seniors facing heightened risk across housing, food access, and care coordination.

- **Senior referrals more than doubled** over the past three years.
- Referrals **increased 56% in 2023-24** and an **additional 57% in 2024-25**, reflecting sustained and accelerating growth.
- The largest increases in senior-related referrals include:
 - **Food assistance**, including meals **(+183%)**
 - **Housing-related support** **(+154%)**
 - **Community support services**, including case management and street outreach **(+145%)**
- Referrals to **shelters, Coordinated Entry, and street outreach** have risen significantly, pointing to a growing number of seniors experiencing homelessness.
- Other Senior Needs category includes healthcare, behavioral health, income support, legal assistance, transportation, and additional community-based services.

These trends highlight the growing vulnerability of older adults and the need for coordinated, age-responsive approaches that address housing stability, food security, and ongoing support for seniors at risk of or experiencing homelessness.



Source: 211OC Contact Center data

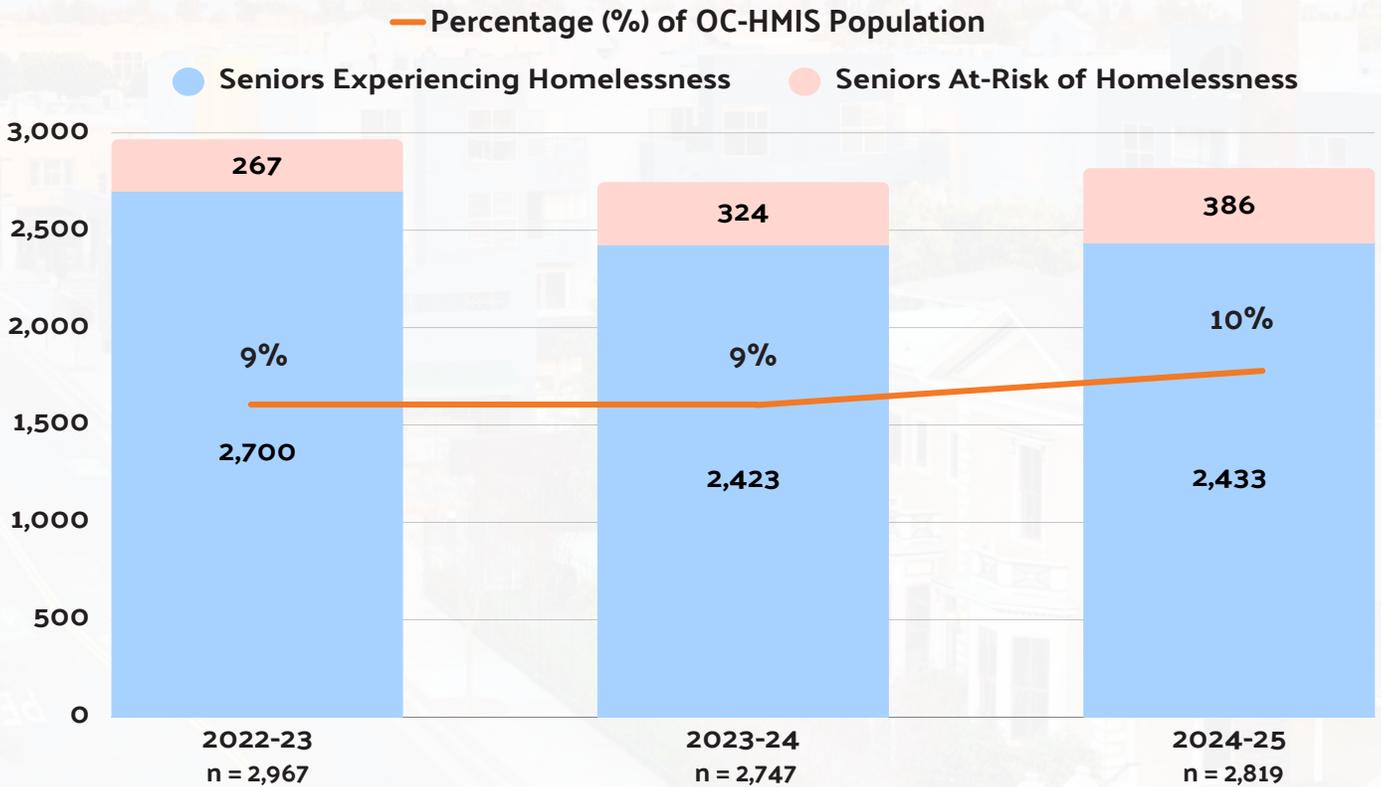


Services for Seniors Experiencing Homelessness Are Not Keeping Pace With Rising Referrals

While referrals for seniors have increased sharply, the number of older adults served within the homeless system has remained relatively stable. This divergence points to a growing gap between need and available service capacity for seniors experiencing homelessness.

- The number of **seniors served in OC-HMIS has remained fairly consistent** over the past three years, despite significant growth in senior-related referrals.
- Seniors served through homelessness-related programs **decreased 7% in 2023-24** and **increased 3% in 2024-25**, reflecting minimal net growth in system reach.
- In contrast, the number of **seniors at risk of homelessness has continued to rise**, aligning with broader trends across the at-risk population and suggesting more equitable access to prevention resources.

Together, these trends suggest that while prevention efforts are reaching seniors earlier, capacity constraints remain for serving seniors once they enter homelessness, underscoring the need for age-responsive housing and support options within the system of care.



Source: Orange County HMIS

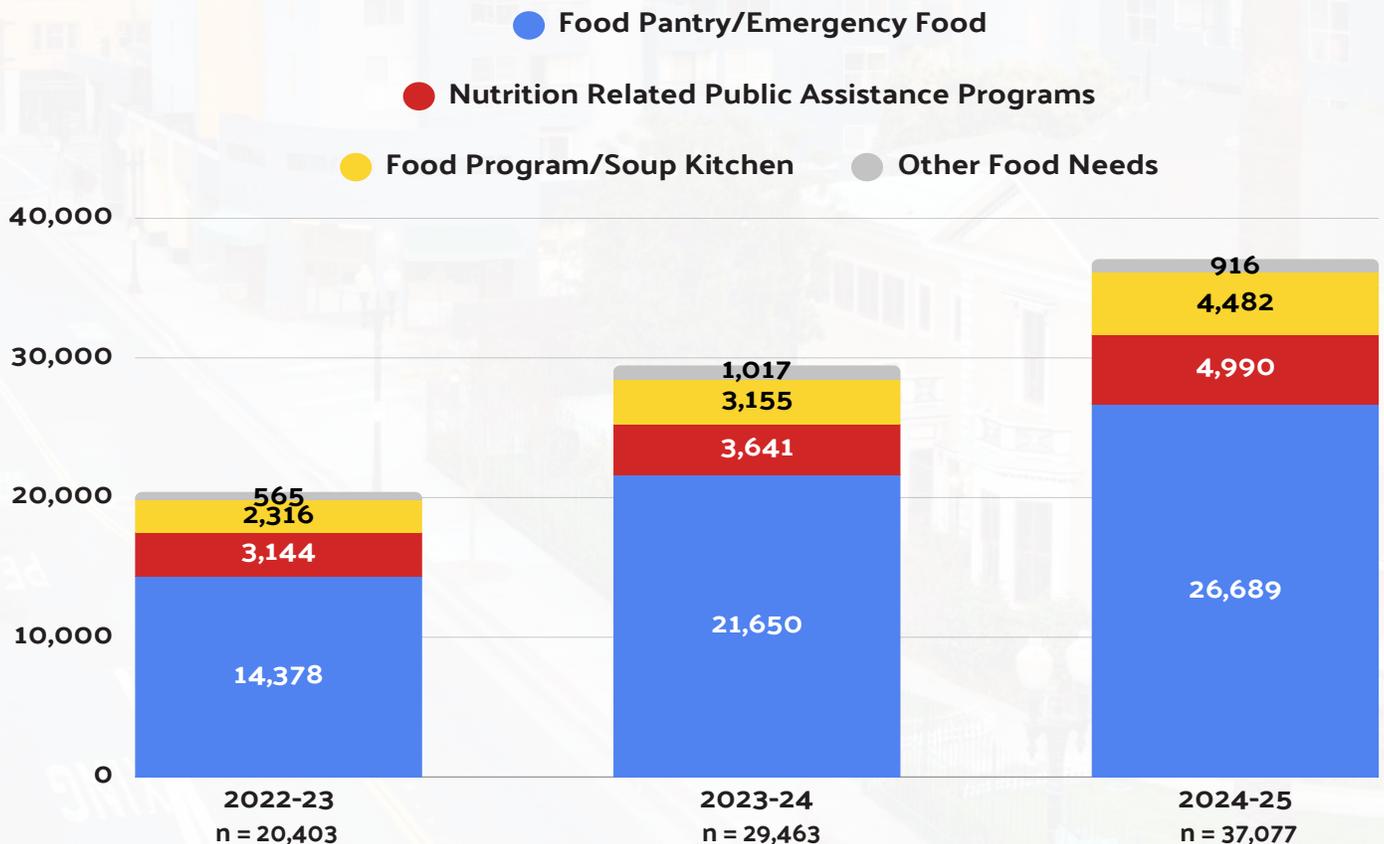


Food Insecurity Has Intensified, Driven Primarily by Food Pantry Demand

Food insecurity continues to rise across Orange County, with a growing share of residents relying on food pantries and emergency food programs to meet basic needs. The data reflects increasing demand for immediate food assistance, particularly among households experiencing broader financial and housing instability.

- **Food-related referrals increased 82%** over the past three years.
- Referrals **increased 44% in 2023-24** and an **additional 26% in 2024-25**, indicating sustained growth in need.
- **Three out of four food referrals are for food pantries**, highlighting the central role of pantry-based assistance.
- The largest increases in food-related referrals include:
 - **Food Pantry and Emergency Food services (+86%)**
 - **Food Programs and Soup Kitchens**, including home-delivered meals **(+94%)**
- Other food-related needs include nutrition-related public assistance programs, food banks and distribution sites, grocery delivery services, and retailers accepting EBT benefits.

These trends underscore food insecurity as a persistent and intensifying challenge, often intersecting with housing instability, fixed incomes, and rising living costs, and reinforcing the importance of coordinated food access and referral pathways.



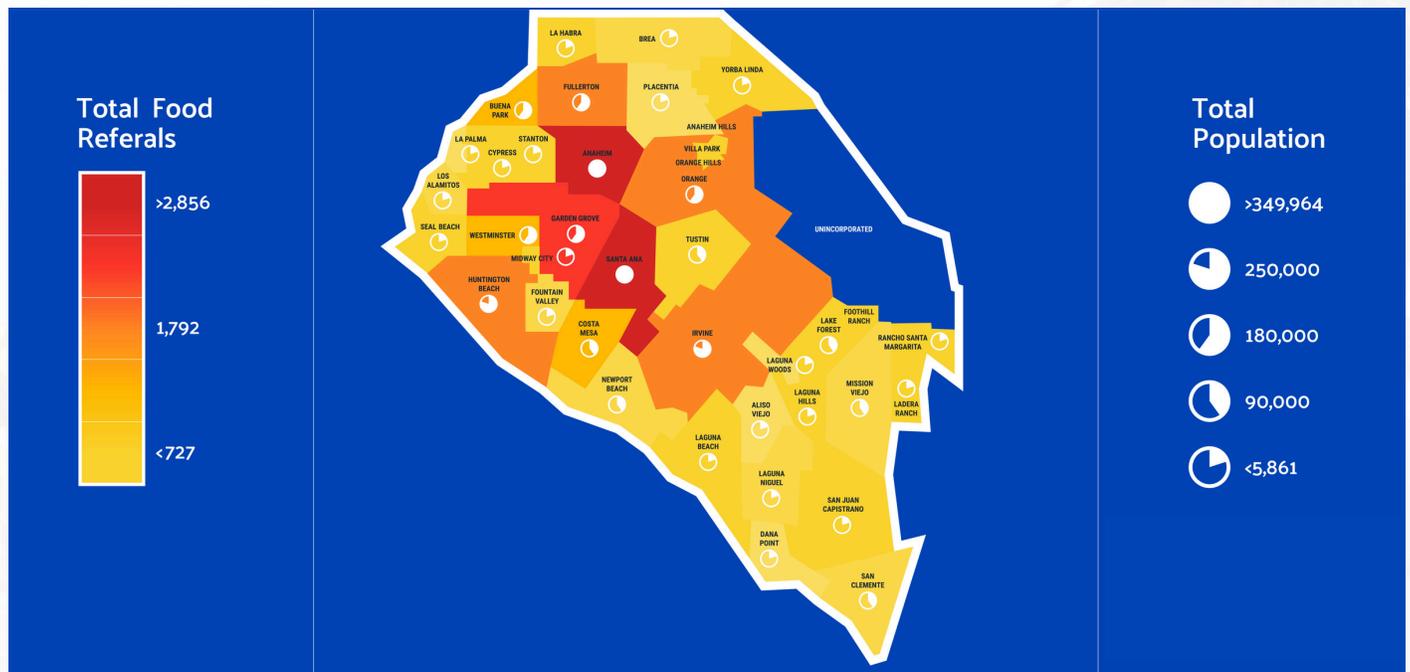
Source: 211OC Contact Center data



Food Access Varies by Community and Geography

To better understand how food insecurity shows up across Orange County, 211OC developed a Food Service Area Map that visualizes food-related referrals alongside population data. The map highlights where demand for food assistance is concentrated and where service availability may not align with community need. This geographic lens helps surface patterns that are not visible in countywide totals alone, supporting more informed conversations about access, coverage, and coordination at the local level.

Explore the interactive Food Service Area Map by visiting OCUnitedWay.to/211OC-Map



Source: 211OC Contact Center data

THE POWER OF A UNIFIED NETWORK

For more information about 211OC, the data shared in this report, or opportunities to engage with the 211OC Partner Network, please contact:

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