A G E N D A

REGULAR MEETING
COMMISSION TO ADDRESS HOMELESSNESS

Wednesday, August 19, 2026, 1:00 P.M.

County Administration North
Room 101
400 W Civic Center Drive, Santa Ana, CA 92701
Meetings are broadcast live at https://www.youtube.com/channel/UCefbduRATllUBsne8nn8tJA

COMMISSION MEMBERSHIP

Gina Cunningham, Chair
Affordable Housing Development Representative

Benjamin Hurst, Vice Chair
Philanthropic Leader Representative

Janet Nguyen
Supervisor, First District

Susan Parks
Business Representative

Todd Spitzer
Orange County District Attorney

Veronica Kelley
Behavioral Health Representative

Benjamin Vazquez
Central Service Planning Area Representative

Ivan Pitts
Faith-Based Community Representative

Kelly Bruno-Nelson
Medi-Cal Managed Care Health Plan Representative

Robert Morse
Continuum of Care Board Representative

Vicente Sarmiento
Supervisor, Second District

Adam Foster
Chief of Police Representative

Nathaniel Shinagawa
Hospital Representative

Aaron France
North Service Planning Area Representative

Debra Rose
South Service Planning Area Representative

Karen Loddby
Orange County Sheriff-Coroner Representative

Joshua Bobko
At-Large Representative

Maricela Rios-Faust
Continuum of Care Board Representative

Anthony Trejo
Lived Experience Representative

Commission Director
Doug Becht, Director of Care Coordination

Clerk of the Commission
Valerie Sanchez, Chief Deputy Clerk

This agenda contains a brief general description of each item to be considered. The Commission encourages public participation. If you wish to speak on any item 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. Except as otherwise provided by law, no action shall be taken on any item not appearing on the agenda. 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**

A G E N D A

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://ceo.oc.gov/care-coordination/commission-address-homelessness
and with Clerk of the Board of Supervisors located in the County Administration North Building,
400 West Civic Center Drive, 6th Floor, Santa Ana, California 92701
8:00 a.m. - 5:00 p.m., Monday through Friday

Call to Order

Pledge of Allegiance

Roll Call

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

COMMISSION MEMBER COMMENTS

DISCUSSION ITEMS

1. Commission to Address Homelessness Update
    a. Membership Update
    b. CoC Program Notice of Funding Opportunity (NOFO)
    c. Homeless Service System Pillars Ad Hocs

2. Office of Care Coordination Update
    a. OC Same-Day Solutions Fair

PRESENTATIONS

3. Homeless Death Review Committee: Report on 2024 Homeless Deaths presented by Kelly Estrada, Assistant Chief Deputy Coroner, Orange County Sheriff's Department

4. Homeless Prevention Framework Project presented by Doug Becht, Director, Office of Care Coordination

ACTION ITEMS

5. Approve revisions to the Commission to Address Homelessness Bylaws to establish the Commission's authority to create subcommittees, to be submitted to the Board of Supervisors for final approval.

6. Approve Orange County Continuum of Care Board and the Commission to Address Homelessness minutes from the July 21, 2026, joint special meeting.

7. Approve Commission to Address Homelessness minutes from the June 17, 2026, regular meeting.

ADJOURNMENT

NEXT REGULAR MEETING October 21, 2026, 1:00 P.M.

Agenda Item 2

COUNTY OF ORANGE

SAME—DAY SOLUTIONS FAIR

Path to Progress

Thursday, August 27th, 2026, 10am to 2pm

Fullerton Free Church - 2801 Brea Blvd. Fullerton, CA 92835

Cross Streets: Rolling Hills Dr & Brea Blvd

ENROLL

PUBLIC ASSISTANCE BENEFITS: CALFRESH, MEDI-CAL, GENERAL RELIEF, CALWORKS, VETERAN BENEFIT SERVICES

OC SOCIAL SERVICES AGENCY

DEPARTMENT OF VETERAN AFFAIRS

LINK

TREATMENT NAVIGATION, COMMUNITY HEALTH CLINICS AND ASSESSMENTS, REGIONAL CARE COORDINATION SERVICES

OC HEALTH CARE AGENCY

COALITION OF ORANGE COUNTY COMMUNITY HEALTH CENTERS

VOALA

REFERRAL

COMMUNITY BASED RESOURCES AND PROGRAMS

OC UNITED WAY

2-1-1 ORANGE COUNTY

CALOPTIMA HEALTH

HEALTHRIGHT 360

HIS-OC

ACCESS

EMERGENCY SHELTER, HOUSING NAVIGATION, WORKFORCE DEVELOPMENT SERVICES, IMMIGRATION SERVICES, HAIRCUTS

OC COMMUNITY RESOURCES

OFFICE OF CARE COORDINATION

WORLD RELIEF SOCAL

REVIVAL HAIR OUTREACH

RECEIVE

POTENTIAL CHILD SUPPORT DEBT RELIEF, COPIES OF VITAL RECORDS, LOW COST CELLPHONE SERVICES, DMV ID CARD RENEWAL SERVICES

OC CHILD SUPPORT SERVICES

OC CLERK RECORDER

MOBILITY UNITED

DEPARTMENT OF MOTOR VEHICLES

RESOLVE

WARRANTS AND CONNECT WITH HOMELESS COURT ATTORNEYS PRESENT TO HELP

OC PUBLIC DEFENDER

OC DISTRICT ATTORNEY

ceo.ocgov.com/office-care-coordination 714-834-5000

Agenda Item 3

ORANGE COUNTY
SHERIFF'S DEPARTMENT

Sheriff-Coroner
Homeless Death Review Committee:

Report on 2024 Orange County Homeless Deaths

We would like to acknowledge all our committee membership

Chief Deputy Coroner Brad Olsen
Orange County Sheriff's Department, Coroner Division

Assistant Sheriff Nate Wilson
Custody Operations

Director Doug Becht
Office of Care Coordination

Director of Behavioral Health Services
Ian Kemmer
Orange County Health Care Agency

Doctor Megan Osborn
UCI/Hospital Association of Southern California

Doctor Theresa Chin
UCI/Hospital Association of Southern California

Director An Tran
Orange County Social Services Agency

Doctor Atashi Mandal
Orange County Medical Association

Chief Executive Officer Bryan Crain
OC Rescue Mission

Chief Operating Officer Pooja Bhalla
Illumination Foundation

Chief Jon Radus
Fullerton Police Department

Chief Executive Officer Michael Hunn
CalOptima Health

CalOptima Health

Orange County rescue mission

OC health CARE AGENCY

TUSTIN Est 1927 POLICE

ORANGE COUNTY SHERIFF'S DEPARTMENT

FULLERTON POLICE

COUNTY OF ORANGE OFFICE OF CARE COORDINATION

HOSPITAL ASSOCIATION of Southern California

ILLUMINATION FOUNDATION
DISRUPTING THE CYCLE OF HOMELESSNESS

Fountain Valley Regional Hospital
Tenet Health Pacific Coast

COUNTY OF ORANGE CALIFORNIA
OC SocialServicesAgency
Our Community, Our Commitment

INTRODUCTION

This is the fourth annual report on homeless deaths in Orange County. Sheriff-Coroner Don Barnes formed the Homeless Death Review Committee (Committee) in January 2022 and tasked the group with analyzing the number of deaths and causes of death for persons experiencing homelessness (PEH) in Orange County.

The Orange County Coroner's Office, a division of the Orange County Sheriff's Department, leads the committee of technical experts from both the public and private sectors. Membership of the committee includes representatives from the Orange County Coroner's Office, the Orange County Office of Care Coordination, the Orange County Health Care Agency, the Hospital Association of Southern California, the Orange County Medical Association, multiple experts in providing direct service to individuals experiencing homelessness, and two representatives from municipal law enforcement agencies.

Throughout the past year, the Committee reviewed and analyzed data related to the deaths that occurred in calendar year 2024 of PEH. The goal of the Committee was to utilize the data to uncover potential trends related to the causes of death for PEH that would lead to either service and/or policy recommendations that may help prevent future deaths among the homeless population.

This report emerges from a collaborative task force that focuses on accountability, brings in multiple points of view, provides partnerships and data sharing, reviews results, and carries out recommendations. The report summarizes the progress to date the Committee has made in understanding deaths among PEH and is not the conclusion of the Committee's work. Through this process, the Committee noted the need to further explore the root causes of the reviewed deaths and determine what, if any, factors contributing to the deaths were preventable. Going forward, the Committee will convene to review new PEH death data on a quarterly basis. This regular review will allow the Committee to further identify and/or review trends and identify areas for additional policy action.

A Mortality Review Committee is a recommended best practice by the National Health Care for the Homeless Council. Several jurisdictions have employed the use of these committees to assist in developing policies aimed at reducing preventable deaths.

SCOPE OF THE HOMELESS DEATH REVIEW COMMITTEE

This report is focused on data and trends related to 378 people who passed away in 2024 while experiencing homelessness as identified by the Orange County Sheriff's Coroner Division. This review analyzed data, including demographics of the decedents and the manner and cause of death. Also included in the review is data from the Orange County Health Care Agency and the Orange County Jail. Lastly, the Committee compared the 2024 data against the same dataset from previous years.

GLOSSARY OF TERMS

Manner and Cause of Death

In reviewing the data on manner and cause of death, it is important to understand the terms used. The terms are consistent with industry standards in California.

Cause of death: The condition or injury (or circumstances of the injury) that initiated the train of morbid events leading directly to death.

Manner of death: A classification of death based on the circumstances surrounding a particular cause of death and how that cause came into play. The manner of death classifications are: Natural, Accident, Suicide, Homicide and Undetermined (Could not be determined).

Natural: A death solely or nearly totally due to disease and/or the aging process.

Accidental: When an injury or poisoning causes death and there is little or no evidence that the injury or poisoning occurred with the intent to harm or cause death. In essence, the fatal outcome was unintentional.

Suicide: An injury or poisoning resulting from an intentional, self-inflicted act committed to do self-harm or cause the death of oneself.

Homicide: A death resulting from a volitional act committed by another person to cause fear, harm, or death.

Undetermined (Could not be determined): The information pointing to one manner of death is no more compelling than one or more other competing manners of death in thorough consideration of all available information.

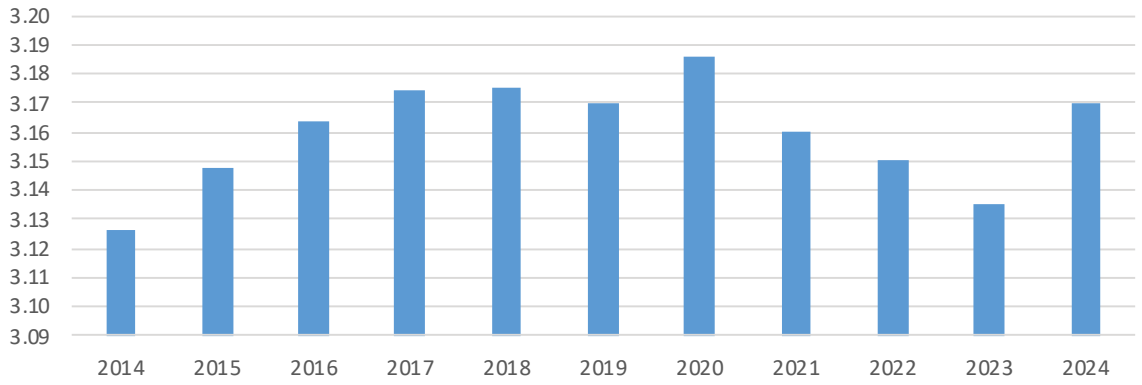
Jurisdictional Inquiry: A local classification used for cases that require extensive work to determine that the death does not otherwise meet the legal requirement for coroner jurisdiction. Oftentimes used as a subclassification of the "Natural" manner of death.

ORANGE COUNTY POPULATION INFORMATION

Orange County is one of the nation's most populous counties. In reviewing the data on deaths to PEH, it is also important to understand the demographics of the current population and trends regarding the number of PEH in the community.

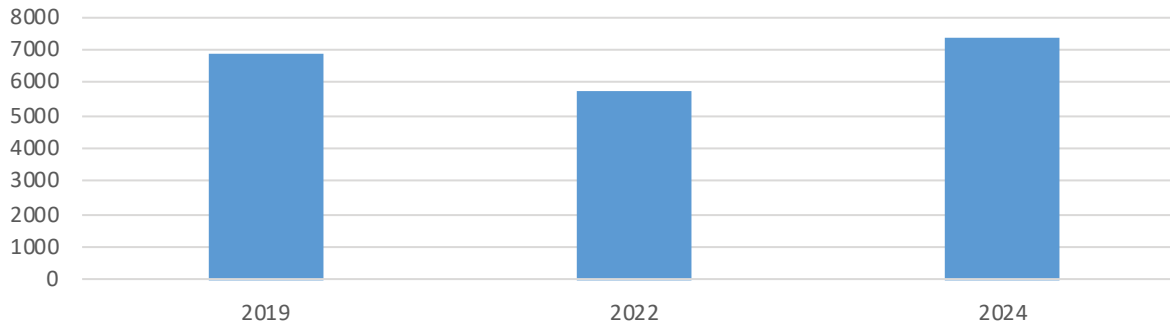
The information provided below is a representation of the estimated population of Orange County (number in millions) from 2014 through 2024 using data from the United States Census Bureau. The population numbers are estimates derived from the last census conducted in 2020. According to the data, Orange County saw a population increase of 1.4% between 2014 and 2024.

Figure 1: **Orange County Population**



In Orange County, a total of 7,322 PEH were counted during the 2024 Point In Time (PIT) Count. This is up 28% from the 2022 PIT Count, which counted 5,718 persons experiencing homelessness at that time. There was a change in methodology used to collect PEH data from the PIT Counts beginning in 2019 that reflects a more accurate overview of the PEH population.

Figure 2: **PEH Population**

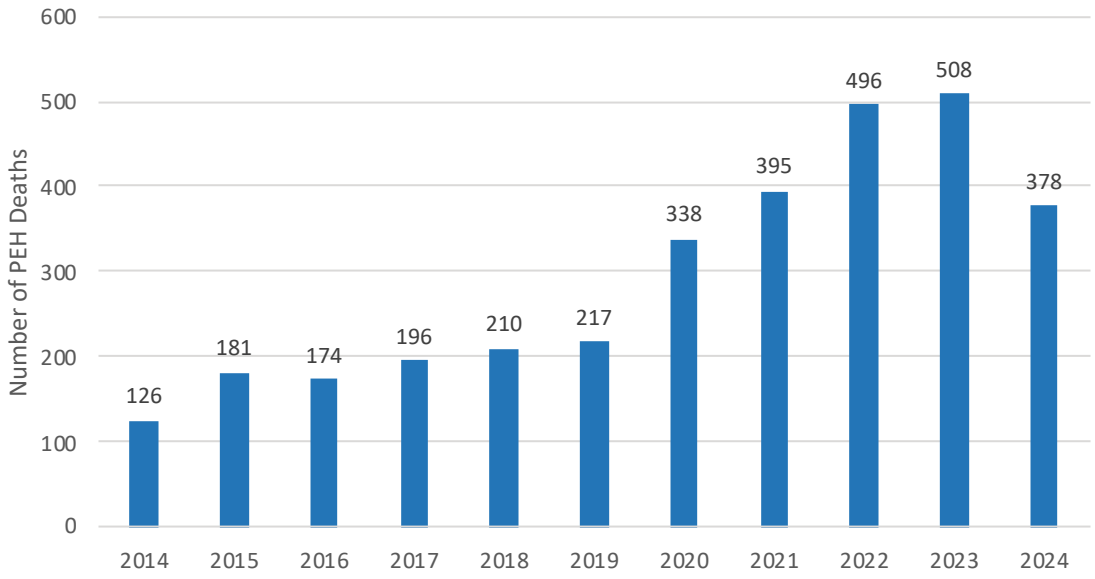


REVIEW OF NUMBERS/DATA

DEATHS AMONG PERSONS EXPERIENCING HOMELESSNESS

According to data from the Orange County Sheriff's Coroner Division in calendar year 2024, the total number of deaths to persons experiencing homelessness (PEH) was 378. Over the last several years, the number of PEH deaths has increased incrementally in Orange County, from 126 in 2014 to 217 in 2019. A substantial increase in deaths occurred between 2019 and 2020, when deaths increased by 56% from 217 to 338 during the first year of the pandemic (Figure 3). Deaths among persons experiencing homelessness continued to increase to unprecedented heights in 2021, 2022, and 2023, reaching 395, 496, and 508 deaths, respectively, and amounting to an increase of 50% from 2020 to 2023. The first significant decline in PEH deaths in several years was in 2024 with a 25% decrease from 2023.

Figure 3: **Number of Deaths to PEH in OC**

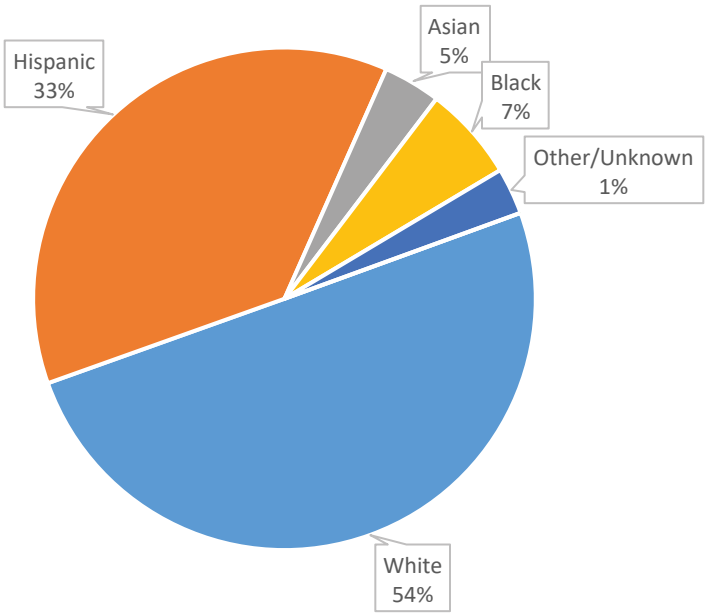


The increase in homeless deaths is not unique to Orange County and is consistent with trends in other parts of California.

DEMOGRAPHICS OF PEH DEATHS 2024

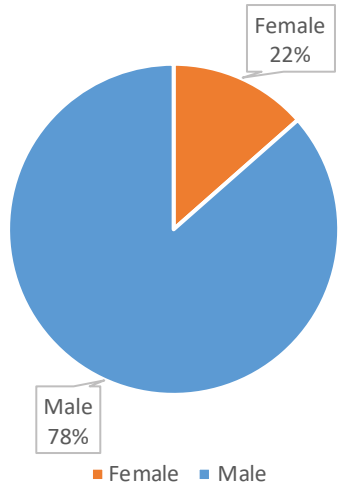
The information presented in the following section will include an in-depth analysis of deaths to persons experiencing homelessness in 2024 – the most recent and complete data available. Please note that the demographic data and data on both the manner and cause of death is from the Orange County Sheriff's Coroner Division and the California Comprehensive Death File (CCDF) for Orange County.

Figure 4: **Race/Ethnicity of PEH Decedents**



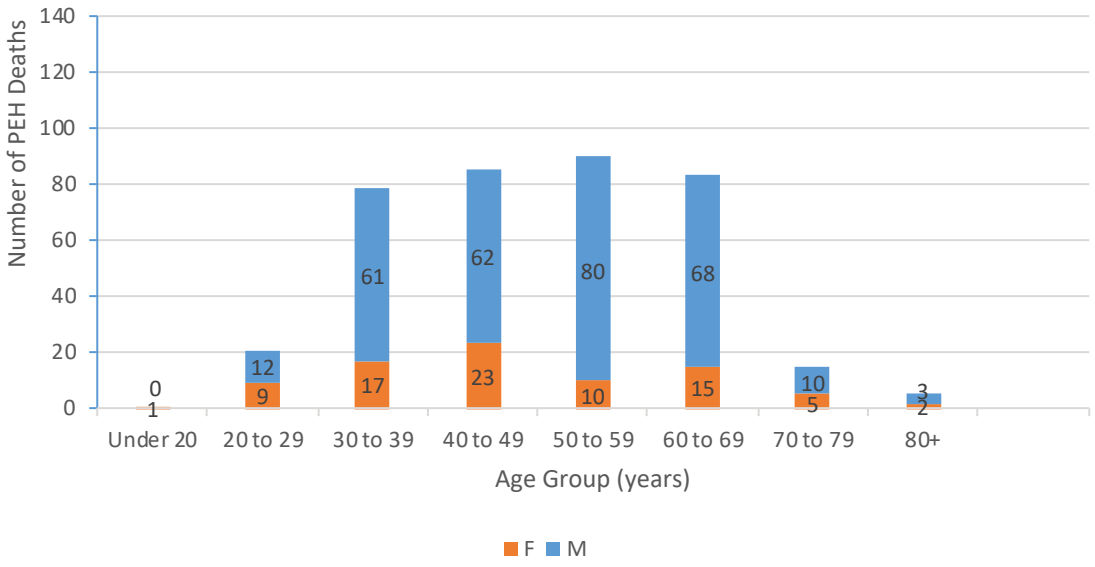
The demographic characteristics of the 378 PEH who died in 2024 is shown in Figure 4. The race/ethnicity of the decedents was 54% White, 33% Hispanic, followed by 7% Black, 5% Asian, and 1% Other/Unknown. These percentages align with the race and ethnicity breakdown reported in the 2024 Orange County Point in Time Summary for those experiencing unsheltered homelessness.

Figure 5: **Gender of PEH Decedents**



The majority, 78%, of deaths to PEH were male and 22% were female (Figure 5). This represents a 6% overrepresentation of males compared to the 2024 Orange County Point in Time Count Summary that reported 72% of people experiencing unsheltered homelessness identify as male.

Figure 6: **Age Distribution of PEH Decedents by Gender**



The age distribution of PEH who died in 2024 (Figure 6) identify the average age at death was 49 years old (F 48; M 50), compared to 76 years old for the housed population who died that year.

MANNER OF DEATH

Table 1: **Manner of Death to PEH (2020 to 2024)**

Homeless Deaths	2020		2021		2022		2023		2024	
Manner of Death	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Accident	181	54%	235	59%	324	65%	307	60%	226	60%
Homicide	7	2%	11	3%	8	2%	7	2%	8	2%
Natural	126	37%	109	28%	128	26%	169	33%	113	30%
COVID-19	*6*	*2%*	*17*	*4%*	*5*	*1%*	*0*	*0%*	*0*	*0%*
Suicide	15	4%	22	6%	19	4%	22	4%	23	6%
Undetermined/ Pending*	3	1%	1	0%	12	2%	3	1%	8	2%
Total	**338**	**100%**	**395**	**100%**	**496**	**100%**	**508**	**100%**	**378**	**100%**

Prior to 2019, deaths to PEH were primarily due to natural (e.g., cancer, heart disease, liver disease) and accidental (unintentional) causes (Table 1). However, in 2020 (181) deaths due to accidental (unintentional) injuries increased and continued to increase through 2021 (235) and 2022 (324).

Although accidental deaths are still the primary manner of death to PEH, there was a slight decline in 2023 (307), showing a 5% ***decrease*** from 2022. This downward trend continued in 2024 (226) which is a 26% ***decrease*** from 2023.

Figure 7: **PEH Manner of Death Trends**

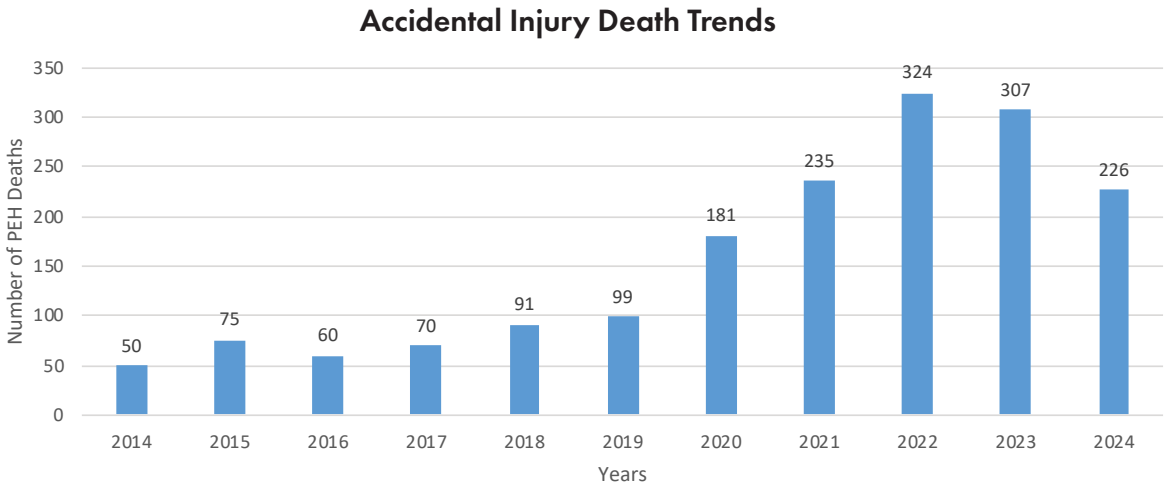
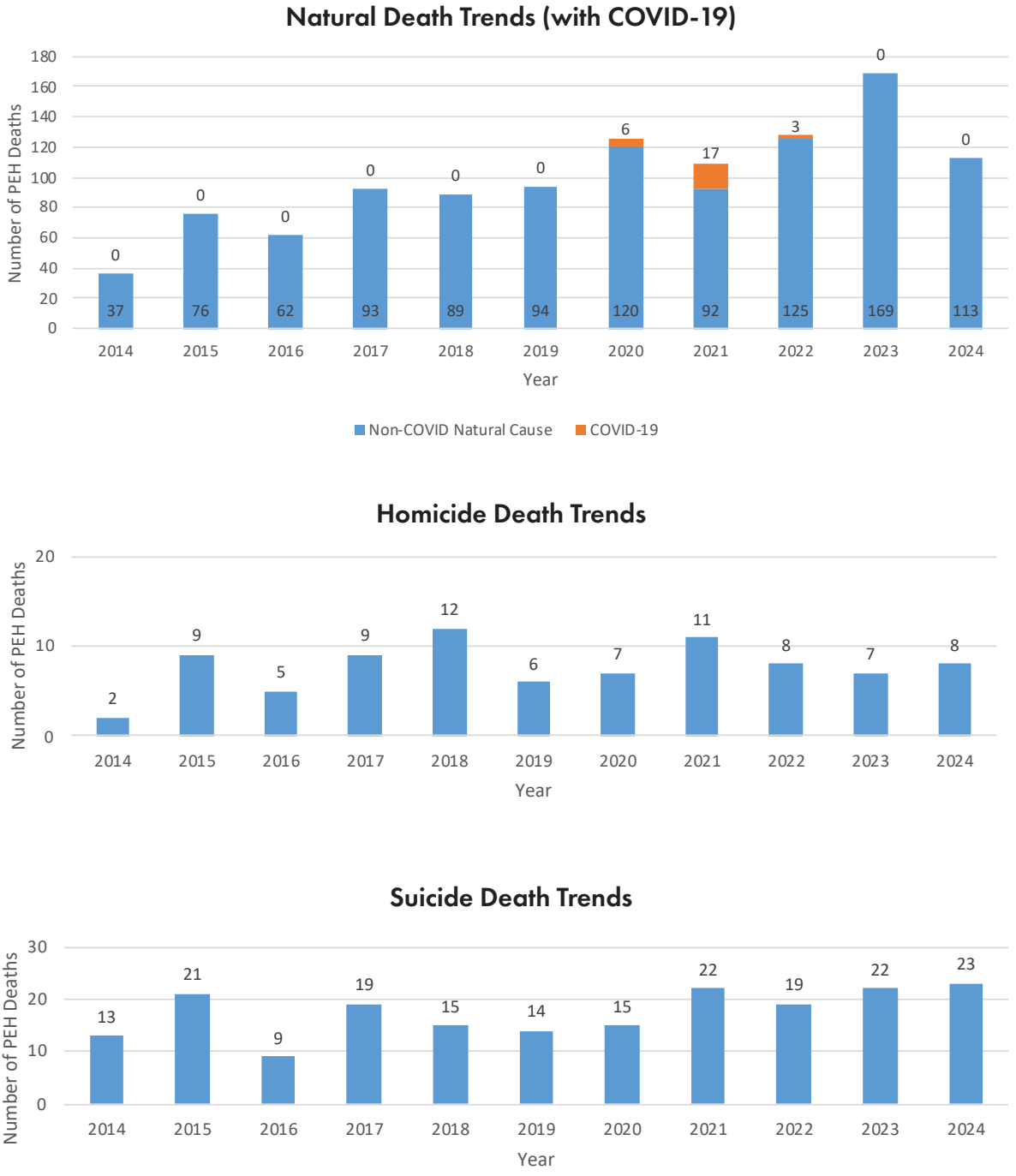


Figure 7: **PEH Manner of Death Trends, Continued**



The trends for manner of death to PEH (Figure 7) show that over the past decade (since 2014) the number of deaths in each category has increased markedly. However, the growth in some of the manners of death have far outpaced others. In just the past decade, for example, the number of accidental deaths (unintentional) increased from 50 in 2014 to 226 in 2024. Natural deaths increased from 37 in 2014 to 113 in 2024. A similar pattern was observed for homicide and suicide deaths (albeit small numbers of cases). Homicides increased from 2 deaths in 2014 to 8 deaths in 2024, while suicide deaths almost doubled from 13 to 23 during this same time period. Although the deaths have increased over the past 10 years, they have remained within the average range over the last five years.

LEADING CAUSES OF DEATH FOR PEH (2024)

Because accidental injuries accounted for so many of the deaths to PEH (59.7%), a more detailed summary of this category is required (Table 2). The majority (44%) of unintentional deaths were due to overdose (poisoning), and 31% (117) of all unintentional deaths to PEH are specifically due to the very potent synthetic opioid, fentanyl.

Table 2: Accidental (Unintentional Injury) Cause Group Detail	Homeless	%Homeless Deaths
Poisoning/Overdose with Fentanyl	117	31%
Poisoning/Overdose (Non-Fentanyl)	49	13%
Pedestrian Traffic	34	9%
Motor Vehicle Traffic	6	1.6%
Pedal Cyclist/Skateboard Traffic	8	2.1%
Falls	4	1%
Drowning	4	1%
Other/Unknown/Ill-Defined	4	1%
Total	**226**	**59.7%**

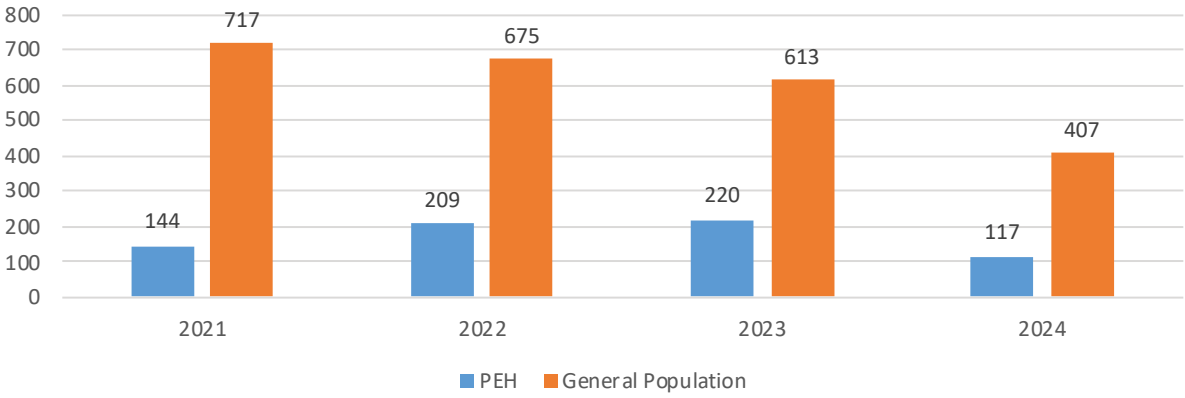
Although fentanyl continued to account for a substantial share of accidental deaths among people experiencing homelessness (PEH), the number of fentanyl-related deaths in this population declined in 2024 for the first time in several years. Previous Homeless Death Review Reports documented steady increases—from 144 deaths in 2021, to 209 in 2022, and 220 in 2023. In 2024, however, fentanyl deaths among PEH fell by 46%, dropping to 117.

Orange County's general population also experienced a significant decline in fentanyl deaths in 2024, though decreases had already been occurring in 2022 and 2023. Countywide deaths fell from a peak of 717 in 2021 to 675 in 2022, 613 in 2023, and 407 in 2024. Overall, fentanyl deaths in the general population have declined 43% over the past three years compared with the 2021 peak.

The decline in fentanyl-related deaths coincides with a concerted effort to reduce the supply and demand for fentanyl in Orange County.

Strategies employed by the Sheriff's Department include investing in narcotics teams, holding traffickers accountable, offering treatment in custody, and educating youth. New provisions in law created by Proposition 36 and efforts to stop fentanyl at the southern border present additional opportunities to reduce the impact of fentanyl in future years.

Figure 8: **Fentanyl Related Deaths**



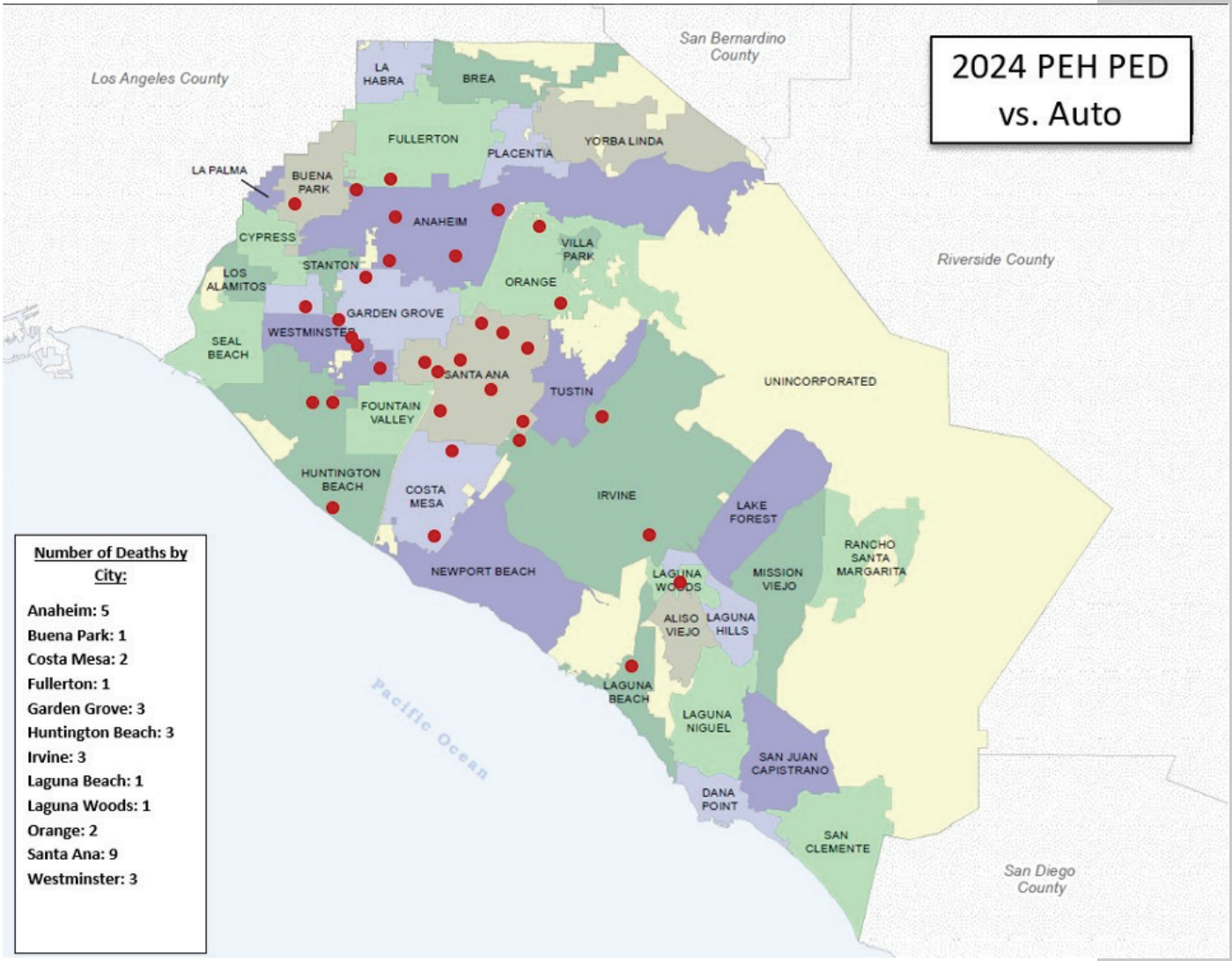
Beginning in 2022, the Health Care Agency, Mental Health & Recovery Services (MHRS) has been engaged in community education, leveraging the larger Sheriff's Department efforts, to get information out into community on fentanyl. This includes the distribution of Narcan and Kloxxado to reverse an overdose to the community, including the distribution, through MHRS Outreach & Engagement to those individuals who are unhoused. Additional prevention efforts are underway, as well as the enhancement and expansion of treatment options that are also made available to the unhoused community via Outreach & Engagement, as well as prior to release from custody. This includes discharge planning of those individuals who are on Medicated Assisted Treatment (MAT), ready to be released from custody, and who are unhoused. Overdose prevention kits are also provided in the community and upon release from custody. Collaboration through our local shelters and housing partners also has been increased to address prevention, treatment, and recovery supports for those individuals who are unhoused, have a substance use disorder, and at risk for a drug overdose. For instance, in 2024 there were 21,322 units of Naloxone distributed to the community.

In addition to concerns about drug-related deaths among accidental PEH deaths, it is also important to note the role drugs can play in natural death trends. For example, methamphetamine use is linked to long-term health impacts. A 2022 study published in the Journal of the American Heart Association found that individuals who used methamphetamine had a 32% overall increased risk for cardiovascular disease.

PEH PEDESTRIAN VS. MOTOR VEHICLES

The second most common category of unintentional injury deaths was due to PEH being hit by motor vehicles while walking, 9% (34).

Of the 34 PEH hit by motor vehicles while walking, 85.2% (29) were under the influence of drugs and/or alcohol at the time of the incident, with 58.8% (20) of incidents occurring between the hours of 8 p.m. and 6 a.m. In addition, 88.2% (30) of incidents occurred outside of a marked crosswalk.

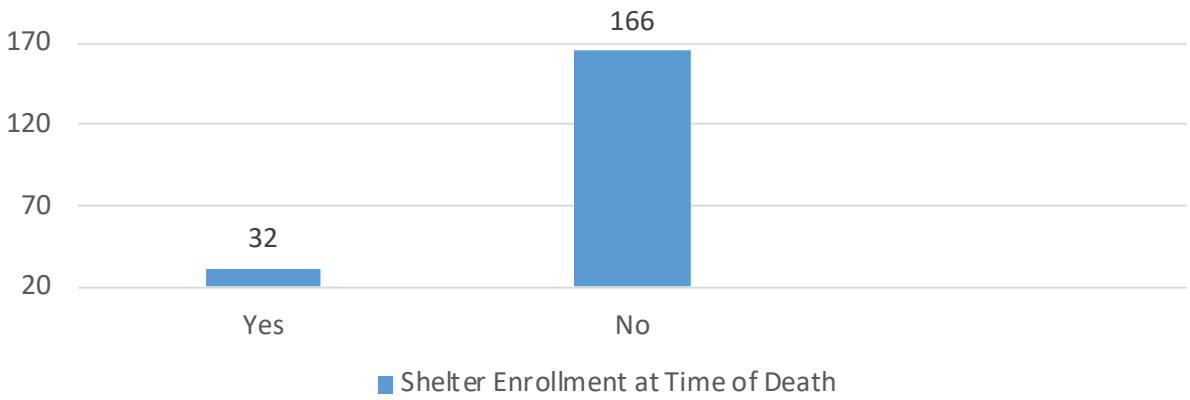


SHELTER ENROLLMENT AND HISTORY

When reviewing the shelter enrollment and service histories of individuals who died while experiencing homelessness in 2024, the Orange County Office of Care Coordination analyzed data from the County's Homeless Management Information System (HMIS). This analysis examined both shelter enrollment at the time of death and any prior shelter enrollment during an individual's lifetime. HMIS is used by more than 75 percent of homeless shelters in Orange County to track shelter utilization; however, it is acknowledged that this dataset does not capture activity from the minority of shelters that do not participate in HMIS.

According to HMIS data, only 8.5 percent (32 of 378) of individuals who died in 2024 while experiencing homelessness were enrolled in a shelter at the time of their death (Figure 9).

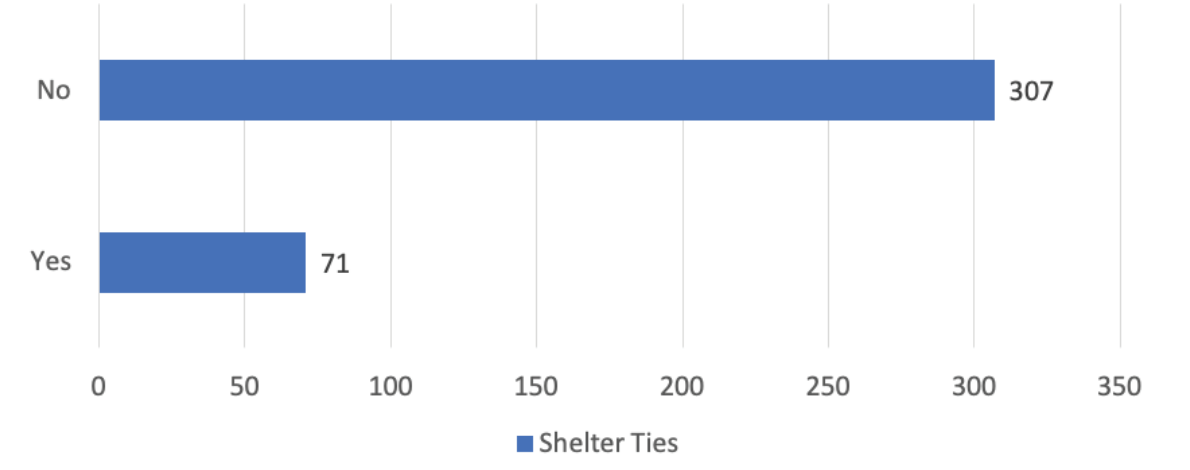
Figure 9: **Shelter Enrollment at Time of Death**



When examining shelter utilization over an individual's lifetime, only 18.8 percent (71 of 378) had ever been enrolled in an Orange County shelter (Figure 10).

These low rates of shelter enrollment—both at the time of death and across an individual's lifetime—are noteworthy and warrant further analysis to better understand the relationship between shelter access, service engagement, and mortality among people experiencing homelessness.

Figure 10: **Shelter Ties**

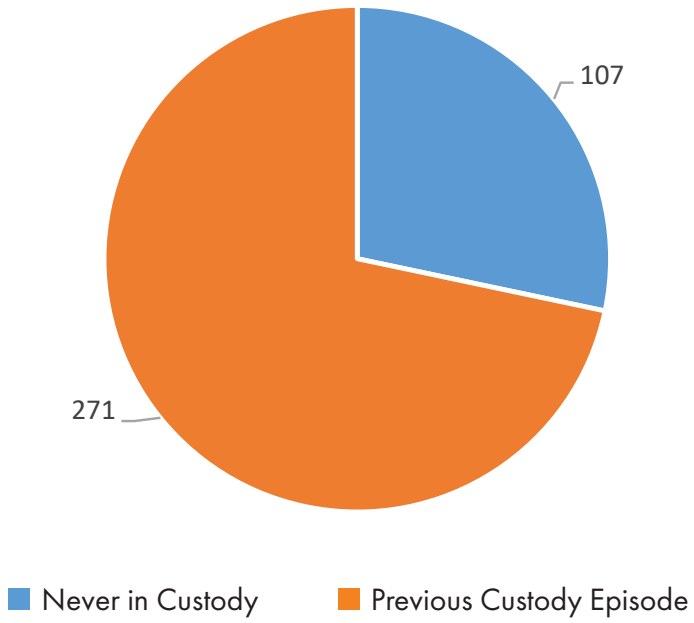


CUSTODY INFORMATION

Based on booking records from the Orange County Sheriff's Department, the majority of 2024 PEH decedents (72%, 271) had at least one episode of being in custody in the Orange County Jail, while 28% (107) had never been in custody (Figure 11).

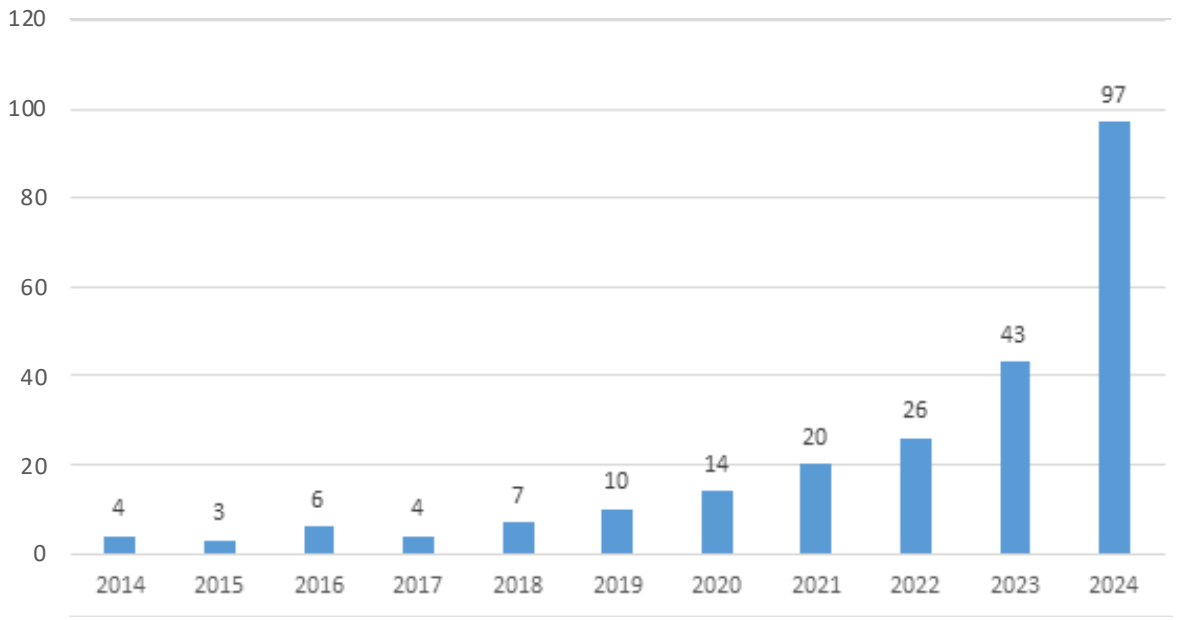
The percentage of PEH who had a previous episode in the Orange County Jail has fluctuated over the last four years. Among 2023 PEH decedents, 63% (319) had a booking in the Orange County Jail. In 2022, 68% (342) PEH decedents had an experience in the Orange County Jail, which was a decline from the 78% (309) in 2021.

Figure 11: **PEH Custody History**



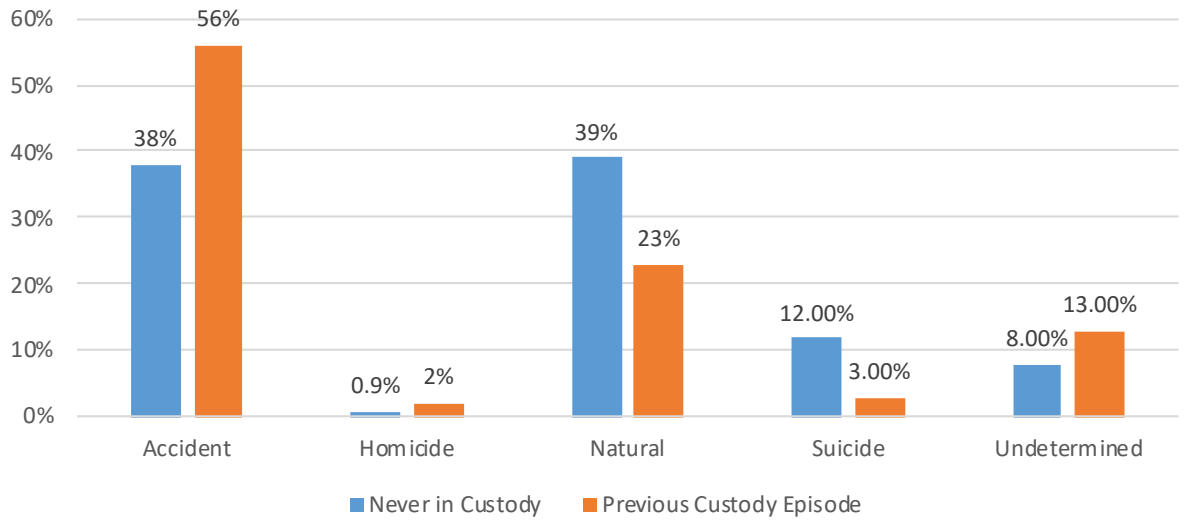
Of the 271 PEH decedents who have been in the Orange County Jail, 200 had been in custody within the last five years (Figure 12).

Figure 12: **Most Recent Custody Experience**



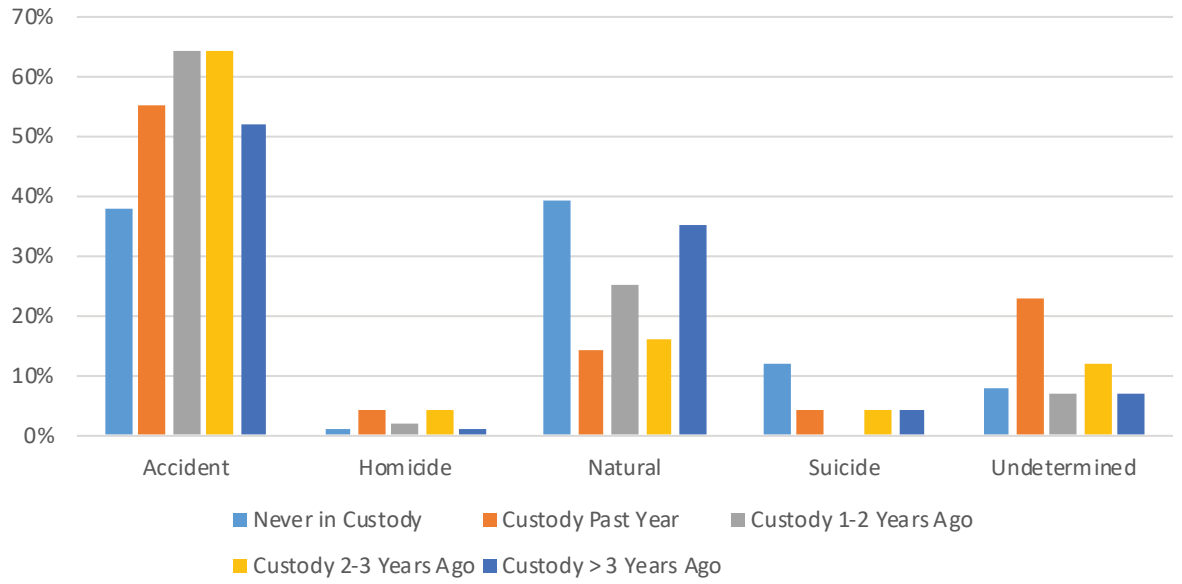
Accidental death was the leading manner of death for PEH decedents who had custody experience. Accidental and natural cause deaths were nearly even for the 107 PEH decedents who had never been in custody (Figure 13).

Figure 13: **Manner of Death by Previous Custody Episode**



An examination of PEH decedents by time since their last custody episode shows that accidental remained the most likely mode of death for all categories, followed by natural death (Figure 14). The most significant gap between accidental and natural death were for those individuals within three years of their release from custody.

Figure 14: **Manner of Death by Time Since Custody Release**



FINDINGS

- Deaths among persons experiencing homelessness (PEH) have increased in Orange County over the last decade, from 126 in 2014 to 378 in 2024. The largest increase occurred from 2019 to 2020, with deaths increasing by 55% from 217 to 338. The first significant decline in PEH deaths in several years was in 2024 with a 25% decrease from 2023.
- Similar to the 2023 Homeless Death Review Committee Report, the PEH decedents are predominantly male (78%), white (54%), and the average age of the decedents is 49 years old.
- For the fourth straight year, accidental death continues to be the leading manner of death among the PEH. In 2024, 60% of PEH died as the result of an accident, the same percentage as 2023. Accidental death first became the majority of PEH deaths in 2019.
- The leading cause of death among accidental PEH deaths was drug-related. Drug-related deaths account for 166 accidental deaths (44%), with fentanyl being a factor in 117 of those deaths.
- The second most common category of unintentional injury deaths was due to PEH being hit by motor vehicles while walking. In 2024, 34 PEH were hit and killed by motor vehicles while walking; 29 (85.2%) were under the influence of drugs and/or alcohol at the time of the incident.
- Seventy-two percent of PEH decedents (271) had at least one experience in custody at the Orange County Jail. The percentage of PEH who had a previous episode in the Orange County Jail declined 15% from 2023 (319).
- According to HMIS data, only 8.5% (32 of 378) of individuals who died in 2024 while experiencing homelessness were enrolled in a shelter at the time of their death.
- When examining shelter utilization over an individual's lifetime, only 18.8% (71 of 378) had ever been enrolled in an Orange County shelter.

HOMELESS DEATH REVIEW COMMITTEE AFTER ACTION ITEMS

Looking ahead, the priority for the Committee in 2026 will be to continue to conduct a more comprehensive review of PEH deaths that occurred in 2025. With the recently passed legislation (AB 271) going into effect in January of 2024, the Committee will be able to share more personalized information amongst each other, allowing for a more detailed analysis of the data available.

APPENDIX A

Table 3: **City**

Table 3: City where death occurred among PEH		
CITY	**Number**	**Percent**
Aliso Viejo	2	0.53%
Anaheim	58	15.34%
Brea	1	0.26%
Buena Park	10	2.65%
Capistrano Beach	1	0.26%
Costa Mesa	19	5.03%
Cypress	1	0.26%
Fountain Valley	11	2.91%
Fullerton	16	4.23%
Garden Grove	29	7.67%
Huntington Beach	23	6.08%
Irvine	11	2.91%
La Palma	2	0.53%
Laguna Beach	5	1.32%
Laguna Hills	4	1.06%
Laguna Woods	1	0.26%
Lake Forest	6	1.59%
Los Alamitos	1	0.26%
Midway City	1	0.26%
Mission Viejo	5	1.32%
Newport Beach	3	0.79%
Newport Coast	1	0.26%
Orange	33	8.73%
Placentia	2	0.53%
Rancho Santa Margarita	2	0.53%
San Clemente	1	0.26%
San Juan Capistrano	4	1.06%
Santa Ana	87	23.02%
Silverado	1	0.26%
Stanton	9	2.38%
Tustin	9	2.38%
Westminster	17	4.50%
Whittier*	2	0.53%
TOTAL	378	100%

Table 3 summarizes the location of incident leading to death for the 378 PEH decedents in 2024.

*Although Whittier is in Los Angeles County there were 2 separate individuals who were transported to an Orange County hospital and died. The Orange County Coroner Division took jurisdiction of both decedents; however, their initial incident location was in the city of Whittier.

Agenda Item 4

COUNTY OF ORANGE

OFFICE OF CARE COORDINATION

(714) 834 - 5000 | CareCoordination@ceo.oc.gov | ceo.oc.gov/office-care-coordination

Homeless Prevention Committee Report

Table of Contents

Overview and Methodology

The County of Orange's (County) Office of Care Coordination contracted with Corporation for Supportive Housing (CSH) to support the development of a countywide homelessness prevention model. The project was informed, in part, by findings from the County's 2025 *Falling Through the Safety Net* survey (2025 Survey) which examined the circumstances and experiences of individuals prior to and during their experience of homelessness. The 2025 Survey highlighted the significant role of financial instability, high housing costs, and lack of affordable housing in contributing to housing loss, as well as the challenges related to accessing assistance before falling into homelessness. These findings reinforced the need to strengthen prevention efforts and better understand how existing resources could intervene earlier to promote housing stability.

While Orange County has a strong network of homelessness prevention programs and resources, these efforts currently operate across multiple systems and organizations rather than as a fully coordinated homelessness prevention system. Developing a comprehensive, communitywide approach to homelessness prevention provides an opportunity to better align resources, strengthen partnerships, and implement evidence-based best practices that improve the utilization of homelessness prevention resources and increase the effectiveness of homelessness prevention efforts.

To support this effort, the Office of Care Coordination and CSH convened a multidisciplinary Homeless Prevention Committee (Committee) comprised of local stakeholders including representatives from healthcare, homeless service providers, housing organizations, education, philanthropy, and other community partners. The Committee was established to leverage the existing expertise and perspectives from across Orange County, identify strengths and opportunities within the current homelessness prevention landscape, and develop recommendations to advance a more coordinated and responsive approach to homelessness prevention.

The Committee's work was guided by the U.S. Interagency Council on Homelessness Federal Homelessness Prevention Framework (USICH Prevention Framework) in conjunction with the Orange County Commission to Address Homelessness

Homeless Service System Pillars Report (Pillars Report). Together, these resources provided the strategic framework for engaging partners in the community, identifying opportunities for system improvement, and developing recommendations to support a coordinated approach to homelessness prevention.

The process to develop a countywide homelessness prevention model was conducted through three phases:

1. **Level Setting**

   The first phase focused on establishing a shared understanding of the project goals, homelessness prevention framework, and Committee structure. During this phase, the Office of Care Coordination and CSH reaffirmed the definition and scope of homelessness prevention, identified key prevention partners, defined Committee roles and responsibilities, and developed the meeting structure, schedule, and supporting materials to facilitate stakeholder engagement.

2. **Understanding Orange County's Homelessness Prevention Landscape**

   The second phase focused on understanding Orange County's existing homelessness prevention landscape. The Office of Care Coordination and CSH conducted initial partner engagement and facilitated a landscape assessment through a provider survey designed to gather quantitative and qualitative data regarding current prevention programs, services, partnerships, and challenges.

   Survey findings and stakeholder feedback provided insight into existing strengths, services gaps, and opportunities for improved coordination. This information helped inform subsequent Committee discussions and identify areas where homelessness prevention resources could be further aligned.

3. **Development of Homeless Prevention Program Model**

   The final phase of the project focused on facilitating collaboration among Committee members and developing recommendations to strengthen

Orange County's homelessness prevention system. An initial two-day in-person Committee meeting was convened to introduce the project, establish a shared understanding of homelessness prevention, and begin identifying opportunities for system improvement. The Committee subsequently met on a weekly basis to continue discussions and develop recommendations.

Consistent with the USICH Prevention Framework, Committee discussions were organized around the three phases of homelessness prevention. To best focus partner strengths and streamline conversations, the Committee membership was divided into three subcommittees aligned with each homelessness prevention phase:

1. **Homeless Crisis Primary Prevention**
2. **Intermediate Intervention to Pursue Housing (formerly Immediate Restoration Housing after Loss)**
3. **Homeless System Diversion**

Members participated in the subcommittee best aligned with their organization's role within the homelessness prevention system. On a weekly basis, the subcommittees engaged in guided discussions with a focus on real client experiences, identified core challenges and/or gaps and developed actionable recommendations grounded in best practice.

Each subcommittee reviewed Orange County's current homelessness prevention efforts across the five Prevention Principles and Commitments identified in the Pillars Report through the lens of its assigned phase and identified recommendations to strengthen coordination, improve service delivery, and address gaps across the homelessness prevention continuum.

The five Prevention Principles and Commitments include:

1. **Early Intervention**
2. **Increase Community Awareness and Education**
3. **Effective Reentry and Transition Planning**

4. **Measure Outcomes**
5. **Prevention is an Integral Component of the Homeless Response System**

Following the subcommittee discussions, recommendations were compiled and reviewed collectively by the full Committee. This collaborative process helped identify recurring themes, build consensus across sectors, and ensure the final recommendations reflect both national best practices and the collective expertise of Orange County stakeholders.

The final Committee recommendations have been incorporated into this report. The recommendations identified are intended as a starting point to expand and scale collaborative, community-based, system-level advancement of prevention efforts in Orange County, and will continue to evolve as additional partners, data, and implementation opportunities emerge.

Understanding Orange County's Homelessness Prevention Landscape

The Office of Care Coordination and CSH conducted a countywide survey to better understand Orange County's existing homelessness prevention landscape. The survey was designed to document existing homelessness prevention programs and services, identify the role organizations play in preventing and ending homelessness, assess the current system's strengths and opportunities, and gather stakeholder perspective to inform the development of a homelessness prevention model. The survey also served as an opportunity to identify organizations interested in participating in the Committee.

The survey invited participation from organizations that directly operate homelessness prevention programs as well as stakeholders interested in homelessness prevention. Organizations operating homelessness prevention programs were asked to provide details about their programs including the populations served, eligibility requirements, geographic areas served, funding sources, and which phase of the USICH Prevention Framework their program applies to. Survey respondents also provided information regarding program outcomes, performance measures, and opportunities to strengthen coordination and homelessness prevention efforts. Stakeholders who were not submitting program information completed survey questions that elicited responses related to their professional experiences and perspectives on Orange County's current homelessness prevention efforts and recommendations for future planning. The survey also asked respondents to identify the most common contributing factors to experiencing homelessness, describe populations that may be underserved by existing homelessness prevention efforts, identify barriers to accessing homelessness prevention resources, recommend improvements to program design, and provide input on strategies to increase community awareness and access to services.

The survey was open for 47 days and received 23 responses, representing 21 programs spanning homelessness response, housing, education, legal services, public sector, philanthropy, and community-based organizations. Respondents included local government agencies, nonprofit service providers, educational

institutions, housing organizations, and Continuum of Care representatives, reflecting broad cross-sector engagement in homelessness prevention efforts. Out of the 23 surveys, 16 respondents expressed interest in participating in the Committee, demonstrating strong stakeholder commitment to ongoing collaboration and system improvement.

While the survey captured valuable perspectives from a diverse group of partners, it represents just a portion of Orange County's broader homelessness prevention network. Many organizations involved in homelessness prevention throughout Orange County did not participate, and their perspectives are not represented in this report. As homelessness prevention planning advances, continued stakeholder engagement will be essential to expand participation, strengthen cross-sector collaboration, and develop a more comprehensive and inclusive understanding of Orange County's homelessness prevention landscape.

Therefore, the survey findings presented in this report reflect only the information provided by respondents and should be viewed as a snapshot of participating organizations' experiences, priorities, and recommendations rather than a comprehensive representation of all homelessness prevention activities and perspectives across Orange County.

Survey Findings

Prevention Phase	Key Findings
Prevention Type: Primary Prevention	• Early identification of housing instability is inconsistent • Youth and families are underserved relative to need • Economic instability and the gap between wages and rent are major drivers of housing insecurity • Flexible funding is critical but limited • Many rent-burdened households are excluded due to strict eligibility criteria
Prevention Type: Intermediate Intervention to Pursue Housing	• Demand significantly exceeds available funding • Eligibility requirements exclude many moderate-income households experiencing housing instability • Eviction prevention is effective but not scaled to meet community need • Households often need 3–5 years of stabilization support, not short-term assistance alone • Programs prioritize households likely to remain stable after assistance, limiting access for higher-need populations
Prevention Type: Homeless System Diversion	• No consistent "front door" for prevention and diversion services • Strong reliance on informal, trust-based referral networks • Significant gaps in language access, youth engagement, and system navigation support
System-wide: System Gaps	• Fragmented homelessness prevention system with no centralized entry point • Lack of a coordinated "no wrong door" approach • Inconsistent eligibility and program requirements across providers • Limited cross-agency and cross-jurisdiction coordination
System-wide: Resource Challenges	• Insufficient funding, particularly flexible assistance dollars • Declining federal homelessness prevention resources • High demand and lengthy waitlists • Rising housing costs outpacing available assistance
System-wide: Populations Not Adequately Served	• Youth and families, particularly those identified through schools • Seniors living on fixed incomes • Working households above eligibility thresholds • Undocumented and mixed-status households • Individuals with limited English proficiency
System-wide: Barriers to Access	• Complex application and enrollment processes • Extensive documentation requirements • Limited awareness of available services • Fragmented referral pathways • Response times that do not match the urgency of housing crises

Identified Challenges Across the Homelessness Prevention System:

Throughout Committee discussions, several recurring themes emerged across all three phases of homelessness prevention. While each subcommittee examined prevention from a different viewpoint, the same challenges were identified regardless of the prevention phase. These overlapping challenges inform many of the recommendations and highlight opportunities to strengthen coordination, improve access, and enhance delivery of Orange County's homelessness prevention system. Identified challenges include:

1. **Barriers to Access & Navigation**
    - Lack of a centralized entry point or repository for homelessness prevention resources
    - Limited implementation of a "no wrong door" approach, making it difficult for individuals and families to connect with the most appropriate resources
    - Geographic variations in service, creating inconsistent access across jurisdictions
    - Fragmented referral pathways and limited coordination between homelessness prevention programs

2. **Limitations of Community Awareness & Outreach**
    - Limited community awareness of available homelessness prevention resources and eligibility requirements
    - Need for more targeted outreach strategies to reach households most at risk of experiencing homelessness
    - Insufficient multilingual and culturally responsive communication, particularly for older adults and those with limited English proficiency
    - Limited use of nondigital channels to engage vulnerable populations

3. **Accessibility & Inclusion Challenges**
    - Undocumented and mixed status households face barriers to accessing services

- Gaps in resources for populations that may be underserved due to eligibility requirements or lack of tailored resources
- Challenges experienced by individuals with limited digital literacy, limited internet access, or other barriers to navigating resources

4. System Capacity & Resource Constraints

- Gaps in services and limited availability of resources across homelessness prevention programs
- Need for more flexible funding to meet diverse and immediate household needs
- Missing key agencies and partners limits full system coordination and coverage

5. Workforce & Practice Gaps

- Need for additional training for program staff on housing problem-solving and homelessness prevention strategies
- Inconsistent application of best practices in client engagement and early intervention

Prevention Committee Recommendations

The recommendations presented in this report were developed through the collaborative planning process described in the Overview and Methodology. Guided by the USICH Prevention Framework and the Prevention Principles and Commitments established in the Pillars Report, members of the Committee collectively evaluated Orange County's current homelessness prevention landscape, identified opportunities for improvement, and developed recommendations to strengthen coordination across the continuum of homelessness prevention interventions.

Recommendations were developed through a concerted process that included structured Committee discussions and focused subcommittee engagement. These recommendations are intended to provide a framework for expanding and scaling collaborative, community-based, system-level advancement of homelessness prevention efforts in Orange County, and will continue to evolve as additional partners, data, and implementation opportunities emerge.

Principle & Commitment 1: Early Intervention

Commitment: Identify risk factors and target interventions towards individuals and families at highest risk of homelessness.

The Homeless Prevention Committee recommends the following to improve homeless prevention in Orange County:

1. Strengthen coordination between schools and the homeless service system by training school staff to identify families at risk of experiencing homelessness and connect them to homelessness prevention resources.
2. Implement targeted outreach and education efforts to increase awareness of homelessness prevention services and improve access for underserved populations.
3. Develop regionally coordinated homelessness prevention programs to address geographic service gaps and expand equitable access

across Orange County.

4. Expand eligibility and reduce restrictions to ensure homelessness prevention services are accessible to individuals and families at risk of experiencing homelessness, regardless of income thresholds and/or immigration status.
5. Increase flexible funding and resources to address service gaps and respond quickly to the diverse needs of households at risk of experiencing homelessness.
6. Provide culturally responsive services by improving staff training, reducing documentation barriers, and addressing stigma, both societal and self-perceived, and access challenges.
7. Increase interim housing and stabilization options that better meet the needs and preferences of families at risk of homelessness.

Principle & Commitment 2: Increase Community Awareness and Education

Commitment: Conduct targeted outreach to ensure those who need the services are aware of the resources available by targeting certain zip codes and mailing directly to tenants, landlords and property owners.

The Homeless Prevention Committee recommends the following to improve homeless prevention in Orange County:

1. Develop a shared, data driven approach across systems to identify households at risk of experiencing homelessness earlier and connect them to prevention resources.
2. Implement a targeted, countywide information campaign to increase awareness of homelessness prevention services.
3. Strengthen 2-1-1 Orange County (211OC) as a centralized entry point for homelessness prevention services and resource navigation.
4. Expand collaboration with 211OC, Coordinated Entry System (CES), homeless street outreach teams, and community-based organizations to improve coordinated outreach.

5. Increase outreach in trusted community spaces and use non-digital methods to reach vulnerable populations.
6. Ensure homelessness prevention resources and outreach are available in multiple languages and culturally responsive formats.
7. Train providers to conduct effective housing problem-solving conversations and connect households at risk of homelessness to appropriate resources.
8. Use targeted strategies to reach high-risk populations early and improve access to services.
9. Leverage cross-system partners to expand awareness and improve access to homelessness prevention resources.

Principle & Commitment 3: Effective Reentry and Transition Planning

Commitment: 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.

The Homeless Prevention Committee recommends the following to improve homeless prevention in Orange County:

1. Implement a comprehensive County-wide homeless prevention training series for all partners that support individuals pre- and post-re-entry to expand resource knowledge and best practice service approaches to ensure awareness of programs and services options to prevent entry into homelessness upon exit from institutional settings.
2. Create data sharing agreements to align data available to hospitals, schools and the corrections system to ensure all programs have greater understanding of the client as well as service utilization and past service history.
3. Create a central access point for institutions to direct their staff to utilize when a household is identified as being at risk of homelessness

upon exit.

4. Begin transition planning at least 90 days prior to exit by connecting with community partners to begin service coordination, including scheduling of appointment with social security and employment assistance as well as completing housing need assessment.
5. Create a holistic service approach among the prevention system to ensure appropriate services can be provided to individuals to ensure long-term housing success and avoid entry into homelessness due to time-limited services.
6. Ensure appropriate service placement upon exit by creating different levels of service models and ensuring step-down and step-up processes are simple and available.
7. Conduct audit and review of current housing programs in the County to identify barriers that limit housing options for the re-entry population and engage with non-traditional housing partners to expand housing partnerships beyond temporary housing placement.

Principle & Commitment 4: Measure Outcomes

Commitment: It is important to determine the impact between the intervention and prevention for individuals and families at risk of homelessness.

The Homeless Prevention Committee recommends the following to improve homeless prevention in Orange County:

1. Establish a consistent set of data metrics that capture the impact of homeless prevention efforts, including households served, length of stay, and re-entry into homelessness post intervention.
2. Establish data sharing agreements amongst all homelessness prevention partners to ensure smooth service delivery and transition.
3. Increase the bandwidth of the service providers to expand data collection effort that includes longitudinal tracking through post-intervention check-in and tracking to get a true understanding of how an intervention impacted the potential episode of

homelessness.

4. Conduct further investigation to understand the way social determinants of health could help forecast potential episodes of homelessness to not only better target households for services, but to appropriately credit resources focused on social determinants of health with their impact on preventing homelessness.
5. Review and explore existing data systems, including the local Homeless Management Information System (HMIS), as well as CalOptima Health's data sources, as resources for data tracking and understanding the tendencies of individuals that may fall into homelessness.

Principle & Commitment 5: Prevention is an Integral Component of the Homeless System of Care

Commitment: When homelessness prevention is not possible, individuals and families who experience homelessness can access services under the other pillars to support in ending their homelessness

The Homeless Prevention Committee recommends the following to improve homeless prevention in Orange County:

1. Establish a permanent Homelessness Prevention Structure with Lived Experience Leadership Committee, independent of existing programs and entities, that includes representatives from homelessness prevention-focused organizations and multiple individuals with recent lived experience of homelessness. The committee should establish subcommittees as needed to identify barriers, guide policy development, coordinate prevention efforts, and promote continuous system improvement.
2. Strengthen prevention infrastructure by creating a centralized entry point and navigation system that connects households to key supports, including food, childcare, mediation, legal, employment, and health services. The system should maintain current service mapping, coordinated case management, warm handoffs, and clear links to the homeless response system when homelessness

prevention is unsuccessful, while ensuring service continuity through staffing and/or agency transitions.

3. Develop a shared definition of housing instability risk and use data to identify households most likely to experience homelessness. Prioritize proactive outreach and rapid intervention for populations at elevated risk, including individuals exiting halfway houses, group homes, sober living environments, re-entry programs, and other institutional settings, to prevent housing crises before homelessness occurs.
4. Explore opportunities to broaden eligibility for homelessness programs and prevention resources to include at-risk individuals and households before they become homeless. Efforts should reduce barriers to assistance and discourage practices that require households to experience homelessness before receiving support.
5. Strengthen tenant stability through landlord partnerships and tenant protections by partnering with landlords and property owners to prevent displacement through mediation, service coordination, flexible assistance, and other interventions that support housing stability.
6. Assess opportunities to implement or advocate for stronger tenant protections that reduce eviction risk and prevent homelessness.

Connecting to Lived-Experience Findings

The homelessness prevention model also provides an opportunity to further explore issues identified through the 2025 Survey. These two efforts examine homelessness from different perspectives, and together they contribute a more complete understanding of the homelessness prevention landscape. The homelessness prevention survey captures the viewpoint of organizations working across the system, while the 2025 Survey provides insight into the housing, financial, and other contributing factors experienced by individuals prior to and during their experience of homelessness. The findings of the 2025 Survey give an important lived experience lens that complements the system-level information gathered through the Committee's work.

The 2025 Survey found that financial factors contributed to homelessness for 79% of respondents, while only 12% reported seeking assistance while at risk of homelessness. More than 60% reported receiving less than one week's notice before losing their housing, which highlights the importance of early identification, accessible prevention resources, and rapid intervention. Additionally, respondents overwhelmingly identified direct housing interventions such as housing vouchers, affordable housing, rental deposits, temporary rental assistance and housing navigation as resources that could have improved their ability to remain housed or secure housing.

The 2025 Survey identified that many individuals experienced homelessness despite having an income prior to losing their housing, which underscores the significant gap between household incomes and the high housing costs in Orange County. This demonstrates that housing affordability and economic stability are fundamental components of homelessness prevention and that households may remain vulnerable to housing loss even when they are working or receiving other sources of income. Addressing this vulnerability requires a combination of efforts including increasing access to affordable housing, strengthening household income, and expanding flexible resources that can help households respond to unexpected financial challenges.

The Committee recommendations and the 2025 Survey findings reinforce the need for a prevention system that is proactive, accessible, flexible, and coordinated, while recognizing that homelessness prevention must also address the broader conditions that create housing instability.

Closing Remarks

The recommendations presented in this report represent an important step towards advancing a more coordinated, countywide approach to homelessness prevention in Orange County. Created through stakeholder engagement and informed by established best practices, these recommendations reflect the collective expertise, experiences, and shared commitment of the Committee to strengthen collaboration, improve access to services, and support housing stability and prevent homelessness before it occurs.

Throughout this process, Committee members identified common challenges that extend across organizations and systems, while also recognizing the significant strengths that already exist within Orange County's homelessness prevention landscape. The recommendations in this report are intended to build upon those strengths by improving coordination, expanding access to homelessness prevention resources, and promoting a more proactive approach to homelessness prevention. Together, they provide a framework for continued collaboration and ongoing refinement as new partnerships, data, and implementation opportunities emerge.

While this report represents the culmination of the work of the Committee, it also serves as the beginning of a broader, longer-term effort to strengthen Orange County's homelessness prevention system. Continued engagement with community partners, shared accountability for leading system-level homelessness prevention efforts, and ongoing coordination is essential to making these recommendations into meaningful system improvements that help individuals and families remain housed.

Next Steps

The recommendations developed by the Committee provide a strong foundation for strengthening Orange County's homelessness prevention system. Building on this work, the Office of Care Coordination will continue to collaborate with local stakeholders, community-based organizations, healthcare providers, educational and philanthropic partners, and individuals with lived experience to advance a more coordinated countywide approach to homelessness prevention.

A key next step will be expanding the system landscape efforts that were started by the Committee. This process will include addressing gaps in data collection by engaging populations that were not represented in surveys and assessment activities. While the survey and Committee discussions provided valuable insights, it only represents a portion of the broader network of organizations working to promote housing stability. Expanding stakeholder engagement will help identify additional prevention resources, better understand existing service gaps, and ensure that future planning reflects the perspectives of organizations that were not represented during this initial phase of work.

As the homelessness prevention system continues to evolve, establishing a shared understanding of prevention to encompass housing stability and upstream interventions, rather than focusing solely on homelessness prevention programs will be critical. Achieving this vision will help align community partners, including organizations providing supports and resources to housing unstable households outside of the traditional homeless service system.

Strengthening coordination will require continued investment in the infrastructure that supports collaboration. This can include enhancing resource navigation tools that help connect individuals and families to the right resources at the right time, reduce complexity in accessing services, and strengthen coordination across systems. This effort will create a foundation for a more proactive, accessible, and effective prevention system, one that not only responds to housing crises but works to prevent them from occurring in the first place.

Finally, establishing a clear governance structure capable of providing long term leadership and accountability for homelessness prevention efforts will be critical to ensuring that collaboration, resources, and outcomes are effectively coordinated across sectors. A well-defined structure will also help sustain momentum, coordinate implementation activities, and monitor progress. Continued engagement with public and private funders will also be important to align requirements and incentives to promote system-wide collaboration, including continuous supportive services across prevention phases, expectations for warm hand-offs, formal partnerships, and coordinated diversion strategies.

Agenda Item 5

Commission to Address Homelessness

Bylaws

THE MISSION:

The Commission to Address Homelessness is dedicated to providing and promoting an effective countywide response to preventing and ending homelessness through comprehensive coordination and guidance in alignment with the County of Orange Homeless Service System Pillars. By facilitating a unified strategy, the Commission to Address Homelessness empowers government and private sector partners to address homelessness collaboratively.

ARTICLE I: NAME, PURPOSE, AND FUNCTIONS

A. The name of this organization shall be the Commission to Address Homelessness, hereinafter referred to as "Commission." It is established pursuant to Resolution #18-007 approved by the Board of Supervisors (hereinafter referred to as "BOS").

   1. The Members of the Commission are approved by the County of Orange (hereinafter referred to as "County") BOS as outlined in Article II.

   2. The official office location and mailing address of the Commission shall be:
      c/o Executive Director, County Administration North, 400 W Civic Center Drive, 3rd Floor, Santa Ana, CA 92701.

B. The purpose of the Commission is to:

   1. Work with public and private stakeholders to promote effective responses to preventing, addressing and ending homelessness within Orange County in alignment with the County of Orange Homeless Service System Pillars, which are prevention, outreach and supportive services, shelter and housing.

   2. Act as an advisory Commission to the BOS on policies and procedures pertaining to homelessness, having no independent authority to act on matters such as legislation, funding or lobbying.

   3. Foster regional leadership and establish partnerships for the purpose of identifying strategies and initiatives to address homelessness within Orange County.

   4. Facilitate communication, coordination and collaboration between public and private stakeholders regarding effective and efficient homelessness prevention and homeless service programming.

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

1. Ensure the philosophy and principles of the Commission are shared and incorporated throughout the Homeless Service System by promoting regional understanding of the complex dynamics underlying homelessness through informed discussions and analysis.

2. Identify gaps in services and resources in Orange County's System of Care and Homeless Service System for people at risk of experiencing homelessness and people experiencing homelessness.

3. Identify, evaluate and recommend strategies to respond to homelessness through review of innovative and/or existing best practices by considering regional policies, social policies and systemic change.

4. Make recommendations to the BOS to promote effective responses to homelessness, in support of addressing gaps in services and resources, improving system efficiencies, facilitating regional collaboration, and encouraging best practices.

5. Support the Office of Care Coordination by providing knowledgeable insights through transparent collaboration.

6. Collaborate with the Continuum of Care (CoC) Board.

7. Support homelessness prevention efforts to keep people stably and permanently housed.

8. Conduct research, evaluation, and education related to its purpose, including collecting information related to people at risk of homelessness, people experiencing homelessness, and Orange County's System of Care.

9. Prepare and submit an annual report to the BOS which shall present the Commission's activities and accomplishments in the preceding year.

10. The Commission is an advisory body to the BOS and does not adopt policies; review or approve individual agency or department staffing and/or budgets; or mandate a course of management services by any agency or department or direct agency or department work.

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

ARTICLE II: APPOINTMENT AND MEMBERSHIP

A. Membership of the Commission is to be composed of nineteen (19) voting seats. The voting Members of the Commission shall be appointed by a majority vote of the BOS. Except as provided in paragraph

B, all Members of the Commission shall be residents and registered voters in the County of Orange. The membership of the Commission shall be comprised of the following categories of community stakeholders:

1. Voting Members:

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

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

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

    d. One (1) philanthropic leader funding solutions to address homelessness in Orange County.

    e. One (1) business representative.

    f. One (1) representative who is an affordable housing development expert.

    g. One (1) representative of the Orange County Sheriff-Coroner Department in a leadership and/or command level role with knowledge of the Orange County's System of Care.

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

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

    j. One (1) behavioral health representative with an expertise in services for people experiencing homelessness with mental health and substance use disorders.

    k. One (1) representative of the faith-based community.

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

    m. One (1) member who is at-large.

    n. One (1) individual elected to serve as the Orange County District Attorney.

    o. One (1) representative from a Medi-Cal Managed Care Health Plan.

    p. Two (2) individuals who currently serve on the CoC Board.

q. One (1) individual who has current or past lived experience of homelessness.

2. Non-Voting Members:

a. Other System of Care and Homeless Service System stakeholders may be invited to participate at the discretion of the Chairperson and Vice Chairperson as non-voting members.

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

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

ARTICLE III: TERMS OF OFFICE

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

1. Member's term of office shall be two (2) years. No person may serve as a Member for more than two (2) consecutive full terms beginning after the adoption of the revised Bylaws, unless otherwise stated by details within the membership seat.

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

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

B. Non-voting Members of the Commission shall only serve at the discretion of the Chairperson and Vice Chairperson.

ARTICLE IV: STAFFING SUPPORT

A. A minimum of one full me Executive Director with staff support from the Orange County Office of Care Coordination shall be required to support the Commission's work. The Executive Director will be responsible for facilitating an active flow of communication and coordination with the Commission. Additionally, the Executive Director will also be responsible for engaging and updating other

countywide homeless service groups and other stakeholders on the progress of the Commission's efforts.

B. For the purposes of the Commission, the Orange County Clerk of the Board of Supervisors is the Clerk of the Commission. The Clerk's duties are to prepare all the Commission agendas with related materials, maintain any meeting minutes in accordance with the Ralph M. Brown Act, and with the assistance from the Orange County Office of Coordination perform any other Commission related administrative matters.

ARTICLE V: COMMISSION OFFICERS

A. Commission officers shall consist of:

1. Chairperson

    a. The Commission Chairperson shall be appointed by the majority of the Commission, a quorum being present. Appointment shall be held annually during the Commission's first meeting of each calendar year. The duties of the Chairperson shall be to preside at meetings, decide points of order, announce all business, entertain motions, put motions to vote, and announce vote results.

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

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

    d. Term of the Chairperson shall be for one year. No person, except a member of the BOS, may serve as Chairperson for more than three (3) consecutive terms. No person, except a member of the BOS, may serve simultaneously as Chairperson for two (2) or more board, commission, or committee that is subject to the jurisdiction of the BOS.

2. Vice-Chairperson

    a. The Vice-Chairperson shall be appointed by the majority of the Commission, a quorum being present. Appointment shall be held annually during the Commission's first meeting of each calendar year.

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

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

    d. The term of the Vice-Chairperson shall be for one year.

ARTICLE VI: DUTIES OF MEMBERS

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

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

C. Members shall comply with the County Equal Employment Opportunity (EEO) and Anti-Harassment Policy and Procedures.

D. Members shall comply with the County Code of Ethics.

E. Members shall discharge their duties strictly within their scope of duties as stated in these bylaws.

F. Members shall guide and inform the actions of the Commission by providing advice on recommendations, policies, and strategies which address homelessness.

G. Members shall contribute their feedback and expertise when identifying gaps in services and resources of the homeless services system in Orange County.

H. Members shall work collaboratively with the Office of Care Coordination to facilitate the work and initiatives of the Commission.

I. Members shall support safe space for engagement and respectful dialogue and act in an equitable and inclusive manner to encourage participation in discussions at the Commission and committees.

J. Members shall share local and professional perspectives and experiences with the Commission to expand the collective understanding of homelessness issues facing Orange County and local communities and inform discussions and decisions.

K. Members shall support opportunities for alignment and connection among County, multidisciplinary, and local systems addressing homelessness that are creative and responsive to the needs of the target population.

L. Throughout the course of their term, Members shall periodically provide the Commission with updates on efforts, resources, and collaboration they are participating in outside of their role as Commissioner to achieve the mission of the Commission, as well as seek partnership, coordination, and guidance on those efforts.

M. Members shall be ambassadors in the Orange County community ensuring the philosophy and principles of the Commission are shared and incorporated throughout the Homeless Service System.

ARTICLE VII: REMOVAL AND RESIGNATION OF MEMBERS

A. The BOS may, at any me and without cause, remove any Commission Member from office by majority vote of the BOS.

B. Resignation of Commission Members shall be effected by a written letter of resignation submitted to the Chairperson of the Commission and to the BOS.

ARTICLE VIII: COMMITTEES AND SUBCOMMITTEES

A. Ad Hoc Committees

1. The Chairperson of the Commission may establish Ad Hoc Committees, comprised of less than a quorum of the Commission, to accomplish time-limited tasks that support the goals of the Commission.

2. The terms of the appointment for the Ad Hoc Committee are for the period of time required to fulfill the Ad Hoc Committee's purpose.

3. Ad Hoc Committees may be established to serve as a resource to assist in the functions of the CoC Board.

~~4. Ad Hoc Committees shall have no independent authority and shall be limited to exercising only those specific functions granted to them by the Commission.~~

~~5. Ad Hoc Committees shall have no independent authority to commit the Commission to any policy or action without prior approval of the general membership of the Commission.~~

B. Subcommittees

1. The Commission may establish subcommittees to accomplish the purposes and functions set forth in Article l.

2. Subcommittees will be comprised of less than a quorum of the Commission and may include other knowledgeable individuals who are not Commission members. Said individuals shall be subject to the conflict-of-interest statutes, regulations, ordinances, bylaws, and guidelines.

3. Subcommittee appointments, roles, responsibilities, and authority will be determined by the Chairperson of the Commission.

C. Ad Hoc Committees and Subcommittees shall have no independent authority and shall be limited to exercising only those specific functions granted to them by the Commission.

D. Ad Hoc Committees and Subcommittees shall have no independent authority to commit the Commission to any policy or action without the prior approval of the general membership of the Commission.

ARTICLE IX: MEETINGS AND ACTIONS

The Commission shall meet bi-monthly (every other month) but no less than three times per year to receive reports on progress made on each of the goal areas set forth by the County of Orange. The initial meeting shall take place once the bylaws have been approved by the BOS.

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

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

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

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

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

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

    1. Quorum requirements are as follows:

        a. General Meetings – Quorum shall be no less than fi y percent plus one (50%+1) of the voting Commission membership currently seated.

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

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

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

3. Voting by Proxy – Members of the BOS and the Orange County District Attorney who serve as Members may designate a substitute to attend a Commission meeting on their behalf and vote on any action item by submitting the Member's signed proxy to the Chairperson at the start of the meeting.

4. Minutes of the Meeting – The Secretary shall prepare the minutes for each meeting of the Commission and publish for the public at large.

ARTICLE X: CONFLICT OF INTEREST

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

A. Members of the Commission shall not vote nor attempt to influence any other Member on a matter under consideration by the Commission as follows:

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

   2. By providing direct financial benefit to such Member or the immediate family of such Member; or

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

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

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

D. Neither Commission nor any of its Members shall promote, directly or indirectly, any political party, political candidate or political activity using the name, emblem or any other identifier of Commission.

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

ARTICLE XI: AUTHORITY

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

ARTICLE XII: ADOPTION AND AMENDMENT OF BYLAWS

A. Adoption – Affirmative vote of at least fifty percent plus one (50% + 1) of those voting, a quorum being present, shall be required to propose changes to these Bylaws.

B. Amendments

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

2. Proposed amendments shall be submitted in writing and made available to each Member of the Commission not less than five (5) days prior to consideration before a vote can be taken.

C. All amendments to the Bylaws must be approved by the BOS and shall become effective only upon approval by the BOS.

ARTICLE XIII: ESTABLISHMENT AND ADOPTION OF OPERATING PROCEDURES

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

ARTICLE XIV: SEVERABILITY

Should any part, term, portion or provision of these Bylaws be determined to be in conflict with any law, regulation or ordinance or otherwise unenforceable or ineffectual, the remaining parts, terms, portions or provisions shall be deemed severable and their validity shall not be affected thereby provided such remaining portions or provisions can be construed in substance to constitute the provisions that the Members intended to enact in the first instance.

Agenda Item 6

SUMMARY ACTION MINUTES

JOINT SPECIAL MEETING OF THE
ORANGE COUNTY
CONTINUUM OF CARE BOARD
AND THE
COMMISSION TO ADDRESS HOMELESSNESS

Tuesday, July 21, 2026, 2:00 pm

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

Call to Order
MEETING CALLED TO ORDER AT 2:03 P.M.

Pledge of Allegiance
COMMISSION TO ADDRESSS HOMELESSNESS (COMMISSION) VICE CHAIR BENJAMIN HURST LED THE PLEDGE OF ALLEGIANCE.

Roll Call
CLERK CALLED THE ROLL AND CONFIRMED QUORUM OF THE CONTINUUM OF CARE (COC) BOARD AND THE COMMISSION FOR THE JOINT SPECIAL MEETING.

PUBLIC COMMENT

None

COMMISSION AND CONTINUUM OF CARE BOARD MEMBERS COMMENTS

Robert "Santa Bob" Morse – Recognized the members of the Lived Experience Advisory Committee who were in attendance at the Joint Special meeting.
Jason Phillips – Read names of individuals who passed away in May without fixed abode.

DISCUSSION ITEMS

1. 2026 Point in Time Count
   DIRECTOR OF CARE COORDINATION DOUG BECHT PRESENTED THE KEY DATA GATHERED DURING THE 2026 POINT IN TIME COUNT AND MEMBER DISCUSSION CENTERED AROUND THE CONTINUED SHORTAGE OF AFFORDABLE AND SUPPORTIVE HOUSING AS THE PRIMARY REASON WHY PEOPLE EXPERIENCING SHELTERED HOMELESSNESS HAS NOT RESULTED IN SUCCESSFUL EXITS FROM SHELTER TO PERMANENT HOUSING.

2. Orange County Homeless Prevention Committee
   DIRECTOR OF CARE COORDINATION DOUG BECHT PROVIDED AN UPDATE ON CORPORATION FOR SUPPORTIVE HOUSING'S (CSH) WORK TO DEVELOP A COMPREHENSIVE HOMELESSNESS PREVENTION MODEL; CSH HAVE HELD SEVERAL STAKEHOLDER MEETINGS, IDENTIFIED THREE CATEGORIES OF INTERVENTIONS

AND PRACTICES FOR HOMELESS PREVENTION; AND THE COC BOARD AND COMMISSION CAN EXPECT FURTHER UPDATES AS THE EFFORT CONTINUES.

ADJOURNED: 4:00 P.M.

Agenda Item 7

SUMMARY ACTION MINUTES

REGULAR MEETING
COMMISSION TO ADDRESS HOMELESSNESS

Wednesday, June 17, 2026, 1:00 P.M.

County Administration North
First Floor Multi-Purpose Room
400 W Civic Center Drive, Santa Ana, CA 92701

Gina Cunningham, Chair
Affordable Housing Development Representative

Benjamin Hurst, Vice Chair
Philanthropic Leader Representative

Janet Nguyen
Supervisor, First District

Susan Parks
Business Representative

Todd Spitzer
Orange County District Attorney

Veronica Kelley
Behavioral Health Representative

Benjamin Vazquez
Central Service Planning Area Representative

Ivan Pitts
Faith-Based Community Representative

Kelly Bruno-Nelson
Medi-Cal Managed Care Health Plan Representative

Robert Morse
Continuum of Care Board Representative

Vicente Sarmiento
Supervisor, Second District

Adam Foster
Chief of Police Representative

Nathaniel Shinagawa
Hospital Representative

Vacant
North Service Planning Area Representative

Debra Rose
South Service Planning Area Representative

Karen Loddby
Orange County Sheriff-Coroner Representative

Joshua Bobko
At-Large Representative

Maricela Rios-Faust
Continuum of Care Board Representative

Anthony Trejo
Lived Experience Representative

Commission Director
Doug Becht, Director of Care Coordination

Clerk of the Commission
Valerie Sanchez, Chief Deputy Clerk

ATTENDANCE: Commissioners: Bobko, Cunningham, Foster, Hurst, Kelley, Loddby, Morse, Peppas (Proxy for Nguyen), Pitts, Rios-Faust, Rose, Sarmiento, Shinagawa, Spitzer, Trejo and Vazquez

ABSENT: Commissioners: Bruno-Nelson, Nguyen (Represented by Proxy) and Parks

PRESENT: COMMISSION DIRECTOR — Doug Becht, Director of Care Coordination
CLERK OF THE COMMISSION — Valerie Sanchez

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

SUMMARY ACTION MINUTES

Pledge of Allegiance
COMMISSIONER FOSTER LED THE PLEDGE OF ALLEGIANCE.

Roll Call
CLERK CALLED THE ROLL AND CONFIRMED QUORUM PRESENT.

PUBLIC COMMENT
None

COMMISSION MEMBER COMMENTS
Vice Chair Hurst – Announced the groundbreaking of the Salvation Army's Center for Applied Research and Innovation at the Anaheim Center of Hope. The 14-acre comprehensive homeless services campus will be completed in approximately 12 months and will serve as a resource for Orange County.

DISCUSSION ITEMS

1. Commission to Address Homelessness Update

    a. Membership Update
    COMMISSION DIRECTOR DOUG BECHT WELCOMED NEW COMMISSIONER KAREN LODDBY AS THE ORANGE COUNTY SHERIFF-CORONER DEPARTMENT REPRESENTATIVE.

    b. CoC Program Notice of Funding Opportunity (NOFO)
    COMMISSION DIRECTOR DOUG BECHT UPDATED THE COMMISSION THAT THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) ANNOUNCED FY 2025 COC PROGRAM RENEWALS FOR Q1, Q2 AND Q3 AND ON JUNE 1ST ANNOUNCED THE RELEASE OF FY2026 COC PROGRAM NOFO.

2. Office of Care Coordination Update

    a. 2026 Point in Time Count (PIT)
    COMMISSION DIRECTOR DOUG BECHT PRESENTED ON THE RESULTS OF THE 2026 PIT AND ANNOUNCED A JOINT SPECIAL MEETING OF THE COMMISSION TO ADDRESS HOMELESSNESS AND THE CONTINUUM OF CARE BOARD TO REVIEW AND DISCUSS THE RESULTS ON JULY 21, 2026, AT 2:00 P.M.

    b. OC Same-Day Solutions Fair
    COMMISSION DIRECTOR DOUG BECHT REPORTED ON THE CONTINUED SUCCESS OF THE OC SAME-DAY SOLUTIONS FAIR. THERE HAVE BEEN FOUR EVENTS THIS YEAR, INCLUDING TWO THAT WERE HOSTED IN PARTNERSHIP WITH THE HUB RESOURCE CENTER IN ORANGE. OTHER EVENT LOCATIONS INCLUDED THE PLACENTIA PRESBYTERIAN CHURCH IN PLACENTIA AND LIONS PARK IN COSTA

MESA. THE NEXT OC SAME-DAY SOLUTIONS FAIR IS SCHEDULED FOR THURSDAY, JUNE 25, 2026, AT THE SAN JUAN CAPISTRANO COMMUNITY CENTER.

c. Homeless Prevention Framework Project

COMMISSION DIRECTOR DOUG BECHT REPORTED THAT THE CORPORATION FOR SUPPORTIVE HOUSING HAS BEEN CONVENING STAKEHOLDERS TO DEVELOP A COMPREHENSIVE HOMELESSNESS PREVENTION MODEL AND ANTICIPATES BRINGING RECOMMENDATIONS TO THE COMMISSION AT A SUMMER MEETING.

d. Encampment Resolution Funding (ERF)

COMMISSION DIRECTOR DOUG BECHT ANNOUNCED THAT THE OFFICE OF CARE COORDINATION INTENDS TO SUBMIT AN APPLICATION FOR THE ERF PROGRAM THROUGH THE CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT.

e. Emergency Shelter Operations and Services Request for Proposal (RFP)

COMMISSION DIRECTOR DOUG BECHT ANNOUNCED THAT ON MAY 27, 2026, THE OFFICE OF CARE COORDINATION RELEASED AN RFP FOR TWO PROGRAM COMPONENTS. PROGRAM A FOR INDIVIDUALS, FAMILIES AND SURVIVORS OF DOMESTIC VIOLENCE, AND PROGRAM B FOR TRANSITIONAL AGE YOUTH. SUBMISSION DEADLINE IS JULY 8, 2026, BY 5:00 P.M.

3. 2026 Commissioner Objectives

BUILDING ON THE DISCUSSION FROM THE PREVIOUS COMMISSION MEETING, CHAIR CUNNINGHAM RECOMMENDED THE FORMATION OF FOUR AD HOCS RELATED TO THE HOMELESS SERVICE SYSTEM PILLARS: 1) PREVENTION, 2) OUTREACH, 3) SUPPORTIVE SERVICES, AND 4) HOUSING AND SHELTER. EACH AD HOC WILL MEET AND DISCUSS SUGGESTIONS AND DEVELOP RECOMMENDATIONS FOR CONSIDERATION AT AN UPCOMING COMMISSION MEETING. COMMISSIONERS INTERESTED IN SERVING ON AN AD HOC SHOULD CONTACT THE COMMISSION CHAIR.

ACTION ITEMS

4. Membership Recommendation
   a. Approve the recommendations for appointment of the following candidate to serve on the Commission to Address Homelessness as detailed below to the Board of Supervisors for final approval.
      i. Aaron France, City Manager for Buena Park, as the North Service Planning Area Representative

ON THE MOTION OF COMMISSIONER RIOS-FAUST, SECONDED BY COMMISSIONER ROSE, THE COMMISSION APPROVED AS RECOMMENDED.

SUMMARY ACTION MINUTES

5. Approve Commission to Address Homelessness minutes from the April 15, 2026, regular meeting. **ON THE MOTION OF CHAIR CUNNINGHAM, SECONDED BY VICE CHAIR HURST, THE COMMISSION APPROVED AS RECOMMENDED.**

ADJOURNED: 2:48 P.M.

NEXT MEETING: August 19, 2026, 1:00 P.M.

Valerie Sanchez, Chief Deputy Clerk of the Board
Clerk of the Commission

Commissioner Gina Cunningham
Chair