

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1A-1. CoC Name and Number: CA-602 - Santa Ana, Anaheim/Orange County CoC

1A-2. Collaborative Applicant Name: County of Orange

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Orange County United Way

1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	5
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	6
3.	Certified Community Behavioral Health Clinic (CCBHC)	No	
4.	Community Mental Health Center (CMHC)	No	
5.	Disability Advocate(s)	Yes	2
6.	Disability Service Organization(s)	Yes	2
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	3
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	No	
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	3
11.	Hospital(s)	Yes	0
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	No	
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	1
14.	Law Enforcement	Yes	0
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	No	
16.	Local Government Staff/Official(s)	Yes	2

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	No	
19.	Local Jail(s)	Yes	0
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	0
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	3
24.	Other nonprofit homeless assistance provider(s)	Yes	9
25.	Other social service provider(s)	Yes	3
26.	Public Housing Agencies	Yes	2
27.	Recovery Housing or Sober Living Provider(s)	No	
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	No	
30.	Street Outreach Team(s)	Yes	4
31.	Substance Abuse Advocate(s)	Yes	0
32.	Substance Abuse Service Organization(s)	Yes	0
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	1
39.	State Domestic Violence Coalition	Yes	1
40.	State Sexual Assault Coalition	Yes	0
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	3
43.	Youth Service Provider(s)	Yes	3
44.	Other Homeless Assistance Provider(s)	Yes	4
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	No	
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The Orange County Continuum of Care (CoC) has an open, year-round invitation to join the CoC on its public website, and the process is transparent and available to any interested organization or individual within the CoC's geography. The CoC Collaborative Applicant (CA) facilitates CoC engagement and participation from organizations, local governments, and individuals that are seeking to get involved in the CoC. At least twice a year, the CoC actively solicits new membership at its CoC Board and Committee meetings hosted in-person and through email distribution lists reaching hundreds in the community. The process to join the CoC membership is simplified to encourage participation from diverse stakeholders, including people with lived experience of homelessness, public and behavioral health and healthcare providers, employment agencies, affordable housing developers, Public Housing Authorities, victim and youth service providers, and advocates. The email distribution method ensures effective communication for individuals with disabilities and increases accessibility to the public. The CoC webpage includes how to become a CoC Member, providing accessible information for the public and is compliant with screen reader technologies and tabbing, and is translated in other languages, including Chinese, Korean, Spanish, and Vietnamese. The CoC established the Lived Experience Advisory Committee in November 2020 to engage and include people with current or former lived experience of homelessness in the feedback and decision-making process, integrating lived expertise perspectives to improve CoC policies and procedures. In 2026, the CoC established a Youth Action Board and actively recruited young people ages 18 to 25 with lived experience of homelessness for similar purposes. The CoC and CoC-funded agencies have made strides to incorporate people with lived experience of homelessness in the development and operations of programs and services, in addition to representation in Committees and the CoC Board. The CoC CA has conducted outreach to engage organizations serving underserved communities. The CoC CA has strategically worked to provide CoC updates at other formal meetings and community meetings that aim to address homelessness, housing and/or healthcare delivery. The CoC holds public meetings in ADA accessible spaces and accommodates persons with disabilities. The CoC live-streams meetings promoting a transparent process and public participation.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

The CoC has monthly and bi-monthly meetings that are open to the public, including the CoC Board and Policies, Procedures and Standards Committee meetings, which encourage participation from an array of agencies and individuals that have knowledge and/or interest in preventing and ending homelessness by providing an opportunity for public comment and input on policy and program discussions. The CoC provides an opportunity for written feedback using online surveys and email. The CoC also facilitates listening sessions and feedback sessions to help inform the CoC's strategy to addressing homelessness. Meeting agendas and materials are posted at least 72 hours in advance, presentations and minutes are posted publicly following the meeting. Items are presented at CoC Committees for discussion and feedback prior to consideration by the CoC Board to ensure community engagement and input. Meetings are well attended by stakeholders, CoC-funded agencies, community and faith-based organizations, ESG entitlement jurisdictions, legal aid organizations, advocates, and people with lived experience of homelessness. CoC has representation on the Commission to Address Homelessness which focuses on homelessness policy for the County and provides direct service perspective and engages leaders in the System of Care: Behavioral health, Community Corrections, Healthcare, Housing, and Benefits and Support Services. Effective communication is generally provided using appropriate auxiliary aids and services, visual alarm devices, accessible electronic communications, documents in alternative formats, or assistance in reading or completing a form, etc. This applies to oral, written, audible, visual, electronic communications, including letters, notices, emails, websites, and other written documents and electronic media, as well as oral communications that occur in person, over the phone or internet, meetings, trainings, presentations, when communicating with an individual with a disability or when such communications are expected. CoC Collaborative Applicant also facilitates listening sessions and focus groups where organizations, community members, individuals with lived experience of homelessness discuss strategies to address homelessness, including improvements or new approaches to preventing and ending homelessness, in the CoC by covering a broad range of topics, including system improvement.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

The Orange County CoC makes public notification for proposals for the local competition process through announcements at public meetings, including CoC Board, Committees, email distribution lists, posting on the CoC webpage, and contact lists with all agencies with human service contracts with the County of Orange that is generated by the County Procurement Office for targeted outreach reaching hundreds of organizations, the majority being non-CoC Program funded, and stakeholders in the community. Additionally, the CoC directs outreach to faith-based organizations and other community stakeholders that have not previously applied. The CoC issued a Request for Proposals (RFP) for CoC Program funding as recommended by the CoC Board on June 24, 2026. The RFP outlined the threshold, technical, document, and quality requirements for new proposed projects, as well as start and end date of solicitation process, target populations, eligible project types, and submission process. The CoC Collaborative Applicant (CA) shared all materials including announcements, applications, webinars, PowerPoint slides regarding the competition, and acceptance for proposals in an electronic format via email and posted on CoC website. CoC CA identified several RFP review panels of non-conflicted members to evaluate proposals as described in the Review and Scoring section of the RFP. The panels reviewed submissions individually and met for discussion. The panels reached unanimous consensus on the proposals to be recommended for inclusion in the Project Priority Listing to be submitted to HUD for funding for approval by the CoC Board during the August 7, 2026, special meeting. The CoC received 17 new project proposals and accepted 12; 5 were rejected for low scores. Four accepted projects came from agencies not previously CoC Program-funded, including faith-based providers. Rejected applicants were notified in writing and one appeal was filed and heard by non-conflicted Board members. The selected renewal and new proposals were notified of their status on August 11, 2026, following action from the CoC Board. Questions, answers and technical assistance requests related to the local CoC Program competition process were provided through multiple channels to interested applicants, including those who may not be as familiar with the CoC Program. By incorporating multiple avenues of communication, the CoC CA was able to ensure effective communication with individuals with disabilities.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

The CoC's strategies for reducing homelessness are anchored by an ongoing Strategic Plan that strengthens the CoC's capacity to identify gaps using HMIS data and stakeholder feedback and develops countermeasures to rectify them. The CoC is working to establish a routine structure to review the performance of the CoC, including its administrative components: CoC Board, Collaborative Applicant (CA), HMIS Lead and CES Lead. This structure incorporates CoC stakeholders beyond the CoC Board, thus involving the experience and expertise of diverse stakeholders in the gap identification and development of interventions that best meet the needs of homeless populations.

In 2026, the CoC completed a CES evaluation which drew on HMIS data, surveys, interviews, and focus groups to identify areas of improvement within CES, including subpopulations. The results of CES evaluation is helping inform new strategies for reducing homelessness, as it found gaps in Access Points coverage and the completion of assessments, which is resulting increased lengths of homelessness. One strategy the CoC will implement will be to increase Access Points and leveraging funding sources for these activities.

The CoC deploys numerous interventions including homelessness prevention/diversion, emergency shelter, transitional housing, rapid re-housing, permanent supportive housing, and supportive services to reduce homelessness. Targeted projects address each subpopulation's challenges and barriers to housing and stability to promote improved outcomes that reduce homelessness. Programs are evaluated at least twice a year using CoC Board approved performance measures and thresholds to determine effectiveness and impact. Performance reports are published publicly, and facilitated meetings explore challenges and share lessons learned. This informs which programs continue, end, or are refined for the desired impact.

The CoC evaluates progress towards meeting desired outcomes of the Strategic Plan to reduce homelessness. This lets the CoC Board to respond to changes in funding and services landscape that impact the CoC's ability to address homelessness. The CoC Board also reviews HUD submitted reports such as the Point In Time count and System Performance Measures. The federal, state and philanthropic funds support the implementation of planned activities. The CA oversees implementation and management of the Strategic Plan. The CoC Board and partners are key in the implementation.

1B-5a	Confirmation of Plan Coverage.
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Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes

5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	7%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

The Orange County Continuum of Care (CA-602) is not designated as a rural CoC under HUD's geographic classification.

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

The Orange County CoC coordinates with the Orange County Health Care Agency (OCHCA), CalOptima Health, County of Orange (County)-contracted outpatient treatment providers for mental health and substance use disorders, hospitals, housing providers, and community organizations to connect people experiencing homelessness with a range of appropriate levels of care, including psychosocial interventions, medication management, suicide prevention and recovery supports. The Orange County CoC has been trained on navigating the established referral pathways to connect participants to this comprehensive network of services focusses on determining clinical needs and eligibility, as well as consideration for health insurance providers and includes substance use disorder assessment, outpatient treatment, intensive outpatient treatment, medication treatment for substance use disorders, withdrawal management, residential treatment, recovery services, case management, and peer support. The Orange County CoC helps facilitate linkages to these services and when appropriate helps facilitate transportation for outpatient treatment. Additionally, Full-Service Partnership services are available to people experiencing co-occurring disorders, providing an intensive level of support to meet the needs of this high acuity population. Within the Orange County CoC geographical area there are seven Drug Medi-Cal withdrawal-management service providers providing detox services as well as in-patient residential treatment programs which operate on a 24-hour basis, with some programs offering both withdrawal management and inpatient residential services, providing opportunities for people with substance use disorders to transition between levels of care where clinically appropriate. OCHCA contracts with seven providers who have a combined nine locations of sober living housing options available to the community, provided people meet the program eligibility criteria.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

The Orange County CoC partners with the Orange County Health Care Agency (OCHCA), CalOptima Health, and County of Orange (County) -contracted behavioral health providers to connect people experiencing homelessness to peer recovery specialists and other forms of peer support and recovery navigation. Peer support is embedded across the behavioral health system, including through Drug Medi-Cal recovery services, Full-Service Partnership (FSP) programs for individuals with the highest acuity, and OCHCA-operated wellness and recovery programming staffed by peers with lived experience of mental health and/or substance use recovery. The Orange County CoC's street outreach, emergency shelter, transitional housing, and permanent housing projects incorporate or link to peer staff who use shared lived experience to build rapport, reduce stigma, support engagement in treatment, and navigate participants through the System of Care: Behavioral Health, Community Corrections, Healthcare, Housing, and Benefits and Support Services. Peer navigators assist with warm handoffs to substance use and mental health treatment, accompany participants to appointments, and provide ongoing recovery support that reinforces housing stability. Access to peer support is coordinated through OC Links, the County's 24/7 behavioral health access line, which provides screening, referral, and linkage. By integrating peers across outreach, crisis response, treatment, and housing, the Orange County CoC ensures recovery navigation is continuous rather than episodic and is responsive to each participant's stage of recovery.

The Orange County CoC also partners with Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) to provide structured peer-led support groups that serve as practical pathways for navigating substance use recovery. For example, emergency shelter providers work with local groups to come onsite to facilities and host AA and NA meetings, thus reducing barriers for participants.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

The Orange County CoC identifies individuals experiencing Serious Mental Illness (SMI) who are also experiencing homelessness by training professional staff conducting street outreach and operating emergency shelters and permanent housing programs. Additionally, the Orange County CoC works with OC Links as the County's 24/7 behavioral health access line, mobile crisis teams, hospitals, law enforcement, community corrections, and supportive service providers who engage people experiencing homelessness to assist in identifying those experiencing SMI. This information is most often shared as part of warm hand off process, as the individuals are connected to the homeless response system for further support. Identification occurs through screening and assessment at intake and through ongoing case management and observation, recognizing that individuals may not disclose behavioral health needs initially. Once identified, individuals are linked to the Orange County Health Care Agency (OCHCA) and CalOptima Health for clinical assessment and enrollment in the appropriate level of care. For individuals with the highest acuity, OCHCA's Full-Service Partnership (FSP) programs provide intensive, team-based care coordination that combines assertive outreach with comprehensive treatment, wraparound services, and 24/7 support consistent with the Assertive Community Treatment (ACT) model. Multidisciplinary teams and by-name lists coordinate engagement across agencies so that individuals with SMI receive consistent, non-duplicative support. Psychiatric Emergency Response Team (PERT) clinicians paired with law enforcement provide field-based assessment and de-escalation and connect individuals in crisis to stabilization, treatment, and follow-up care. Permanent supportive housing projects also provide on-site or linked behavioral healthcare to help participants engage in services necessary to promote and sustain stability. This combination of assertive outreach, intensive care coordination, and comprehensive treatment promotes stability for individuals experiencing SMI.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

The CoC coordinates with the OC Superior Court Collaborative Courts, District Attorney and Public Defender to support individuals in drug and other specialty court programs. The Collaborative Courts combine judicial supervision with treatment as an alternative to incarceration. The CoC connects participants to the OC Health Care Agency, CalOptima Health, and Drug Medi-Cal providers for treatment and to CoC provided temporary and permanent housing options, aligning with court conditions.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

The Orange County CoC coordinates with the Orange County Superior Court's Collaborative Courts, the District Attorney's Office and the Public Defender to support housing stability and movement toward independence for individuals experiencing homelessness with mental and/or substance use disorders involved in drug or other specialty court programs. These Collaborative Courts combine judicial supervision with mental health and/or substance use disorder treatment and supportive services as an alternative to incarceration and/or felony and/or misdemeanor charges. Additionally, the Collaborative Courts leverage community-based resources to support individuals experiencing homelessness in navigating barriers to housing stability. The Orange County CoC coordinates by connecting participants to the Orange County Health Care Agency (OCHCA), CalOptima Health, and Drug Medi-Cal treatment providers for assessment, treatment, and recovery services, and by linking participants to temporary and permanent housing resources through the Coordinated Entry System. When Collaborative Court orders establish treatment or supervision conditions, the CoC and its partners leverage those conditions to reinforce engagement, aligning case management, treatment adherence, and housing plans with court requirements so that compliance and stability are mutually reinforcing. Multidisciplinary coordination and information sharing, supported by memoranda of understanding, allow housing providers, mental health and substance use disorder treatment providers, and court personnel to maintain shared awareness of participant progress while protecting confidentiality. This coordination supports participants in completing court-supervised treatment, avoiding incarceration and/or felonies and misdemeanors on their record, effectively helping address homelessness, and transitioning toward independence and permanent housing.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

The Orange County CoC partners with the local crisis system of care operated by the OC Health Care Agency (OCHCA). OC Links provides 24/7 access to mobile crisis teams, the Psychiatric Emergency Response Team (PERT), crisis stabilization and residential programs, and psychiatric hospitals. The CoC's outreach, shelter, and housing providers use these for screening, crisis response, and warm handoffs, then coordinate with OCHCA and CalOptima Health for follow-up treatment.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	151
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1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
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1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The Orange County CoC maintains formal partnerships with behavioral and mental health facilities via the OC Health Care Agency (OCHCA), CalOptima Health, and contracted providers, supported by contracts, MOUs, and referral protocols. These connect people experiencing homelessness to outpatient treatment, medication management, crisis stabilization and residential programs, psychiatric hospitals, and Full-Service Partnership services. Discharge coordination links people to housing.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

The Orange County CoC coordinates with the OC Health Care Agency (OCHCA) and County-contracted providers to connect people experiencing homelessness to sober living and recovery housing. OCHCA contracts with 7 providers operating 9 sober living locations for eligible individuals, offering a substance-free environment with recovery services, peer support, and treatment. The CoC providers refer participants via OC Links, matching treatment and placement to recovery stage.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

The Orange County CoC outreach and housing providers coordinate with outpatient treatment for mental health and substance use disorders, peer support and recovery navigation, services necessary to promote stability, drug or other specialty courts, local crisis System of Care, detox, residential and inpatient treatments, and sober housing programs to better support people with mental health and/or substance use disorders who are experiencing homelessness or at risk of homelessness. This coordination is largely with OC Health Care Agency who oversees the majority of behavioral health services and treatment in Orange County, and their contracted providers to facilitate warm hand-offs and care coordination focused on positive housing outcomes. The Orange County CoC assists individuals experiencing homelessness in accessing appropriate levels of care and also leverages available temporary and permanent housing resources to promote stability during outpatient treatment, thus preventing exits into homelessness. The CoC's use of a warm hand-off model focuses on outreach workers and housing case managers work with mental health and/or substance use disorder treatment providers, peer navigators, crisis response staff, and inpatient facility discharge planners to directly connect individuals experiencing homelessness to appropriate levels of care. Additionally, to support successful discharge planning, there is further coordination for follow-up appointments, sharing of necessary information consistent with confidentiality requirements, and confirmation of engagement before a case is considered transferred. OC Links, the County's 24/7 behavioral health access line, and multidisciplinary team meetings serve as coordinating hubs that align behavioral health, treatment, and housing partners around participants and their treatment and housing needs. Discharge coordination with hospitals, inpatient and residential treatment facilities, crisis stabilization units, and correctional settings is prioritized so that individuals leaving these settings are handed off to interim or permanent housing and follow-up care rather than discharged to the street. For individuals in sober housing or inpatient treatment nearing completion, providers coordinate in advance so that a stable placement is arranged before the transition. This closed-loop, warm hand-off approach reduces gaps between systems and prevents individuals from cycling back into homelessness at points of transition.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$37,335,446
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$19,356,307
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	52%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$5,234,152

5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).

66%

1C-3.	Participation Requirements for Supportive Services.	
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.	
	What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The Orange County CoC consults with Emergency Solutions Grants (ESG) recipients in the planning and allocation of ESG funds and will continue to do so. ESG recipients operating within the CoC's geographic area, including the County of Orange, the City of Anaheim, the City of Irvine, the City of Garden Grove and the City of Santa Ana who participate as CoC members. The County of Orange serves as the Administrative Entity for ESG for the CoC. The ESG recipients also participate in the CoC Board and relevant committees, ensuring ongoing, structured consultation. The CoC's Housing Opportunities Committee is chaired by a staff from the City of Santa Ana and regularly has participation from the four other ESG recipients. The CoC consults with ESG recipients on the allocation of ESG funds by sharing CoC priorities, written standards, and performance data so that ESG investments align with the coordinated homelessness response system. This includes coordination on Coordinated Entry System participation, HMIS use and data quality, program performance standards and outcome measurement, and the setting of local funding priorities across emergency shelter, rapid re-housing, street outreach, and prevention. ESG recipients and the CoC jointly review performance to inform reallocation and future funding decisions and to avoid duplication of services, as well as support the CoC's priorities to address homelessness. The CoC also provides needed CoC-data, such as the Point In Time Count results and the Housing Inventory Count information to the ESG recipients to support in their completion of their Consolidated Plan and reporting on Annual Action Plan processes to align ESG planning with CoC strategy. Through this ongoing consultation, ESG and CoC resources are coordinated to maximize impact and ensure a unified, data-informed homelessness response across Orange County.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

The Orange County CoC coordinates closely with emergency shelter providers to connect individuals and families to CoC assistance and move them toward permanent housing. Emergency shelters participate in the CoC's Coordinated Entry System (CES) as access and assessment points, so that people entering shelter are screened, assessed for need and vulnerability, and prioritized for CoC permanent housing resources. Shelter providers enter participant data into HMIS (or a comparable database for victim service providers), enabling warm handoffs and streamlining data sharing, coordinated case conferencing, and by-name list management across the homeless response system. Shelter providers have adopted a housing-focused case management model and work with community-based organizations and County departments to make supportive services available to shelter participants, either on site or through a direct referral model. This reduces barriers to supportive service engagement and helps shelter participants begin making progress towards permanent housing. CoC-funded street outreach teams refer unsheltered individuals and families to emergency shelter programs, and emergency shelter case managers connect participants to CoC-funded rapid re-housing, permanent supportive housing, and supportive services, as well as to mainstream benefits and behavioral health resources. The CoC provides emergency shelter providers with training, written standards, and CES protocols to ensure consistent, low-barrier, and housing-focused practices. Regular coordination meetings align emergency shelter operations with CoC priorities, monitor flow of participants from emergency shelter to permanent housing, and identify and resolve barriers. Through this coordination, emergency shelter functions as an integrated entry point to CoC assistance rather than an endpoint, shortening lengths of stay and increasing placements into permanent housing.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The Orange County CoC shares Point-in-Time (PIT), Housing Inventory Count (HIC), HMIS, and System Performance Measures (SPM) data with state and local government partners, as permitted by law, to inform on the homelessness response system. The CoC publishes PIT and HIC results and makes SPM data available via the CoC's Collaborative Applicant and HMIS Lead webpages. The CoC host special meetings to review the results of the PIT, HIC, and SPM and invites participant from the County of Orange, 34 cities, the Health Care Agency, CalOptima Health, and other System of Care partners to learn and understand the CoC's data as well as facilitate discussions on the use of the CoC's data to support planning, resource allocation, and program design. The CoC's HMIS data is shared with the California Interagency Council on Homelessness on a quarterly basis through the establishment of a data sharing Memorandum of Understanding with the CoC which is required for state funding, including the Homeless Housing, Assistance and Prevention (HHAP) Program. The CoC's HMIS data that is provided to the state is integrated with the Homeless Data Integration System (HDIS) which provides the CoC additional data analysis tools and an opportunity to evaluate its performance to other CoC's in the state. The CoC governs HMIS data sharing through executed data-sharing and privacy agreements, HMIS policies and procedures, and applicable confidentiality protections, ensuring that only permissible, de-identified, or appropriately authorized data is shared. The HMIS Lead fields inquiries for CoC data and evaluates this request against the CoC-approved policies and procedures, and to gain a better understanding of how these will inform the homeless response system. Aggregate performance data informs local decision-making: identifying gaps, targeting investments, and measuring progress on reducing first-time homelessness, length of time homeless, returns to homelessness, and successful placements. By making system data transparent and available to government partners, the CoC ensures that funding and policy decisions across the region are grounded in a shared, accurate picture of homelessness.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The Orange County CoC uses data sources beyond HMIS to improve care and coordinate services across systems. Through its partnership with the OC Health Care Agency and CalOptima Health, the CoC coordinates with healthcare and behavioral health data [including healthcare utilization and, where data-sharing agreements permit, admission, discharge, and transfer (ADT) information] to identify high-need and high-utilizing individuals and to coordinate hospital and institutional discharge planning that prevents discharges into homelessness. Coordination with the OC Sheriff's Department, OC Probation, and correctional systems provides justice-system data that supports reentry planning and connects justice-involved individuals to housing and supportive services at release. The CoC has approved the use of HMIS data to be integrated and used in the County of Orange's Care Plus Program (CPP). CPP offers enhanced care coordination for those who are the most vulnerable across the County of Orange's (County) System of Care: Behavioral Health, Community Corrections, Healthcare, Housing, and Benefits and Support Services. The program objectives are to expedite the identification of client needs and provide subsequent linkages to services with greater collaboration and maximization of resources. The program is facilitated through the innovative data integration platform Compass OC and the use of multidisciplinary team meetings.

Compass OC enables data sharing between County departments and community-based organizations by pulling specific data elements from numerous County databases to create a holistic view of a client's program history and service utilization. Additionally, Compass OC facilitates the creation of Care Plans for clients, including referrals and linkages to services, to assist in care coordination and case management. Multidisciplinary teams, comprised of subject matter experts across the System of Care, meet on a regular basis to support and inform the development of Care Plans and coordinate approaches to overcome barriers to care for clients of the CPP.

These additional data sources are used alongside HMIS, under executed agreements and applicable privacy law, to build a fuller picture of each individual's needs, coordinate care across systems, target scarce resources to those at highest risk, and reduce gaps that lead to or prolong homelessness.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

The CoC Partners with the Orange County Workforce Development Board (OCWDB) and its America's Job Centers of California (AJCC) network to connect people experiencing homelessness to employment and training. Under the Workforce Innovation and Opportunity Act (WIOA), people experiencing homelessness are a priority population for services, and the CoC uses this partnership to move participants from crisis toward earned income and housing stability.

CoC-funded providers assess each participants skills, employment goals, and barriers, then provide direct coordination or a warm hand-off to AJCC staff and appropriate WIOA programming. AJCC services include career counseling, resume development, interview preparation, job search and placement, occupational skills training, on-the-job training, and work-based learning in in-demand local industries. Participants may be co-enrolled so the housing and workforce systems share one plan and avoid duplicative intake. When a participant needs a credential or a different path, the CoC leverages complementary resources available through AJCC to pursue alternative avenues through local educational institutions.

Employment coordination is incorporated into the case management model within the CoC rather than a separate referral. Case managers incorporate employment goals along with other metrics and facilitate supportive services for participants which could include transportation assistance, appropriate work attire, tools or certification costs, childcare linkage, and benefits navigation.

This coordination aligns with the Coordinated Entry System and HUD performance measure for increased income from employment. AJCC business-services teams surface local hiring openings and connect job-ready participants to employers and those metrics are recorded by providers which is fed into routine metric reports. This process of incorporating service providers in the client case management/service process leads to increased income, sustained employment, and higher likelihood of maintaining permanent housing.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

The Orange County CoC's street outreach projects cooperate with first responders and law enforcement to increase positive interactions and focus on increasing housing and service engagement as well as promote use of CoC services.

As the Collaborative Applicant, the County of Orange and the Office of Care Coordination (County) cooperate with, and do not impede, local efforts to increase positive interactions between people experiencing homelessness, first responders, and law enforcement. The County's street outreach team called OC Outreach & Engagement (OC O&E) works to align street outreach partners across the CoC in addressing unsheltered homelessness and working hand in hand with first responders and law enforcement. The OC Sheriff's Department Behavioral Health Bureau (BHB), the OC Health Care Agency (OCHCA), OC Public Works, OC Parks, and OC O&E jointly plan and conduct street outreach and encampment mitigation. This shared structure ensures the County's work reinforces, rather than duplicates or obstructs, the efforts of municipal law enforcement, service providers, and other first responders. This also provides OC O&E an opportunity to engage individuals experiencing unsheltered homelessness who may typically be hard to reach based on location and/or unwilling to engage and providing a connection to emergency shelter and/or other CoC services. During field operations, OC O&E engages directly alongside first responders, while BHB personnel and Psychiatric Emergency Response Team (PERT) clinicians provide behavioral health assessment, de-escalation, and immediate linkage to shelter, treatment, and services. OC O&E staff deliver service navigation and warm handoffs to housing and supportive resources, reducing reliance on enforcement and increasing engagement with CoC services. Homeless Liaison Officers (HLOs) coordinate with outreach teams to identify and re-engage individuals who are difficult to reach, ensuring repeat coverage across the CoC. Regular multidisciplinary coordination meetings maintain shared situational awareness and align response across agencies. These standing partnerships and joint operations demonstrate sustained cooperation with first responders that increases housing and service engagement and promotes use of CoC services.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

The Orange County CoC and its CoC Program recipients proactively support, encourage, and facilitate family or support-network reunification for individuals experiencing homelessness or living in CoC Program-funded housing wherever it is safe and possible. The CoC has established a Reunification Protocol which begins with careful assessment that explores each individual's family history and natural support network, with a focus on re-establishing and leveraging positive relationships. Case managers work with participants to identify practical barriers, such as transportation, communication, or unresolved conflict, and leverage flexible program funds and in-kind networks to resolve these issues and remove any barriers to reunification. CoC Program recipients take an active, supportive role in helping individuals reconnect with family or chosen support networks, including facilitating family counseling and mediation and working collaboratively to confirm the situation is safe before proceeding. The CoC's Homeward Bound and reunification programming assists with travel costs and coordination when a participant chooses to relocate to another geographic area; in those cases, services emphasize establishing safety and arranging warm handoffs to providers and resources in the destination community. Follow-up is provided at regular intervals to ensure the durability of the reunification and to intervene if additional support is needed. Where a family or support network situation cannot be verified as safe, recipients do not pressure individuals to pursue reunification and instead focus on housing stability and alternative supportive connections. This person-centered approach treats reunification as one pathway to stability and permanent housing, pursued only when it advances the individual's safety and long-term well-being.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

The Orange County CoC supports advancing public safety strategies that protect the community, including but not limited to clearing tents and encampments, decreasing the public use of illicit drugs, utilizing standards to address danger to self and others, and sharing information in accordance with the Sex Offender Registry and Notification Act (SORNA).

The Orange County CoC recognizes the positive role of law enforcement in the community and works to cooperate and not interfere with or impede in local efforts to protect public safety. When requested by law enforcement, whether it is the OC Sheriff's Department or municipal police department, the Orange County CoC cooperates with law enforcement activities and where appropriate corresponds to support individuals experiencing homelessness with the goal of facilitating connection to CoC interventions and services.

As the Collaborative Applicant, the County of Orange's Office of Care Coordination (County) also actively cooperates with law enforcement and does not impede local efforts to advance public safety objectives. The County aligns partners across the CoC to effectively address homelessness, while the OC Sheriff's Department works with other law enforcement agencies and County departments, such as OC Health Care Agency, OC Public Works, and OC Parks, to conduct encampment mitigation and outreach and enforce the law. The County's OC Outreach & Engagement engage individuals experiencing unsheltered homelessness who may be living in tents and encampments directly alongside first responders and law enforcement, while OC Sheriff's Department and Psychiatric Emergency Response Team (PERT) clinicians provide behavioral health assessment, de-escalation, and immediate linkage to shelter, treatment, and appropriate age services. This shared structure ensures the County's work reinforces, rather than duplicates or obstructs, the efforts of law enforcement, service providers, and other first responders.

These standing partnerships and joint operations demonstrate sustained cooperation with, and hands-on support to, the first responders and law enforcement who serve the community, including people who are experiencing homelessness.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The Orange County CoC prioritizes voluntary engagement and service connection for people experiencing unsheltered homelessness who may be residing in tents and/or encampments before enforcement. The CoC Collaborative Applicant (CA) is the County of Orange's Office of Care Coordination (County) which also oversees OC Outreach & Engagement, the professional street outreach team that addresses unsheltered homelessness in Orange County.

The CoC works with the OC Sheriff's Department (OCSD) and municipal police departments, and other County Departments such as OC Public Works and OC Parks to identify tents and encampments, engage individuals experiencing homelessness camping in public property, survey individuals experiencing homelessness to understand engagement with the homeless response system, and offer available emergency shelter, substance use treatment, and behavioral health support.

Tents and encampments in County property, including OC Parks, can be identified for clearing by any of County department, as well as in response to community reports. Additionally, cities have developed reporting mechanisms to respond to public safety concerns associated with tents and encampments.

Two policies strengthen this work, specifically the 2024 U.S. Supreme Court decision in *Grants Pass v. Johnson* which confirmed local authority to enforce camping prohibitions, and the County's November 2025 encampment ordinance governs illegal camping on County parks, flood channels, and other County property; cities maintain parallel ordinances, giving the region consistent coverage. The CoC and County leverages these authorities through an outreach-before enforcement protocol rather than displacement alone to quickly clear tents and encampments. Encampments persist in public spaces and are documented and mitigated on an ongoing basis, reducing their duration and size while increasing service connections.

The CoC leveraged these the County and City ordinances that prohibit camping when engaging individuals experiencing unsheltered homelessness and partner with OCSD and municipal law enforcement to conduct outreach and engage people in CoC services. The CoC has seen an overall reduction in unsheltered homelessness when comparing 2024 and 2026 Point In Time Count results of 13.7% (3065 unsheltered, 3256 in shelter).

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

Tents and encampments in the Orange County CoC's geographic area are fairly limited however these persist primarily in flood control channels, riverbeds, regional parks, railroad tracks and some public rights-of-way. The Orange County CoC has limited encampments when compared to other jurisdictions, given that the County of Orange and its 34 cities have established mechanisms to identify, document and mitigate tents and encampments on an ongoing basis thus limited the encampments' ability to grow in size and become deeply entrenched. This information is used to support regular street outreach activities and canvassing, as well as used for planning and enforcement purposes. Areas that have been identified as hotspot or have reoccurring encampments, are also analyzed to determine if changes to the environment can make the location less desirable, such as fencing and/or riprap. The OC Outreach & Engagement Team, working with other Street Outreach providers in the CoC, alongside the Health Care Agency, the OC Sheriff's Department Behavioral Health Bureau, municipal police departments, OC Public Works, and OC Parks, identifies encampments, engages people experiencing unsheltered homelessness residing at the encampments screens individuals to better understand service needs, and offers referrals and linkages to emergency shelter, behavioral health treatment, and supportive services before enforcement. Through this outreach-before-enforcement protocol, the duration and size of encampments have been reduced while service connections have increased. The principal constraint in mitigating encampments is emergency shelter and transitional housing capacity. The 2026 Point in Time Count enumerated 6,321 people experiencing homelessness in Orange County, including 3,065 unsheltered, and demand for shelter and permanent housing continues to exceed available inventory. The CoC continues to pursue additional shelter, transitional housing, and permanent housing resources (including through this and other funding opportunities) to close the gap between encampment need and available placements.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The CoC is committed to protecting public safety and supports plans to decrease the public use of illicit drugs. The Orange County CoC pairs its homeless response system with other components of the System of Care. This includes a coordinated public health and public safety response, so that tents and encampments are quickly resolved, and public use of illicit drugs and behavioral-health crises are met by outreach, care coordination, and housing working alongside law enforcement.

The CoC takes appropriate steps to report public use of illicit drugs and criminal activities to law enforcement agencies, whether that is the OC Sheriff's Department and/or municipal police departments, leveraging local laws related to illicit drugs and public use of illicit drugs. The CoC Board approved the Advancing Recovery by Prohibiting Illicit Drug Enablement Policy that bars all CoC-program funded project from operating drug injection or "safe consumption" sites, knowingly distributing drug paraphernalia, or knowingly permitting illicit drug use or distribution on their property.

Through regular service engagements and operations the CoC and OC Health Care Agency behavioral health staff engage individuals experiencing homelessness using illicit drugs and substances in public and connect them substance use and co-occurring treatment, while OC Sheriff's Department and municipal police departments remain focused on criminal conduct that threatens public safety. For individuals experiencing homelessness whose primary need is substance use treatment, the emphasis is on diversion and linkage to treatment paired with a housing resource. California's Senate Bill 43 and the Community Assistance, Recovery and Empowerment (CARE) Act strengthen the work of the CoC by adding severe substance use disorder as a basis for behavioral health evaluation and providing a court-supervised treatment pathway. The CoC utilizes OC Links, the County's 24/7 behavioral health referral and information access line, to facilitate connections to substance use and co-occurring treatment when working with individuals who are using illicit drugs in public. The CoC continues to experience the impact of illicit substance use, particularly fentanyl and methamphetamine. Public drug use and overdose incidents remain concerns in areas frequented by homeless people. The CoC monitors overdose trends to help inform & adjust their plan to decrease the public use of illicit drug use in the homeless population.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

The Orange County CoC's geographic area continues to experience the impact of illicit substance use in public spaces, particularly involving fentanyl and methamphetamine. Public drug use and overdose incidents remain concerns in areas frequented by people experiencing homelessness, including flood control channels, parks, and other open public spaces. As part of this effort, the CoC Board approved the Advancing Recovery by Prohibiting Illicit Drug Enablement Policy that bars all CoC Program-funded projects from operating drug injection or "safe consumption" sites, knowingly distributing drug paraphernalia, or knowingly permitting illicit drug use or distribution on their property. The County of Orange, through its OC Sheriff's Department and OC Health Care Agency (OCHCA), monitors overdose trends and patterns of public use through law enforcement reporting, public health surveillance data, and interagency information sharing, allowing street outreach and behavioral health teams to target engagement of people experiencing unsheltered homelessness to offer connections to substance use disorder treatment and also provide education on overdoses and the harmful effects of illicit drug use. The OC Sheriff's Department has established a Homeless Death Review Committee, which has focused on understanding the number of homeless deaths related to overdoses and illicit drug use year over year.

The OC Outreach & Engagement and OCHCA behavioral health staff engage individuals experiencing homelessness using illicit substances in public and connect them to OC Links, the County's 24/7 behavioral health access line, for referral to substance use disorder and co-occurring treatment, while OC Sheriff's Department Behavioral Health Bureau personnel support these contacts in the field, enforcing the law as applicable. Limited in-patient treatment capacity can constrain immediate placement of homeless people, which the County mitigates through OC Links navigation and expanded provider partnerships. OC Outreach & Engagement also support placement of individuals into emergency shelter and connections to outpatient treatment, when there is to an inpatient treatment bed readily available. Law enforcement remains focused on criminal conduct that threatens public safety, while individuals whose primary need is treatment are diverted and linked to services.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The Orange County CoC follows established California law governing involuntary behavioral health (BH) evaluations. When individuals experiencing homelessness, whether unsheltered on the streets or in places not meant for human habitation or within emergency shelter settings, are a danger to themselves, a danger to others, or gravely disabled due to a BH disorder, the Orange County CoC contacts law enforcement agencies and/or OC Health Care Agency's (OCHCA) Crisis Assessment Team and/or Psychiatric Emergency Response Team clinicians or other designated professionals to conduct a mental health assessment. For adults, clinicians apply the criteria for detention under Welfare and Institutions Code (WIC) section 5150; for minors, evaluations proceed under WIC section 5585. Senate Bill (SB) 43 expanded the definition of grave disability to include severe substance use and co-occurring disorders, and the Community Assistance, Recovery and Empowerment (CARE) Act adds a court-supervised treatment pathway in California that the Orange County CoC and the County of Orange (County) use as a less restrictive alternative to conservatorship. The Orange County CoC and the County leverages these tools by pairing law enforcement with licensed clinicians, so detention is used only when statutory criteria are met and people experiencing homelessness who are a danger to themselves or others are connected to treatment, follow-up care, and family involvement. Because SB 43 carries no dedicated State or federal implementation funding, the County mitigates this gap by pursuing other funding opportunities and other BH resources and by building on existing OCHCA crisis infrastructure. The Orange County CoC receives training from OCHCA on accessing the crisis response system and how to respond when an individual is a danger to themselves, a danger to others, or gravely disabled due to a BH disorder, as well as the available inpatient and outpatient BH treatment options that the individual and/or youth can be linked to for follow up care. Since taking part in the CARE Act process, Orange County has filed 128 CARE Court petitions in 2025 and implemented Medi-Cal mobile crisis services countywide. These figures reflect a coordinated practice rather than a policy on paper: because law enforcement, crisis clinicians, and CoC outreach respond as one team, individuals who meet WIC criteria are connected to treatment, follow-up care, and family involvement, not detention alone.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Information sharing among Orange County CoC partners is coordinated by the County of Orange's Office of Care Coordination (County) in its capacity as the Collaborative Applicant (CA) and is generally effective. The CoC CA leverages beneficial infrastructure by sharing data through its Homeless Management Information System (HMIS), Coordinated Entry System (CES), and multidisciplinary team meetings, supported by memoranda of understanding detailing the purpose and scope of data sharing, and secure, access-controlled platforms. The Orange County CoC has developed and approved HMIS Consent to Share Protected Personal Information Forms and Data Privacy language that supports the sharing of information for several reasons required by law or for law enforcement purposes. Within this structure, County departments exchange information, including location information, consistent with the Sex Offender Registration and Notification Act (SORNA), applicable state law, and all privacy and confidentiality requirements. Several legal and operational limits require mitigation. Confidentiality requirements governing behavioral health and medical information, and statutory limits on criminal justice and health information sharing, require agencies to weigh public safety against individual privacy rights, with added protections for minors. The County mitigates these constraints by strengthening multidisciplinary partnerships within the Orange County CoC, expanding secure information sharing where legally authorized, and holding regular coordination meetings that improve situational awareness while maintaining SORNA compliance. Transient registrants must re-register in person with local law enforcement every 30 days under Penal Code 290.011, so Orange County's registry keeps current location data on people experiencing homelessness, and the CoC coordinates with the OC Sheriff's Department and local police departments to keep outreach and housing placement in step with SORNA. Because its HMIS privacy plan limits what client information it can disclose, the CoC works through the agencies that hold the registry rather than releasing client records, keeping registrants locatable while protecting confidentiality.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

The CoC's outreach efforts are robust and employ a low barrier, multidisciplinary approach, recognizing an experience of homelessness is traumatic. Rapport is built by maintaining consistency, meeting participants in their physical location, offering hygiene packs, food, facilitating referrals to emergency shelter and transportation to needed appointments. Outreach teams use a compassionate approach to resolve homelessness through the offer of services to meet identified needs, with specific targeted approaches for those least likely to request assistance. Once immediate needs are met, linkages are made to supportive services, including a warm handoff in the field to mental health, substance use treatment, street medicine, and/or legal services. Outreach teams such as OC Outreach & Engagement, Homeless Liaison Officers (HLOs) and community resource partners, engage with stakeholders to assist in identifying participants who are difficult to find. Veterans Affairs & Veteran-serving agencies partner with outreach workers to identify vulnerable Veterans experiencing homelessness. The CoC coordinates outreach efforts by Service Planning Area (SPA) and facilitates placement into emergency shelters, enrollment in CES and permanent housing across the 3 SPAs of the CoC's geographic area. Outreach teams have increased coordination with HLOs, which ensures repeat coverage across the CoC geographic area. Outreach teams use a whatever it takes approach to reach people with severe service needs and provide/coordinate services through multi-disciplinary teams, SPA outreach coordination meetings and by-name lists. This includes providing integrated, strengths-based case management focused on reducing barriers to maintaining housing stability and allows for participants' needs to be addressed directly. Services include use of Evidence Based Practices such as Critical Time Intervention, Motivational Interviewing, and Trauma Informed Care. Other best practices used include preparing disability claims, employment & health education interventions to enhance health literacy & management of chronic conditions. CoC Collaborative Applicant secured additional funding from the State to support street outreach activities and address homeless encampments. Funding has enhanced the CoC's response to unsheltered homelessness in regional parks and public right of way by providing flexible funding to increase access to emergency shelter and/or housing to quickly end people's homelessness.

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	No

7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
6.	Other Post-Secondary Education Provider(s)	No

1C-12b. Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The Orange County Department of Education (OCDE), in accordance with the McKinney-Vento Homeless Assistance Act's requirements for Local Education Agencies (LEAs), designate a McKinney-Vento liaison that coordinates with the CoC and uses the CoC's written policies and procedures to: 1.Ensure appropriate and current information is being provided to individuals and families who become homeless and may need to access education services, 2.Quickly identify children and youth experiencing homelessness and ensuring school enrollment so they may have equal opportunity to succeed in their education, 3.Verify eligibility for additional supportive services and provide a letter confirming eligibility, 4.Inform parents and/or guardians or youth of eligible and appropriate services, including transportation, Head Start, early intervention special education and vocational education, 5.Review educational rights with parents and/or guardians of student(s) experiencing homelessness, 6.Assist students in obtaining referrals to health care, dental, mental health, substance abuse, housing, and other supportive services, 7.Ensure access to academic tutoring and counseling services for children and youth, 8.Facilitate problem-solving conversations to address disagreements between students and school districts to reach acceptable solutions, and 9.Make referrals and facilitate linkages to other supportive services in the System of Care to address needs of students experiencing homelessness, including connection to healthcare, behavioral health services, housing, and mainstream benefits. In instances when the individual or family is fleeing domestic violence, the Victim Service Providers and McKinney-Vento Liaison support the individual or family in enrolling the child(ren) and/or youth into a school of their choice and work to ensure their safety and educational rights. The CoC works with the OCDE and LEAs to update the written policies and procedures to ensure the most up-to-date information that would support individuals and families who experience homelessness to be aware of their eligibility for educational services. The CoC is exploring expanding written policies and procedures regarding potential supports in both traditional and nontraditional education settings such as community centers and tutoring opportunities for youth who are experiencing homelessness and at risk of becoming homeless.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

The Orange County CoC coordinates closely with the Orange County Social Services Agency (SSA), which serves as the child welfare and foster care agency in Orange County, to assist youth transitioning from public systems of care into stable housing. The Orange County CoC has established a Memorandum of Understanding with the two Public Housing Authorities (PHAs), the Orange County Housing Authority (OCHA) and the Santa Ana Housing Authority (SAHA), for the Foster Youth to Independence (FYI) and Family Unification Program (FUP) vouchers. The Orange County CoC's role in the MOU is to support with the provision of supportive services that assist youth secure housing and stabilize in housing, as well as facilitate the referral process for FYI vouchers through the Coordinated Entry System (CES). Foster care involvement is confirmed through CES referral records and in coordination with SSA. The participating PHAs, OCHA and SAHA, receive the referral information and work to confirm eligibility to issue the FYI voucher. One of the CoC General members, OC United Way has developed and implemented the WelcomeHomeOC FYI Voucher Initiative, a coordinated partnership among SSA, the PHAs, Orangewood Foundation, and local property managers and rental property owners to assist eligible foster youth identify appropriate housing to lease up the PHAs issued FYI vouchers paired with supportive services. This initiative has supported in increasing the lease up rate of the FYI vouchers, thus allowing the PHAs to apply for additional vouchers, and reduced barriers to securing rental housing for youth who often lack credit history and/or income. This initiative is directly addressing the housing instability many young people face when they exit foster care. The CoC also coordinates with the Orange County District Attorney's Crossover Youth Court, which serves youth involved in both the child welfare and juvenile justice systems, ensuring dually involved youth receive tailored support. Intake and assessment across CoC projects capture foster care and child welfare history so that system-involved youth are linked to the programs for which they are uniquely eligible, including transition-age-youth services, extended foster care benefits, and independent living supports. This coordination ensures warm handoffs at the point youth exit public systems, reducing the risk that a transition out of care becomes an entry into homelessness.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

The Orange County CoC coordinates with Runaway and Homeless Youth (RHY)-funded providers through CoC general membership and Coordinated Entry System (CES) participation. Three U.S. Department of Health and Human Services (HHS) Family and Youth Services Bureau (FYSB) grantees operate in the CoC's geographic service area: Casa Youth Shelter and Community Service Programs, Inc. (Waymakers) hold Basic Center Program (BCP) grants and StandUp for Kids holds a Street Outreach Program (SOP) grant. Each organization takes part in youth-focused planning, including the Youth Action Board, under the Office of Care Coordination as the CoC Collaborative Applicant.

The CoC primarily coordinates with RHY-funded providers through the CES. RHY providers serve as youth access and referral points into CES and facilitate warm handoffs to other housing providers. The Street Outreach program staff engage unsheltered youth and connect them to CES assessment; Basic Center Program shelters accept CES referrals and route exiting youth to CoC-funded rapid re-housing, permanent housing and mainstream benefits. Referrals move in both directions, so a youth experiencing homelessness or at risk of homelessness is entering at any door reaches the right intervention.

RHY grantees also take part in data coordination with the CoC. Because RHY programs use an HMIS-comparable database to meet federal confidentiality rules, the CoC coordinates de-identified data sharing, aligns intake and assessment tools, and counts youth beds in the annual Housing Inventory Count and youth Point-in-Time Count, which RHY providers help plan and staff.

The CoC currently has no HHS-funded Transitional Living Program or Maternity Group Home grantee. The CoC fills this gap with CoC- and state-funded transitional and rapid re-housing for transition-age, pregnant, and parenting youth, and refers to regional TLP capacity when needed. Should a TLP or MGH grantee begin operating here, the CoC would integrate it through the same membership, CES, data, and planning structures.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

The Orange County CoC Project Priority Listing includes multiple transitional housing (TH) and rapid re-housing (RRH) projects dedicated to serving families with children experiencing homelessness in accordance with 24 CFR 578.93(b). One of those projects is Rapid Rehousing for Families, a RRH project operated by Families Forward.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

Families Forward's Rapid Rehousing for Families, the rapid rehousing (RRH) project identified in 1C-13, provides supportive services focused on improving and increasing participant income to pay for, afford and sustain rent. Case managers conduct individualized assessments of each participant parent's employment history, skills, education, and barriers, and develop plans to improve employment and increase income over program enrollment. Participants are connected to workforce development and job-training resources through the Orange County Workforce Development Board and its America's Job Centers of California (AJCC) network, including Workforce Innovation and Opportunity Act (WIOA) Adult programming and, where appropriate, registered apprenticeship programs and vocational or certificate training. Families Forward has also established partnerships with Chrysalis, a local nonprofit organization focused on employment support for people experiencing homelessness or at risk of homelessness. Families Forward's Rapid Rehousing for Families also provides direct employment supports such as resume development, interview preparation, job placement assistance, and retention follow-up, alongside financial coaching, budgeting, and credit-building to help families increase and manage earned income. Participants are also screened for and connected to income supports and benefits (including but not limited to CalWORKs, CalFresh, SSI/SSDI, the Earned Income Tax Credit, and child support) to supplement earnings and stabilize household budgets. Progress toward income goals is tracked over time during monthly case management sessions, and services are adjusted as families move toward the increased earnings needed to sustain rent independently. This combination of employment services, benefits access, and financial capability increases families' income to pay rent and supports long-term housing stability.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

Families Forward's Rapid Rehousing for Families, the rapid rehousing (RRH) project identified in 1C-13, leverage funding from mainstream family service systems to extend resources and have established appropriate policies and procedures to avoid supplanting CoC Program funds. Families are connected to the Orange County Social Services Agency (SSA) to determine eligibility and enroll in CalWORKs, California's Temporary Assistance for Needy Families (TANF) program, which provides cash aid, employment services through Welfare-to-Work, and support for housing and basic needs. Families Forward's Rapid Rehousing for Families coordinates with SSA so that eligible families access CalWORKs-funded services (including the Housing Support Program (HSP), which provides housing-related financial assistance and wraparound support to CalWORKs families experiencing or at risk of homelessness) layering these resources alongside CoC Program housing assistance. Families are also connected to CalFresh, Medi-Cal and CalOptima Health, childcare subsidies, and other mainstream benefits administered by SSA and other components of the Mainstream Family Service System. By enrolling families in TANF/CalWORKs and related mainstream programs, Families Forward leverages non-CoC Program funding for income support, childcare, and employment services, preserving CoC Program resources for housing and reducing families' reliance on any single funding stream. This coordination maximizes the total resources available to each family and strengthens the durability of their housing stability.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

Families Forward's Rapid Rehousing for Families, the rapid rehousing (RRH) project identified in 1C-13, combines housing assistance with services that support parents and children together. Beyond housing, Families Forward's Rapid Rehousing for Families connect families to childcare, enabling parents to work, train, or attend school, and provide and/or link to parenting support and family-strengthening services. At program intake, Families Forward asks questions to better understand the parental supports needed by the family and works to provide referrals and linkages to appropriate services that support participants. Pregnant participants and families with young children are connected to pregnancy-related and pediatric healthcare through CalOptima Health, Share Our Selves Community Health Center, Camino Health Center, and programs such as Women, Infants, and Children (WIC), and to home-visiting and early-childhood development services. Families with school-age children are connected to educational services and enrollment support, including through multiple school district McKinney-Vento liaisons, and eligible young children are connected to Head Start and Early Head Start programming. Families Forward has worked to establish lasting relationships with McKinney-Vento liaisons to understand challenges and opportunities on how to best support the family and the school-aged children. Case management is housing-focused, but also family-centered, addressing the needs of both parents and children and coordinating across the various components of the System of Care: housing, healthcare, childcare, education, and mainstream and community benefits systems so that services reinforce one another. By pairing housing assistance with parental support, including but not limited to childcare, parenting support, pregnancy-related and child healthcare, and education, Families Forward's Rapid Rehousing for Families project addresses the whole family's needs and give children stability during a critical developmental period while supporting parents' path to self-sufficiency.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

The Orange County CoC partners with the VA through Long Beach VA Medical Center and the Santa Ana VA CRRC to serve veterans experiencing homelessness, coordinating HUD-VASH vouchers via the four public housing authorities in the CoC and SSVF assistance via Volunteers of America and 1736 Family Crisis Center. The CoC and VA review a veteran by-name list on a weekly basis to assign resources and resolve barriers. Veterans are prioritized in CES and connected to VA and CoC resources.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

CoC collaborates with victim service providers (VSP) for survivors of domestic violence, sexual assault, and stalking, including Human Options and Interval House, who serve on the CoC Board and committees. To comply with VAWA, survivors' data is entered into comparable database and enter CES via access points trained on safety planning and supporting survivors. CoC has adopted an emergency transfer plan and VAWA protections in its written standards for safe & confidential services for survivors.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

CoC coordinates with justice re-entry partners, including the OC Courts, OC Sheriff's Department, OC Probation, District Attorney and Public Defender through the OC Cares, which supports individuals in community corrections with successful re-entry and reduced recidivism. CoC works with the community corrections to align housing and supportive services with court ordered supervision and treatment. CoC Program Intake captures justice involvement; participants are linked to resources accordingly.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

The CoC collaborates with CalOptima Health, the OC Health Care Agency, and OC Fire Authority to identify and serve high utilizers of healthcare systems. High utilizers (those with frequent emergency departments visits, inpatient stays, and complex medical needs) are identified through care coordination. The CoC leverages CalAIM Enhanced Care Management and housing-related Community Supports, delivered by CoC providers, pairing housing with care coordination to reduce avoidable utilization.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

The Orange County CoC collaborates with the Office on Aging, Adult Protective Services, CalOptima Health, and members of the OC Aging Services Collaborative to serve aging and elderly individuals experiencing homelessness. The 2026 PIT counted 1,860 (29.45%) older adults (55+). The CoC connects older adults to IHSS, skilled nursing, assisted living, and medical respite, and leverages CalAIM Community Supports via CalOptima Health.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

The Orange County CoC has seven permanent supportive housing (PSH) projects that prioritizes individuals and families experiencing chronic homelessness for all dedicated and prioritized turnover units, consistent with HUD's orders of priority. The Stanton Multi-Service Center, operated by Illumination Foundation is one of those PSH projects that prioritize chronic homelessness.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

The Permanent Supportive Housing (PSH) project called the Stanton Multi-Service Center, operated by Illumination Foundation as identified in 1C-19, provide on-site behavioral healthcare to support the stability of participants who were formerly chronically homeless. Most participants live with disabling conditions, including serious mental illness, substance use disorders, and multiple co-occurring disabilities, and most are older adults (approximately 74% are age 45 and older and 65% are age 55 and older).

On-site staff provide mental health and substance use counseling directly at the housing site, alongside case management and healthcare coordination. At intake and on an ongoing basis, staff assess each participant for substance use, mental health, and co-occurring challenges, then build an individualized service plan with goals, action steps, referrals, and timelines that is updated as needs change. For treatment beyond what the site delivers, case managers connect participants to community behavioral health resources, including outpatient clinics, treatment programs, peer support, crisis services, and primary care; they schedule appointments, arrange transportation, secure releases, and follow up with providers to track attendance and progress.

Delivering counseling and coordination on-site reduces barriers to engagement (transportation, stigma, and missed appointments) that often destabilize housing for this population, and it lets staff identify and respond to emerging needs as they present. Further, staff are well trained in de-escalation practices and when to call crisis response to better support participants who are experiencing a behavioral health crisis. When substance use or mental health issues threaten housing stability or safety, staff will increase contact, update the individual service plan, and coordinate each step for consistent case management.

Tenants lead the pace of their care while staff and property management coordinate to sustain stability and intervene when needed. The on-site behavioral health programming is central to helping clients achieve and maintain long term stability.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

The Stanton Multi-Service Center maintains a policy for assessing participant need for a higher level of care. Through ongoing case management and regular assessment, on-site staff and partner agencies monitor each client's functional status to identify when needs exceed what independent supportive housing can safely support. This population skews older and medically complex (most participants are 45 and older, many above 55, with co-occurring physical disabilities), meaning that proactive monitoring and engagement are critical.

When indicators suggest a higher level of care may be appropriate (declining ability to perform activities of daily living, escalating medical or psychiatric acuity, or repeated crises), staff conduct a person-centered assessment in coordination with the participant's medical and behavioral health providers and managed care plan. The project coordinates referrals and warm hand-offs to the appropriate setting, including assisted living, skilled nursing, residential treatment, or nursing-facility care, and leverages Medi-Cal and CalAIM Community Supports (such as nursing facility transition and personal care) where available. Tenant choice, dignity, and due process are central: transitions are made with the participant's involvement and consent wherever possible, and housing rights are protected. When a participant's need for higher care resolves, the project supports their return to permanent supportive housing. This policy ensures participants receive care matched to their needs while preserving housing stability.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

The Stanton Multi-Service Center has a Moving On policy, which the CoC requires across all PSH projects through its Written Standards and Coordinated Entry policies.

The CoC policy requires the Illumination Foundation to assess readiness for moving on as an ongoing, voluntary process, never a condition of continued assistance. Case managers review each participant's readiness at intake and at every annual recertification, and sooner when a participant asks. A standardized assessment keeps the review objective and fair. It weighs housing stability, progress on the individualized service plan, reduced need for intensive on-site services, income and connection to mainstream benefits, and the participant's own interest in moving to less intensive housing. No one is exited for reaching stability; a participant moves on only by choice.

When a participant is ready and willing, the staff of the Stanton Multi-Service Center and the CoC coordinate to connect clients to move-on resources: the Moving On preference established with the local public housing authority, Housing Choice Vouchers and other subsidized or affordable units, and short-term bridge or aftercare support to ease the transition. Case managers coordinate the warm hand-off and follow up to confirm the placement holds.

The policy serves two goals at once. It gives stabilized tenants a path to greater independence, and it opens PSH units for the chronically homeless individuals and families with the highest needs, so the CoC's most intensive housing reaches those who need it most.

1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/28/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/28/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/11/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/11/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

On July 24, 2024, the CoC adopted a Reallocation Strategy and Policy (Policy) that outlines the reallocation process to be followed during the CoC Program NOFO, which was applicable following the action and impacts future funding cycles. The CoC-adopted Policy aims to promote the most effective and high performing projects that deliver high-quality services to the homeless population and improve system performance. The CoC-adopted Policy was recommended during the CoC Program NOFOs by the CoC NOFO Ad Hoc in partnership with the HMIS Lead and Collaborative Applicant (CA) highlighting the importance of a consistent and well-known reallocation strategy to be used year over year. The CoC Policy is applicable to CoC Renewal Projects and looks to ensure projects with a project performance score less than 60% for two consecutive CoC NOFO funding cycles are reallocated fully. The two consecutive NOFO cycle periods provide an opportunity for the agencies to seek technical assistance (TA). This does not rely on one year of poor system performance which may be an anomaly and provides notice that this a renewal program that will be closely evaluated moving forward. The Policy also authorizes the CoC CA and HMIS Lead in providing targeted support and TA to low performing projects throughout the year with the goal of improving performance and looking at operational components that could inadvertently be impacting performance and service quality. The Policy is a way to facilitate reallocation conversations with the CoC on an ongoing basis. During the FY2026 competition, the CoC identified two low-performing renewals but did not fully reallocate either. At its August 7, 2026, special meeting the CoC Board approved a \$301,514 partial reallocation of Human Options' Joint TH/PH:RRH Domestic Violence Bonus project, reducing the renewal amount to \$1,900,000, and a Reallocation Strategy deviation for Illumination Foundation's Stanton Multi-Service Center Permanent Supportive Housing project. Both agencies will be receiving technical assistance from the CA and HMIS Lead and were notified that continued low performance could bring full reallocation. The CoC avoided full involuntary reallocation of existing renewal projects. Separately, Pathways of Hope requested a transition grant moving its PSH for Seniors project to Supportive Services Only. The Orange County CoC accepted the voluntary reallocation of other projects, not related to performance concerns.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Bitfocus Clarity
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

Not Applicable.

The Orange County CoC made no changes to its Point In Time (PIT) count methodology between the prior count and the 2026 PIT count. The 2026 PIT count was a full sheltered and unsheltered enumeration conducted on January 26, 2026; consistent with the CoC's biennial unsheltered schedule, no unsheltered count was conducted in 2025 (a sheltered-only year), so there is no 2025 unsheltered baseline against which to measure a methodology change. Data collection and quality practices, including volunteer training and provider data contribution, were consistent with the last full count. Compared with the last full sheltered and unsheltered count in 2024, the 2026 total number of people experiencing homelessness fell from 7,322 to 6,321, with the unsheltered count declining from 4,173 to 3,065 and the sheltered count rising slightly from 3,149 to 3,256.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

The Orange County CoC has taken several actions to reduce the number of encampments and the number of people residing in encampments. During the Point in Time Count, the CoC maps encampment locations using GIS technology and the Survey123 smart phone application. This creates data sets that can be compared year over year to identify trends and changes in known hotspot and encampment locations and the number of people experiencing homelessness at each location. The Orange County CoC has heavily invested state funding in street outreach and supportive services only projects to support with the canvassing of the CoC's geographic area and engaging unsheltered persons with the goal of connecting them to services and housing options. These projects' efforts further support reductions in encampments and unsheltered homelessness, as there is coordination with law enforcement entities for encampment mitigation efforts across the CoC. Encampment removals occur only after outreach and service offers, and the CoC coordinates with jurisdictions, so enforcement does not cause people to disperse from the teams engaging them. The CoC's general membership has established and operated programs that contribute to the decrease in unsheltered homelessness. For example, the County of Orange (County) uses a coordinated, multidisciplinary approach that prioritizes voluntary engagement and service connection for people experiencing homelessness before enforcement whenever feasible. The County Departments conduct proactive encampment mitigation and outreach across flood control channels, riverbeds, parks, and other public spaces. This emphasizes early intervention, coordinated cleanup operations, and continuous follow-up, which has reduced the duration and size of encampments in many locations. The County and cities have secured Encampment Resolution Funding to target and resolved the encampments at Talbert Regional Park, Caltrans property and other locations. Through these efforts, unsheltered individuals have engaged in services and transitioned into interim and permanent housing. The CoC also has behavioral health mobile response and street medicine programs that target encampments and unsheltered people, working together through case conferencing and connections to CoC services. All of these strategies have led to confirmed encampment reduction that the CoC participated in during this evaluation period.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	34
2. Enter the reduction in the number of encampments during your evaluation period.	29

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	487
2. Enter the reduction in the number of people in encampments during your evaluation period.	84

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2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Not Applicable. The Orange County CoC has demonstrated a reduction in both encampments and people in encampments.

The Orange County CoC plans to reduce encampments in the CoC's geographic area focus on continuing to deploy same of the same strategies and efforts that have already led to reductions in encampments and people experiencing homelessness in encampments. The Orange County CoC's focus will remain on three primary strategies : 1. deploying multidisciplinary team encampment resolution where the street outreach and/or supportive services only providers is the one leading engagements with people experiencing homelessness; 2. continuing to invest to maintain current housing inventory and increase permanent housing resources so that people engaged in encampments are provided with a housing resolutions; and 3. relying on robust data tracking mechanism to measure progress across encampment sites.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

The Orange County CoC's plan to decrease the number of individuals and families becoming homeless for the first time centers on strengthening homelessness prevention and diversion at every homeless response system entry point. The CoC targets homelessness prevention resources including rapid resolution, diversion, shelter access, and Transitional Housing to households at imminent risk of homelessness, using a screening tool to identify those most likely to become homeless without assistance. Diversion is practiced at Coordinated Entry System (CES) access points, emergency shelters and transitional housing so that households presenting for help are first supported to retain or rapidly re-secure housing through problem-solving, mediation, and light-touch financial assistance before entering the homeless response system. The CoC coordinates with mainstream systems that discharge people into homelessness, including behavioral health facilities, foster care, and community corrections, to improve discharge planning and prevent first-time entries into homelessness from institutions. The CoC has established partnerships with the four Public Housing Authorities, Emergency Solutions Grant (ESG) recipients funding, CalWORKs, and state resources, as well as philanthropic funding, expanding the pool of homelessness prevention assistance. The CoC uses HMIS and System Performance Measures data, including metric 5.2, to identify drivers of first-time homelessness and target resources accordingly. The CoC's most recent data show a reduction in first-time homelessness. Additionally, the CoC has incorporated a local question in the Point In Time Count survey to help identify the number of individuals experiencing homelessness for the first time during the last 12 months, providing an opportunity for more in-depth analysis of demographics and disabling condition. By pairing upstream prevention and diversion with cross-system discharge coordination, the CoC works to reduce the number of people entering homelessness for the first time.

The CoC Collaborative Applicant has also convened a Prevention Committee to better understand the available homelessness prevention assistance in the CoC and developed strategies for these programs and services to be better coordinated and to raise awareness in the community on how to best access these services and interventions.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

In FY2025, the CoC's average length of time homeless (System Performance Measure 1.2, across emergency shelter (ES), safe haven (SH), and transitional housing (TH)) was 231 bed nights and the median was 140 bed nights. The CoC is implementing its strategy to reduce the length of homelessness (LOH) by focusing on engagement of households experiencing Chronic and long-term homelessness and creating system flow from street outreach (SO), ES, TH into permanent housing (PH) programs and exits to positive destinations that end homelessness. The CoC's CES evaluation identified the bottleneck impacting the LOH: an inflow-to-permanent-exit imbalance in which many households with a completed housing assessment did not receive a housing referral. The CoC is acting on eight immediate-action items and additional recommendations from that evaluation to correct assessment and prioritization practices that slow matching an PH. This includes strengths-based, problem-solving approaches in SO and ES to divert households from the homeless service system, and providing homeward bound programming to reunite households with existing family and support networks. Intensive case management and focus on housing plans are core services in ES and TH programs using a trauma informed model. CES policies and priorities reduce the LOH by quickly connecting households to available PH resources and supportive services, such as Rapid Rehousing (RRH), permanent supportive housing (PSH), housing choice vouchers, and affordable housing. This is done by prioritizing households with the longest LOH for housing opportunities, with match benchmarks of 45 days for PSH and 14 days for RRH to shorten the time from prioritization to move-in. The CoC also uses a multi-disciplinary team approach to provide wraparound services for high utilizers of the System of Care. The CoC's housing navigation program assists through the housing search and application process, paired with flexible funding that provides landlord incentives, double security deposit, holding fees while units await inspection, and application fees, and resolves conflicts and eliminates barriers to securing housing. The CoC continues to expand permanent housing supply through state funding. Additionally, the CoC remains committed to increasing permanent housing opportunities. The person responsible for overseeing the CoC's strategy is the CES Administrator from the County of Orange's Office of Care Coordination.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.
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Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	26.00%
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Describe how you calculated the data for this response.

(limit 2,500 characters)

The HMIS Lead created a report to evaluate successful permanent housing placements, specifically exits to unsubsidized housing. The HMIS report was filtered to include clients enrolled in Transitional Housing (TH), Permanent Supportive Housing (PSH), or Rapid Re-Housing (RRH) projects that exited between January 1, 2025, and December 31, 2025. The analysis included the number of enrollments exited to each Destination. The enrollments were summed to determine the denominator, which is the total exits during the reporting period (2,888). Then, unsubsidized permanent housing exits were summed to determine the numerator: Rental by client, no ongoing housing subsidy (651) + Staying or living with family, permanent tenure (83) + Staying or living with friends, permanent tenure (14) + Owned by client, no ongoing housing subsidy (3). 751 of these enrollments exited to unsubsidized permanent housing situations. 751 unsubsidized permanent housing exits/2888 exits to any location = 26% of enrollments exited to unsubsidized housing situations.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/26/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	2,830	167	2,966	98.97%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	809	103	310	33.99%
4. Rapid Re-Housing (RRH) beds	629	194	823	100.00%
5. Permanent Supportive Housing (PSH) beds	3,201	0	3,201	100.00%
6. Other Permanent Housing (OPH) beds	1,802	0	1,802	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

The CoC continues to work with agencies operating homeless service programs to increase bed coverage and HMIS participation. The CoC has diversified the agencies awarded funding that requires HMIS participation, increasing participation. The CES has been fully implemented in HMIS and increased participation from all project types. The CoC's coverage of Transitional Housing (TH) beds is currently 33.99%, below the 85% threshold and is the CoC's primary coverage gap. The Orange County Rescue Mission (Rescue Mission) continues to exclude most of their beds from HMIS and accounts for 80% (484) of the TH beds in the Orange County CoC that are not in HMIS. This severely lowers the TH coverage rate. The HMIS Lead continued to discuss a data integration between the agency's case management software and HMIS. In addition, the HMIS Lead and CoC Collaborative Applicant (CA) continue to have conversations with the Rescue Mission around the benefits of participating in HMIS and impacts to the CoC. The Rescue Mission is regularly invited to participate in HMIS trainings and CoC meetings to discuss the use of data to identify gaps in service access and delivery, as well as share strategies and best practices that support overall care coordination for program participants. Orangewood Foundation accounts for 13% (81) of the TH beds not participating in HMIS. While Orangewood Foundation is not a victim service provider, several of their projects serve sensitive subpopulations, like victims of human trafficking, and as such Orangewood Foundation is unable to participate in HMIS. The CoC's coverage of Emergency Shelter (ES) beds has increased to 98.97% and continues to exceed 85%. Rapid Re-Housing (RRH), Permanent Supportive Housing (PSH), and Other Permanent Housing (OPH) beds are each at 100% HMIS coverage, leaving Transitional Housing as the only project type below the 85% threshold. The gain in ES bed coverage reflects new projects receiving State or federal funding that requires HMIS participation. The CoC CA requires HMIS participation of all homeless service programs, regardless of funding, to increase overall bed coverage across all project types.

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	No
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	No

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes? No

4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	List of TH RRH PS...	09/28/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of CoC Progr...	09/28/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Language from Pro...	09/28/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Local Efforts to ...	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/24/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/28/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/24/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	HUD-2996 Certific...	09/24/2026
09. 3A-2a. Project List for Other Federal Statutes	No	Project List for ...	09/24/2026
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	Your CoC's Policy...	09/24/2026
11. Other	No		

Attachment Details

Document Description: List of TH RRH PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Attachment Details

Document Description: List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: Language from Project Supportive Service Agreements

Attachment Details

Document Description: Local Efforts to Advance Protecting Public Safety

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description: HUD-2996 Certification for Opportunity Zone
Preference Points

Attachment Details

Document Description: Project List for Other Federal Statutes

Attachment Details

Document Description: Your CoC's Policy or Statement to Advance
Recovery

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/28/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/29/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	09/29/2026
2A. HMIS Implementation	09/29/2026
3A. Policy Initiatives	09/28/2026
4A. Attachments Screen	09/28/2026
Submission Summary	No Input Required

1C-1. List of Transitional Housing (TH)/Rapid Rehousing (RRH)/Permanent Supportive Housing (PSH) Projects and Treatment Providers with On-Site Substance Use Treatment

Treatment and Recovery Services

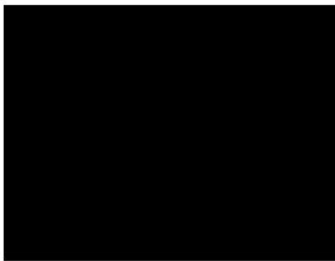
Applicant Name	Project Name	Project Component	Name of Treatment Provider
The Eli Home	Children and Recovery Parents (CARP)	Transitional Housing	The Eli Home When a participant requires a more specialized level of care, including formal inpatient or outpatient treatment, The Eli Home will provide referrals and coordinate access to appropriate licensed substance use treatment providers.

1C-1f. List of CoC Program Projects and the Number of Units
that require Substance Abuse Treatment

**List of CoC Program Projects and the Number of Units that require
Substance Abuse Treatment**

Applicant Name	Project Name	Project Component	Number of Units
Illumination Foundation	Midway to Housing — A Transitional Housing Program for Older Adults	Transitional Housing	58
Illumination Foundation	Street2Home OC Expansion	Permanent Supportive Housing	62
Illumination Foundation	Stanton Multi-Service Center	Permanent Supportive Housing	20
The Eli Home	Children and Recovery Parents (CARP)	Transitional Housing	11

1C-3. Language from Project Supportive Service Agreements



Admission Agreement

This Admission Agreement outlines the expectations and responsibilities of all clients residing in [REDACTED]. By signing this agreement, you acknowledge and accept the following:

Client Responsibilities

- I accept **total and complete liability** for myself and my children at all times throughout my stay at [REDACTED].
- I agree to **attend all scheduled in-person weekly case management meetings**. Virtual meetings may not be permitted. I understand these meetings may last approximately 1.5 to 2.5 hours.
- I agree to **attend all weekly life skills classes**.
- I agree to **obtain and maintain a minimum of 32 hours of employment per week within 30 days of program entry** and to **maintain at least 32 hours of weekly employment throughout the duration of the program**.
- I agree to **supervise my children at all times** while residing in the program.
- I agree to bring only the **necessary belongings** that I can keep neatly organized in the space provided. A maximum of two (2) bags per person are permitted.
- I acknowledge that [REDACTED] **is not responsible** for any valuables I bring into the program sites.
- I agree to **submit to random drug and alcohol testing** upon request and understand that [REDACTED] maintains a zero-tolerance policy for the use, possession, or distribution of alcohol, illegal drugs, or unauthorized controlled substances.
- I agree to **participate in** [REDACTED] **to support my journey toward self-sufficiency** and ensure I have financial resources available to assist with obtaining permanent housing upon successful completion of the program.

-
-
-
- I understand that **I am required to contribute 80% of my discretionary income to the Savings Program each month**, as outlined by program rules.
 - I agree to **actively participate in financial literacy education, work toward reducing debt, improving my credit score, and building long-term savings** throughout my participation in the program.
 - I understand that achieving these goals requires **making responsible financial decisions, budgeting wisely, and being mindful of my spending habits**.
-

Program Participation & Compliance

- I understand that although [REDACTED] is providing housing and utilities for me and my children, this is **not a traditional landlord/tenant relationship**.
- I understand that I am **entering a program, not a rental agreement**, and to remain in the program I must comply with all program rules and follow the direction of [REDACTED] staff.
- I understand that if I receive **three (3) strikes**, I will be exited from the program and required to leave immediately.
- I understand that violation of any **zero-tolerance policies** (as outlined in program rules) will result in **immediate termination** from the program.
- I agree to **respect the privacy and confidentiality of all clients** and will not disclose or share any personal information about current or former clients without authorization.
- I agree **not to disclose the location, address, security measures, or other confidential information related to** [REDACTED] **properties, programs, or operations**. I understand that maintaining this confidentiality is essential to protecting the safety, privacy, and well-being of all clients, staff, volunteers, and community members.
- I waive all **“notice to pay rent or quit” rights** and agree to leave the program immediately if asked to do so by [REDACTED] staff.



Services Participation Agreement

Organization 

Program: _____

Participant Name: _____

Participation in supportive services identified through your individualized service plan is a condition of participation in this program. These services are intended to help participants maintain housing stability, address barriers, and work toward individualized goals, including obtaining and maintaining permanent housing. This agreement confirms that we have discussed your strengths, needs, and goals, and that supportive services will be tailored to support your individualized service plan.

Supportive Services

As part of the program, we offer supportive services designed to meet your unique needs and goals. Services can include:

- **Case Management** – A staff member will meet with you regularly to support your progress, coordinate services, and help you access community resources.
- **Individualized Service Planning** – Together, we will develop, implement, and periodically update a service plan based on your strengths, needs, and goals.
- **Employment Support** – Assistance with job searching, resume development, interview preparation, employment retention, vocational training, or educational opportunities.
- **Life Skills Coaching** – Support with daily living skills such as communication, cooking, time management, problem-solving, and goal setting.
- **Financial Coaching** – Assistance with budgeting, saving, improving credit, and financial planning.
- **Mental Health Support** – Connections and referrals to counseling, therapy, and other behavioral health services, as appropriate.
- **Substance Use Support** – Referrals to treatment and recovery resources, when appropriate.
- **Benefits Assistance** – Help applying for and maintaining benefits such as health care, food assistance, disability benefits, and other income supports.



The supportive services offered and your level of participation will be based on your individualized strengths, needs, preferences, and goals as identified through the service planning process. Your service plan may be updated as your circumstances change.

If you experience barriers to participating in supportive services, staff will make reasonable efforts to re-engage you, identify barriers, and adjust your service plan as appropriate. Failure to participate in required supportive services may affect your continued eligibility for the program, consistent with program requirements and applicable Department of Housing and Urban Development regulations.

What You Can Expect From Us

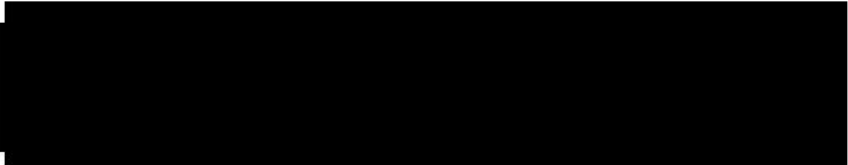
Treat you with dignity, respect, and compassion.

- Work collaboratively with you to identify your strengths, needs, and goals.
- Provide or coordinate supportive services appropriate to your individualized service plan.
- Protect your privacy as required by applicable laws and regulations.
- Support your efforts toward housing stability, wellness, and long-term success.
- Respond with flexibility and understanding when challenges arise.

Participant Responsibilities

As a condition of participation in this program, you agree to:

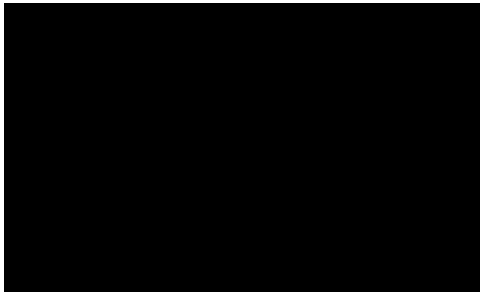
- Participate in supportive services identified through your individualized service plan, as developed and updated in collaboration with your case manager.
- Meet regularly with your assigned case manager and actively participate in scheduled case management meetings.
- Work collaboratively with staff to develop, review, and update your individualized service plan based on your strengths, needs, preferences, and goals.
- Notify staff if you need to cancel or reschedule an appointment. Staff will make reasonable efforts to reconnect with you and reschedule services.
- Communicate with staff regarding significant changes that may affect your housing stability or service needs.
- Comply with reasonable health, safety, and community expectations necessary for the operation of the program and the well-being of participants and staff.



Participation in supportive services is intended to support your housing stability and progress toward your individualized goals. The program recognizes that needs and circumstances may change over time, and your service plan may be modified accordingly.

Participant Signature and date: _____

Staff Signature and date: _____



Supportive Services Participation Agreement

Participant Name: _____

Unit/Location: _____

Date of Enrollment: _____

Case Manager: _____

Purpose

The  Program is designed to provide safe, temporary housing together with supportive services that promote housing stability, self-sufficiency, and successful transition to permanent housing. Participation in supportive services is a requirement of the Transitional Housing Program in accordance with 24 CFR 578.75(h).

Required Participation

As a participant in the Transitional Housing Program, I understand and agree to actively participate in supportive services throughout my enrollment in the program. Working with my assigned Case Manager, I will develop an Individualized Housing Support Plan that identifies my housing goals, barriers to stability, and action steps toward achieving permanent housing.

At a minimum, I agree to:

- Meet regularly with my assigned Case Manager, generally on a weekly basis or as otherwise determined by my service plan.
- Participate in developing and updating my Individualized Housing Support Plan.
- Work toward goals identified in my service plan, including activities related to obtaining and maintaining permanent housing.
- Maintain communication with my Case Manager regarding changes in income, employment, household composition, health, or housing status.
- Participate in referrals and supportive services that address identified barriers to housing stability.
- Engage in at least 20 hours per week of services, activities, or employment, unless exempt due to age, disability, or another applicable program exception.

**Supportive Services**

Supportive services will be individualized based on my needs and may include, but are not limited to:

- Comprehensive case management
- Housing search, placement, and landlord engagement
- Housing stabilization planning
- Employment and workforce development services
- Education and vocational training
- Financial literacy, budgeting, and credit counseling
- Mainstream benefits enrollment (SSI, SSDI, Medi-Cal, CalFresh, CalWORKs, etc.)
- Childcare referrals
- Transportation assistance
- Food assistance
- Mental health counseling
- Substance use treatment referrals
- Healthcare and behavioral health referrals
- Life skills development
- Community resource coordination

Participation requirements will be based on my individualized service needs and may change as I make progress toward my housing goals.

Participant Responsibilities

I understand that I am expected to:

- Work collaboratively with program staff.
- Attend scheduled appointments or notify staff if I am unable to attend.
- Provide accurate information needed to determine eligibility for services and housing resources.
- Make reasonable progress toward the goals established in my Individualized Housing Support Plan.
- Comply with all applicable Program Rules, Occupancy Agreement requirements, and Supportive Services Agreement.

1C-10. Evidence of Coordination and Non-Interference with
Local Efforts to Advance Protecting Public Safety

At the November 4, 2025, Orange County Board of Supervisors meeting, the Orange County Board of Supervisors approved an ordinance to enforce anti-camping laws that would prohibit unpermitted encampments and camping on public property. The ordinance prohibits camping and encampments on public and Orange County Flood Control District property in order to advance public safety.

As the Collaborative Applicant, the County of Orange's Office of Care Coordination (County) actively cooperates with law enforcement and does not impede local efforts to advance public safety objectives. The County aligns partners across the Continuum of Care (CoC), and the OC Sheriff's Department (OCSD) works with other County departments to conduct encampment mitigation and outreach, and enforce the law.

ORDINANCE NO. 25-023

**AN ORDINANCE OF THE COUNTY OF ORANGE, CALIFORNIA, ADDING
DIVISION 21 TO TITLE 3, SECTIONS 3-21-1 THROUGH 3-21-5 AND DIVISION 3 TO
TITLE 9, SECTIONS 9-3-10 THROUGH 9-3-50 REGARDING ILLEGAL
ENCAMPMENTS AND CAMPING ON PUBLIC AND ORANGE COUNTY FLOOD
CONTROL DISTRICT PROPERTY AND AMENDING DIVISION 5 OF TITLE 2,
SECTION 2-5-17, OF THE CODIFIED ORDINANCES OF THE COUNTY OF ORANGE**

WHEREAS, public property within the unincorporated County should be readily accessible and available to residents and the public at large. The use of these areas for camping purposes interferes with the rights of others to use the areas for which they were intended; and

WHEREAS, the County desires to maintain County and Orange County Flood Control District (“District”) property in a blight-free condition to secure access to public property and to ensure that public property is used for its intended purposes and remains accessible to all citizens and visitors to the unincorporated areas of the County; and

WHEREAS, the use of Orange County Flood Control District (“District”) property for camping purposes interferes with the lawful purposes and operations of the District.

**NOW, THEREFORE, THE BOARD OF SUPERVISORS OF THE COUNTY OF
ORANGE DOES ORDAIN AS FOLLOWS:**

SECTION 1. The Board of Supervisors adds, with Exhibit 1 hereto, Orange County Codified Ordinances Sections 3-21-1 through 3-21-5 and 9-3-10 through 9-3-50 and amends Orange County Codified Ordinance Section 2-5-17.

SECTION 2. If any portion of the Ordinance, or the application of any such provision to any person or circumstance, shall be held invalid, the remainder of this Ordinance to the extent it can be given effect, of the application of such provision to persons or circumstances other than those as to which it is held invalid, shall not be affected thereby, and to this extent the provisions of this Ordinance are severable.

SECTION 3. This Ordinance shall take effect and be in full force thirty (30) days from and after its passage, and before the expiration of fifteen (15) days after the passage thereof shall be published once in an adjudicated newspaper in the County of Orange.

Exhibit 1

Add Division 21 to Title 3. Illegal Encampments and Camping on Public Property.

Sec. 3-21-1. Purpose.

(a) Public property within the unincorporated County should be readily accessible and available to residents and the public at large. The use of these areas for camping purposes and/or for storage of personal property interferes with the rights of others to use the areas for which they were intended. The purpose of this chapter is to maintain property in blight-free conditions to secure access for all members of the public to public property, and to ensure that public property is used for its intended purposes and remains accessible to all citizens and visitors to the unincorporated areas of the County.

(b) When large amounts of personal property are left unattended on public property throughout unincorporated areas of the County, it creates blight, obstructs the public rights-of-way, interferes with access to public property and to businesses, and thus negatively affects quality of life, and negatively affects the profitable operation of such businesses.

Sec. 3-21-2. Definitions.

For purposes of this Division, the words and phrases defined herein shall be construed in accordance with the following definitions:

Abandoned Personal Property means unattended, but not stored, personal property that by its condition of damage, deterioration, disrepair, non-use, obsolescence, or location causes any reasonable person to conclude that the owner has permanently relinquished all right, title, claim and possession thereto. In determining whether property is abandoned, enforcement officers shall, erring on the side of caution, evaluate the facts and circumstances surrounding the item(s), including whether the personal property is unattended and lacks objective signs of abandonment. Examples of objective signs of abandonment include, but are not limited to, items located in gutters, placed adjacent to trash receptacles, an empty and/or broken tent sitting by itself on a sidewalk with no other belongings, or a bag of clothes that is open and strewn across a sidewalk.

Camp means to pitch or occupy camp facilities, to use any public property, as defined herein, for living accommodation or habitation purposes such as sleeping activities, or making preparations to sleep, including the laying down of bedding for purposes of sleeping, or to use or store camp paraphernalia for purposes of living accommodation or habitation purposes.

Camp Facilities include, but are not limited to, tents, huts or other temporary shelters of any kind, extra clothing, personal hygiene items, and/or shopping carts, strollers, wheeled suitcases or similar mobile containers used to transport and/or store other camp paraphernalia items.

Camp Paraphernalia includes, but is not limited to, tarpaulins, umbrellas, cots, beds, bedding, sleeping bags, hammocks, cooking facilities, kitchen utensils, camping stoves, portable barbeques and similar equipment, extra clothing, personal hygiene items, and/or shopping carts,

strollers, wheeled suitcases or similar mobile containers used to transport and/or store other items of camp paraphernalia.

Encampment means a temporary living area established by individuals. These areas often feature built structures and personal belongings, in addition to camp paraphernalia, and can be a source of public health and safety concerns. An encampment encompasses the definition of camp but applies to more than one individual pitching or occupying camp facilities on public property.

Enforcement officer is defined in Section 1-1-40.2(d).

Essential personal property means tents, tarpaulins, bedding, blankets, sleeping bags, bicycles, trailers, carts, clothing, identification, medical papers or devices, medications, personal items (e.g., photographs and documents) and items necessary to acquire assistance for, or achieve, instrumental activities of daily living. Essential personal property does not include any items intended for commercial purposes, such as items, consumable or otherwise, for sale, trade, barter, or in consideration of donations.

Non-Essential Personal Property means all items other than essential personal property.

Personal Property means any tangible property other than land that may be subject to ownership. Personal property includes essential and non-essential personal property.

Public Property means and includes, but is not limited to, any street, sidewalk, building, grounds, lot, parcel, open space area, park, plaza, or parking lot owned, operated and/or maintained by the County.

Public Street means and includes, but is not limited to, any street, road, highway, alley, sidewalk, parkway, bridge, culvert, drain, and other such facilities owned, operated, and/or maintained by the County.

Sidewalk means the portion of the public right-of-way between the curb line of any County owned, operated and/or maintained street, road, highway, bicycle lane, or other thoroughfare designed for vehicular travel, and the adjacent property line, whether or not that area is paved.

Store means to put aside or accumulate for use when needed, to put for safekeeping, to place or leave in a location. Stored personal property does not include abandoned personal property.

Stored Personal Property means personal property, other than abandoned personal property, that is accompanied by signs of ownership, such as packing, stacking, or organizing.

Unattended means no person is present with the personal property who asserts or claims ownership of the personal property.

Sec. 3-21-3. Prohibited Encampments, Camping, and Storage of Non-Essential Personal Property.

Unless authorized by permit or other applicable law, it is unlawful:

- (a) To construct, place, or maintain on public property any semi-permanent structure, including but not limited to hand-built sheds and structures with metal or other heavy roofing and siding materials, for the purpose of sheltering one or more persons.

- (b) To camp on public property, including but not limited to using, placing or maintaining a tent, sleeping bag, blanket, or other materials for the purpose of sleeping, lying, or sheltering one or more persons in the same location. For purposes of this section, the same location shall mean within 500 feet of the location in which the person camped on the previous day or night.
- (c) To camp within 500 feet of any posted notice to vacate or other official signage designating a location for encampment clearance or otherwise prohibiting sitting, sleeping, lying, camping, or placing personal property in that location.
- (d) To sit, sleep, lie, or camp on any public street, road, bike path, public parking lot, restricted area, or on any sidewalk.
- (e) To store any non-essential personal property on any Public Property or on any sidewalk in a manner that impedes passage within the meaning of the American Disabilities Act.
 - 1. It shall not be a violation of subsection (e) to: (1) store property in accordance with a County issued permit; (2) store property as part of activities expressly authorized by the County; (3) store property for authorized County, public utility, or government agency purposes.

Sec. 3-21-4. Violations, Enforcement, and Penalties.

- (a) Any violations of the provisions of this Division are unlawful and subject to the enforcement remedies pursuant to Sections 1-1-34 through 1-1-39 and 1-1-40, *et. seq.* of this Code and any other means provided by law.

Sec. 3-21-5. Severability.

If any section, paragraph, sentence, clause, phrase or portion of this Division is held invalid or unconstitutional by any court of competent jurisdiction, such portion shall be deemed severable and such holding shall not affect the validity of the remaining portions hereof. The Board of Supervisors hereby declares that it would have adopted this article irrespective of the invalidity of any particular portion thereof and intends that the invalid portions should be severed, and the balance of the article be enforced.

Add Division 3 to Title 9. Illegal Encampments and Camping on Flood Control District Property.

Sec. 9-3-10. Purpose.

- (a) The use of District property for camping purposes and/or for storage of personal property interferes with the lawful purposes and operations of the District. The purpose of this chapter is to maintain District property in blight-free conditions, to secure access for flood control purposes, and to ensure that District property is used for its intended purposes.

(b) When large amounts of personal property are being left unattended on District property, it creates blight, obstructs District property, interferes with access to and maintenance of District property and thus, affects the use of District property for its intended purposes.

Sec. 9-3-20. Definitions.

For purposes of this Division, the words and phrases defined herein shall be construed in accordance with the following definitions and those contained in Title 9, Section 9-2-20.

Abandoned Personal Property means unattended, but not stored, personal property that by its condition of damage, deterioration, disrepair, non-use, obsolescence, or location causes any reasonable person to conclude that the owner has permanently relinquished all right, title, claim and possession thereto. In determining whether property is abandoned, enforcement officers shall, erring on the side of caution, evaluate the facts and circumstances surrounding the item(s), including whether the personal property is unattended and lacks objective signs of abandonment. Examples of objective signs of abandonment include, but are not limited to, items located in gutters, placed adjacent to trash receptacles, an empty and/or broken tent sitting by itself on a sidewalk with no other belongings, or a bag of clothes that is open and strewn across a sidewalk.

Camp means to pitch or occupy camp facilities, to use any District property for living accommodation or habitation purposes such as sleeping activities, or making preparations to sleep, including the laying down of bedding for purposes of sleeping, even in the absence of camp facilities, or to use or store camp paraphernalia for purposes of living accommodation or habitation purposes.

Camp Facilities include, but are not limited to, tents, huts or other temporary shelters of any kind, extra clothing, personal hygiene items, and/or shopping carts, strollers, wheeled suitcases or similar mobile containers used to transport and/or store other camp paraphernalia items.

Camp Paraphernalia includes, but is not limited to, tarpaulins, umbrellas, cots, beds, bedding, sleeping bags, hammocks, cooking facilities, kitchen utensils, camping stoves, portable barbeques and similar equipment, extra clothing, personal hygiene items, and/or shopping carts, strollers, wheeled suitcases or similar mobile containers used to transport and/or store other items of camp paraphernalia.

Enforcement Officer is defined in Section 1-1-40.2(d).

Essential Personal Property means tents, tarpaulins, bedding, blankets, sleeping bags, bicycles, trailers, carts, clothing, identification, medical papers or devices, medications, personal items (e.g., photographs and documents) and items necessary to acquire assistance for, or achieve, instrumental activities of daily living. Essential personal property does not include any items intended for commercial purposes, such as items, consumable or otherwise, for sale, trade, barter, or in consideration of donations.

District Property means all or any part of the entire width of right-of-way of a District flood control channel, whether or not such entire area is actually utilized for flood control purposes and also includes, but is not limited to vacant parcels, basins, dams, and access roads, whether owned by District in fee or by easement, grant, indenture, or other legal document. "District property" is further defined as an area or interest identifying District ownership as shown on:

County Assessor's parcel map; official record of survey; District right-of-way map; or deed recorded with a County Recorder.

Encampment means a temporary living area established by individuals on District property or any public property. These areas often feature built structures and personal belongings, including but not limited to camp paraphernalia, and can be a source of public health and safety concerns. An encampment encompasses the definition of camp but applies to more than one individual pitching or occupying camp facilities on public District property.

Non-Essential Personal Property means all items other than essential personal property.

Personal Property means any tangible property other than land that may be subject to ownership. Personal property includes essential and non-essential personal property.

Store means to put aside or accumulate for use when needed, to put for safekeeping, to place or leave in a location. Stored personal property does not include abandoned personal property.

Stored Personal Property means personal property, other than abandoned personal property, that is accompanied by signs of ownership, such as packing, stacking, or organizing.

Unattended means no person is present with the personal property who asserts or claims ownership of the personal property.

Sec. 9-3-30. Prohibited Encampments, Camping, and Storage of Non-Essential Personal Property.

Unless authorized by permit or other applicable law, it is unlawful:

- (a) To construct, place, or maintain on District Property any semi-permanent structure, including but not limited to hand-built sheds and structures with metal or other heavy roofing and siding materials, for the purpose of sheltering one or more persons.
- (b) To illegally camp on District Property, including but not limited to using, placing, or maintaining a tent, sleeping bag, blanket, or other materials for the purpose of sleeping, lying, or sheltering one or more persons in the same location. For purposes of this section, the same location shall mean within 500 feet of the location in which the person camped on the previous day or night.
- (c) To illegally camp within 500 feet of any posted notice to vacate or other official signage designating a location for encampment clearance or otherwise prohibiting sitting, sleeping, lying, camping, or placing Personal Property in that location.
- (d) To sit, sleep, lie, or camp on any District Property in a manner that impedes access to District facilities and/or impedes or interferes with the operation of District facilities.
- (e) To store any Non-Essential Personal Property on District Property.
 1. It shall not be a violation of subsection (e) to: (1) store property in accordance with a District or County issued permit; (2) store property as part of activities expressly authorized by the County or District; (3) store property for authorized County, District, public utility, or government agency purposes.

Sec. 9-3-40. Violations, Enforcement, and Penalties.

- (a) Any violations of the provisions of this Division are unlawful and subject to the enforcement remedies pursuant to Sections 1-1-34 through 1-1-39 and 1-1-40, *et. seq.* of this Code and any other means provided by law.

Sec. 9-3-50. Severability.

If any section, paragraph, sentence, clause, phrase or portion of this Division is held invalid or unconstitutional by any court of competent jurisdiction, such portion shall be deemed severable and such holding shall not affect the validity of the remaining portions hereof. The Board of Supervisors hereby declares that it would have adopted this article irrespective of the invalidity of any particular portion thereof and intends that the invalid portions should be severed, and the balance of the article be enforced.

Amend Division 5 of Title 2. Parks, Beaches and Recreational Areas.

Sec. 2-5-17. Camping; encampments; occupancy of camp facilities; use of camp paraphernalia, storage of personal property; payment of fees required.

- (a) As it relates to camping, camp facilities, and camp paraphernalia, as defined in this division, in designated areas:

- (1) It shall be unlawful for any person to camp, occupy camp facilities, use camp paraphernalia, or store personal property in a recreational area, except in an area designated for such purposes without paying fees established for such purposes by resolution of the Board of Supervisors. Each adult seeking to use designated areas for such purposes will be required to present a current form of identification upon payment of fees.
- (2) No person shall camp, occupy camp facilities, use camp paraphernalia or store personal property in a recreational area in excess of the period prescribed by resolution of the Board of Supervisors.
- (3) In addition to the other penalties provided herein, violation of this section shall subject the violator to suspension of camping privileges, loss of prepaid fees and eviction from the recreational area.
- (4) Any property left in a recreational area after it closes, except personal property left in designated areas by persons having paid established fees thereof, shall be removed or impounded by the Director or his/her agents in accordance with the procedures set forth in Title 3, Division 21, Section 6.

(b) If an unauthorized individual remains within any park, beach, or recreational area as defined in this division outside of the established operational hours, County officials or any agent acting on their behalf, or law enforcement, will advise the individual that they may move to any public area outside the park property. If the individual does not then leave the park property after receiving both a warning and a reasonable opportunity to gather his or her belongings, law enforcement may issue a citation or arrest the individual, as appropriate.

This ordinance shall take effect and to be in full force thirty (30) days from and after its passage and, before the expiration of fifteen (15) days after the passage thereof, shall be published once in an adjudicated newspaper published in the County of Orange.

THE FOREGOING was PASSED and ADOPTED by the following vote of the Orange County Board of Supervisors on November 18, 2025, to wit:

AYES: Supervisors: DONALD P. WAGNER, DOUG CHAFFEE, JANET NGUYEN

NOES: VICENTE SARMIENTO

EXCUSED: KATRINA FOLEY

ABSTAINED:

(Signature on File)

Robin Stieler,

Clerk of the Board of Supervisors of Orange County, California



ORANGE COUNTY SHERIFF'S DEPARTMENT

SHERIFF-CORONER DON BARNES

September 28, 2026

Office of Special Needs Assistance Programs
Community Planning and Development
U.S. Department of Housing and Urban Development
Washington DC, 20410

RE: Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety for the Fiscal Year 2026 Continuum of Care Program Notice of Funding Opportunity

To Whom It May Concern:

This letter is to provide confirmation that the Orange County Continuum of Care (CA-602) does not interfere with or impede local efforts to advance protecting public safety and coordinates with the Orange County Sheriff's Department, appropriately.

The County of Orange's Office of Care Coordination as Collaborative Applicant for the Orange County Continuum of Care assists first responders and law enforcement agencies, as needed, in providing services to individuals experiencing homelessness to quickly clear tents and encampments on public property and connect individuals experiencing homelessness with appropriate services.

If you have any questions or require additional information, please do not hesitate to contact the Orange County Sheriff's Department.

Sincerely,

A blue ink handwritten signature, appearing to read "Jeff Puckett", with a long horizontal line extending to the right.

Assistant Sheriff Jeff Puckett
Patrol Operations Command
Orange County Sheriff's Department
jtpuckett@ocsheriff.gov

1D-1. Local Competition Scoring Tool

FY2026 Continuum of Care (CoC) Program Notice of Funding Opportunity (NOFO) Scoring and Rating Criteria

Agency Name:

Name of Project:

The scoring criteria below are used to rate and rank all CoC renewal projects as part of the annual CoC Program local competition for the Orange County CoC. Data is collected using various sources including the FY2026 Application for CoC renewal projects, e-snaps project applications and Project Performance Reports. All renewal projects must meet the U.S. Department of Housing and Urban Development (HUD) project eligibility and project quality threshold criteria described in the FY2026 CoC Program NOFO.

Scoring Criteria	Description	Calculated Measure	Maximum Points	Reviewer Score	Comments
Administrative Review	The Office of Care Coordination will complete an administrative review of the agency and submitted materials for the renewal project applications.	• Intent to Renew Survey • Participation of homeless or formerly homeless on the Board of Directors, as required by 24 CFR § 576.405(a) • Timeliness	10	Prepopulated by the Office of Care Coordination	
Project Performance	Objective Data Quality and Project Performance Measures	• Reference the FY2026 CoC Program NOFO Project Performance Measures as detailed in Table: Entries from Homelessness, Average Days Until Permanent Housing Placement, Increased Income – Stayers, Increased Income – Leavers, Unit Utilization and Stabilized in Permanent Housing	13	Prepopulated by HMIS Lead	
Returns to Homelessness and Increased Employment Income	Objective Project Performance Measures to evaluate HUD's priorities of reducing returns to homelessness and increasing earned income through employment.	• Reference the FY2026 CoC Program NOFO Project Performance Measures as detailed in Table: Returns to Homelessness and Increased Employment Income	15	Prepopulated by HMIS Lead	

Project Effectiveness	Evaluation of the project applicant's effectiveness, including meeting the plans and goals established in the initial application as amended, how the project type is effective in serving populations identified as most vulnerable, and cost effectiveness	• Project Description from e-snaps • Exhibit: Project Information Form • Exhibit: Project Effectiveness	20		
Coordinated Entry System (CES) Participation	Evaluation of project's participation in the CES, evaluated through the objective Project Performance Measures	• Reference FY2026 CoC Program NOFO Project Performance Measures as detailed in Table: CES Participation including Days Between CES Match and Enrollment, Successful CES Referrals, CES Denials by Provider and Referrals from CES	12	Prepopulated by HMIS Lead	
Homeless Management Information System (HMIS) Participation	Evaluation of project's participation in HMIS, evaluated through the objective Project Performance Measures	• HMIS Participation (2 points) • Reference FY2026 CoC Program NOFO Project Performance Measures as detailed in Table: HMIS Participation (3 points)	5	Prepopulated by HMIS Lead	
Unspent Funds	Objective review of unspent funding in last three (3) completed grant terms. • Unspent funds will be compared to the annual renewal amount (ARA)	• Unspent funds under 5% of ARA will be awarded 10 Points • Unspent funds between 5-10% of ARA will be awarded 5 points • Unspent funds over 10% ARA will be awarded 0 points	10	Prepopulated by the Office of Care Coordination	
Recovery and Supportive Service Participation	Evaluation of project's ability to provide treatment and recovery services to participants and/or require participation in supportive services.	• Exhibit: Recovery and Supportive Service Participation • Project Description from e-snaps	15		
Total Points			100 Maximum Points Possible ¹		

¹ Joint Transitional Housing and Permanent Housing-Rapid Rehousing (Joint TH/PH-RRH) projects will be evaluated on an 88-point scale, as Joint TH/PH-RRH project types will not be scored on CES Participation

FY 2026 Continuum of Care (CoC) Program Notice of Funding Opportunity (NOFO) Project Performance Measures and Thresholds

Below are the measures, thresholds, and point allocations to be used for the evaluation of the CoC Renewal Projects during the FY2026 CoC Program NOFO. The Project Performance Measures and Thresholds are based on the Permanent Supportive Housing, Rapid Rehousing and Transitional Housing reports published in May 2026 through June 2026 by Orange County United Way (OCUW) 2-1-1 Orange County (211OC), the Homeless Management Information System (HMIS) Lead. In addition, the Average Data Quality Score from 2026 Quarter 1 of the HMIS Data Quality Report Cards will be included in the analysis. The CoC NOFO Ad Hoc has reviewed and will recommend the project performance measures and thresholds below to the CoC Board.

Permanent Supportive Housing

Table: Project Performance

	Entries from Homelessness	Average Days Until Permanent Housing Placement	Unit Utilization	Stabilized in Permanent Housing	Increased Income - Stayers	Increased Income - Leavers
Threshold	Greater than or equal to 98%	Less than or equal to 30 days	Greater than or equal to 95%	Greater than or equal to 95%	Greater than or equal to 65%	Greater than or equal to 45%
Met Threshold	3	2	2	2	2	2
Within 10% of Threshold ¹	1.5	1	1	1	1	1
More than 10% from Threshold	0	0	0	0	0	0

Table: Returns to Homelessness and Increased Employment Income

	Increased Employment Income - Stayers		Returns to Homelessness
Threshold	Greater than or equal to 9%	Threshold	Less than or equal to 7%
Met Threshold	5	Met Threshold	10
8% to 4%	4	8% to 10%	8
3% to 2%	3	11% to 15%	5
1%	1	16% to 20%	2
0%	0	More than 20%	0

Table: Coordinated Entry System (CES) Participation

	Days Between CES Match and Enrollment	Successful CES Referrals	CES Denials by Provider	Referrals from CES
Threshold	Less than or equal to 45 days	Greater than or equal to 50%	Less than or equal to 40%	100%
Met Threshold	3	3	3	3
Within 10% of Threshold ²	1.5	1.5	1.5	1.5
More than 10% from Threshold	0	0	0	0

¹ Projects will receive half points for measures calculated in days if the project's score is within 3 days of the threshold.

² Projects will receive half points for measures calculated in days if the project's score is within 5 days of the threshold.

Table: Homeless Management Information System (HMIS) Participation

	2026 Quarter 1 Average Data Quality
Threshold	Greater than or equal to 98%
Met Threshold	3
Within 10% of Threshold	1.5
More than 10% from Threshold	0

Rapid Rehousing

Table: Project Performance

	Entries from Homelessness	Average Days Until Permanent Housing Placement	Successful Exits	Increased Income - Stayers	Increased Income - Leavers
Threshold	Greater than or equal to 98%	Less than or equal to 30 days	Greater than or equal to 80%	Greater than or equal to 40%	Greater than or equal to 44%
Met Threshold	3	2	2	3	3
Within 10% of Threshold ³	1.5	1	1	1.5	1.5
More than 10% from Threshold	0	0	0	0	0

Table: Returns to Homelessness and Increased Employment Income

	Increased Employment Income - Leavers		Returns to Homelessness
Threshold	Greater than or equal to 25%	Threshold	Less than or equal to 7%
Met Threshold	5	Met Threshold	10
24% to 20%	4	8% to 10%	8
19% to 10%	3	11% to 15%	5
9% to 1%	1	16% to 20%	2
0%	0	More than 20%	0

³ Projects will receive half points for measures calculated in days if the project's score is within 30 days of the threshold.

Table: Coordinated Entry System (CES) Participation

	Days Between CES Match and Enrollment	Successful CES Referrals	CES Denials by Provider	Referrals from CES
Threshold	Less than or equal to 45 days	Greater than or equal to 50%	Less than or equal to 40%	100%
Met Threshold	3	3	3	3
Within 10% of Threshold ³	1.5	1.5	1.5	1.5
More than 10% from Threshold	0	0	0	0

Table: Homeless Management Information System (HMIS) Participation

	2026 Quarter 1 Average Data Quality
Threshold	Greater than or equal to 98%
Met Threshold	3
Within 10% of Threshold	1.5
More than 10% from Threshold	0

Joint Transitional Housing and Permanent Housing-Rapid Rehousing⁵

Table: Project Performance

	Entries from Homelessness	Average Days Until Permanent Housing Placement	Successful Exits	Increased Income - Stayers	Increased Income - Leavers
Threshold	Greater than or equal to 98%	Less than or equal to 30 days	Greater than or equal to 80%	Greater than or equal to 40%	Greater than or equal to 44%
Met Threshold	3	2	2	3	3
Within 10% of Threshold ⁴	1.5	1	1	1.5	1.5
More than 10% from Threshold	0	0	0	0	0

³ Projects will receive half points for measures calculated in days if the project's score is within 5 days of the threshold.

⁵ Joint Transitional Housing/Permanent Housing-Rapid Re-housing (Joint TH/PH-RRH) project performance scores consolidate TH and RRH scores into one total project performance score for each project. Consolidated scores are calculated by dividing the project enrollments that met the threshold for the measure by the total possible enrollments included in the measure.

⁴ Projects will receive half points for measures calculated in days if the project's score is within 30 days of the threshold.

Table: Returns to Homelessness and Increased Employment Income

	Increased Employment Income - Leavers		Returns to Homelessness
Threshold	Greater than or equal to 66%	Threshold	Less than or equal to 7%
Met Threshold	5	Met Threshold	10
65% to 40%	4	8% to 10%	8
39% to 20%	3	11% to 15%	5
19% to 1%	1	16% to 20%	2
0%	0	More than 20%	0

Table: Homeless Management Information System (HMIS) Participation

	2026 Quarter 1 Average Data Quality
Threshold	Greater than or equal to 98%
Met Threshold	3
Within 10% of Threshold	1.5
More than 10% from Threshold	0

Fiscal Year (FY) 2026 Continuum of Care (CoC) Bonus, Domestic Violence (DV) Bonus and Reallocation Scoring and Rating Criteria

Supportive Services Only (SSO) projects for CoC Bonus will be scored on a 100-point scale using the following criteria:

	Criterion	Points	Description of Basis for Assigning Points
1	Administrative Capacity of Applicant	Up to 10 points	• Current relevant experience in providing services related to those outlined in this solicitation, including evaluation of current and similar project types (5 points) • Current relevant experience in effectively utilizing federal, state, and/or local funds and performing the activities proposed in the application, including satisfactory administrative practices, effective program operations and performance for existing grants (5 points)
2	Applicant Service Experience and Approach	Up to 20 points	• Applicant demonstrates experience in working with target population to quickly secure housing, make connections to supportive services, and promote housing stability (10 points) ○ For SSO Street Outreach proposals, applicant has demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs • Applicant demonstrates a proposed approach for project that aligns with outlined criteria (10 points): ○ For SSO Standalone proposals, applicant describes how the project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency ○ For SSO Standalone proposals, applicant describes how an annual assessment of the service needs of the program participants will be conducted. ○ For SSO Street Outreach proposals, applicant demonstrates a plan for partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. ○ For SSO Street Outreach proposals, applicant demonstrates plan to cooperate, assist, and not interfere or impede with the enforcement of local laws such as public camping and public drug

			use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals ○ For SSO Street Outreach proposals, applicant details plan for providing outreach services consistent with the activity description at 24 CFR 578.53(e)(13) and for helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs
3	Proposed Project Service Plan and Supportive Services	Up to 30 points	• Proposed project has a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services (10 points) • Proposed project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, Supplemental Security Income (SSI), and Supplemental Nutrition Assistance Program (SNAP) (5 points) • Proposed services provided are cost-effective consistent with 2 CFR 200.404 (5 points) • Proposed project includes strategies to assist participants to enter emergency shelter, treatment programs, transitional housing or obtain permanent housing, increase their employment and/or income and maximum their ability to maintain self-sufficiency and live independently (10 points)
4	Outcomes	Up to 20 points	• Proposed performance outcomes (not outputs)¹ that will be achieved by the project and how data will be used to measure those outcomes and determine success. Specifically, proposed performance outcomes should focus on how participant progress towards self-sufficiency will be measured. (10 points) • Applicant details how proposed performance outcomes focus on participants' placement in emergency shelter, treatment programs, transitional housing or permanent housing, as well as improved quality of life, rather than measuring the amount or types of services provided. (10 points)

¹ The FY2026 CoC Program NOFO incentivizes outcomes consistent with the purposes of the CoC program, including optimizing self-sufficiency, reducing homelessness, and minimizing the trauma caused to communities as a whole by homelessness, rather than measuring outputs such as the number of beds created or filled.

5	Project Readiness	Up to 5 points	Estimated schedule for the proposed project to begin operations, including supportive services activities. Full points will be given to projects that can begin by July 1, 2027.
6	Budget and Match	Up to 15 points	- Budget is reasonable for type of project proposed and the total number of households and participants to be served, consistent with 2 CFR 200.404 (7 points) - Applicant confirms ability to provide the required match of at least 25 percent. Match documentation is included and details a clear written commitment, inclusive of the amount, funding sources, and signature from an authorized representative. (3 points) - Applicant demonstrates how leveraged supportive services contribute to the overall budget of the project proposed. (4 points)
Total Points		100 Maximum Points Possible	

Transitional Housing (TH) projects for CoC Bonus and DV Bonus will be scored on a 100-point scale using the following criteria:

	Criterion	Points	Description of Basis for Assigning Points
1	Capacity of Applicant	Up to 10 points	- Current relevant experience in providing housing and services related to those outlined in this solicitation, including evaluation of current and similar project types (5 points) - For DV Bonus proposals, applicant has capacity for serving individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, and their ability to house survivors and meet safety outcomes - Current relevant experience in effectively utilizing federal, state, and/or local funds and performing the activities proposed in the application, including, satisfactory administrative practices, effective program operations and performance for existing grants (5 points)
2	Applicant Service Experience and Approach	Up to 20 points	- Applicant demonstrates experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months (10 points) - Applicant previously operated or currently

			operates transitional housing or another homelessness project, and has a plan to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant. If applicant does not have previous or current experience operating transitional housing or another homeless project, applicant details proposed approach to meet outlined criteria. (10 points)
3	Proposed Project Service Plan and Supportive Services	Up to 30 points	- Proposed project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with 24 CFR 578.75(h). To receive full points, applicant will include a draft of the how supportive service agreement (contract, occupancy agreement, lease, or equivalent) that will be utilized with all program participants. (10 points). Note: Failure to require program participants to take part in supportive services, may result in the program not passing threshold. - Proposed project will create service plans for each program participant that include: (5 points) - The services to be provided, when and how often services will be provided, by whom all services will be provided; - Participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency - Applicant describes how the proposed project will (10 points): - Assess the service needs of program participants, and - Provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3 (examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community building activities, etc.) Note, employment may contribute to the 20

			hours per week of engagement. - Applicant describes how the proposed project will: (5 points) - Leverage resources from other public or private sources, which may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP - Provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)
4	Outcomes	Up to 20 points	- Proposed performance outcomes (not outputs)² that will be achieved by the project and how data will be used to measure those outcomes and determine success. Specifically, proposed performance outcomes should focus on how participant progress towards self-sufficiency will be measured. (10 points) - Applicant details how proposed performance outcomes should focus on participants' housing placement, as well as improved quality of life, rather than measuring the amount or types of services provided. (10 points)
5	Project Readiness	Up to 5 points	Estimated schedule for the proposed project to begin operations, including supportive services activities. Full points will be given to projects that can begin by July 1, 2027.
6	Budget and Match	Up to 15 points	- Budget is reasonable for type of project proposed and the total number of households and participants to be served, consistent with 2 CFR 200.404 (7 points) - Applicant confirms ability to provide the required match of at least 25 percent. Match documentation is included and details a clear written commitment, inclusive of the amount, funding sources, and signature from an authorized representative. (4 points) - Applicant demonstrates how leveraged supportive services contribute to the overall budget of the project proposed. (4 points)
Total Points		100 Maximum Points Possible	

² The FY2026 CoC Program NOFO incentivizes outcomes consistent with the purposes of the CoC program, including optimizing self-sufficiency, reducing homelessness, and minimizing the trauma caused to communities as a whole by homelessness, rather than measuring outputs such as the number of beds created or filled.

1D-2c. Local Competition Selection Results

Orange County Continuum of Care
FY2026 Continuum of Care Program Notice of Funding Opportunity Priority Listing

Total Annual Renewal Amount (ARA): \$37,335,446

CoC Bonus Funding Available: \$5,000,000

Reallocation Funding: \$16,731,581

Tier 1 (60% of ARA): \$22,401,268

Domestic Violence (DV) Bonus Funding Available: \$5,000,000

Tier 2 (40% of ARA + CoC Bonus + DV Bonus Applied for): \$17,526,999

CoC Planning: \$1,500,000

Project Rank (If Accepted)	Applicant Name	Project Name	Project Status	Amount Requested from HUD	Reallocated Funds	Project Score
1	Interval House	Rapid Rehousing Program	Accepted	\$339,667	\$0	98.4%
2	Interval House	Domestic Violence Transitional Housing- Rapid Rehousing Program	Accepted	\$1,302,437	\$0	98.1%
3	Mercy House Living Centers	OC PSH Collaboration Project II	Accepted	\$3,025,844	\$0	96.0%
4	Friendship Shelter, Inc.	Henderson House Permanent Supportive Housing	Accepted	\$816,983	\$0	94.5%
5	Families Forward	Rapid Rehousing for Families	Accepted	\$752,155	\$0	91.7%
6	Mercy House Living Centers	OC PSH Collaboration Project	Accepted	\$4,745,700	\$0	90.8%
7	Pathways of Hope	PSH for Families	Accepted	\$459,680	\$0	88.3%
8	Illumination Foundation	Street2Home OC Expansion	Accepted	\$2,491,227	\$0	87.2%
9	Mercy House Living Centers	Mercy House - CoC Leasing - Renewal	Accepted	\$707,689	\$0	86.6%
10	Serving People In Need, Inc.	CoC Rapid Re-Housing / Guided Assistance to Permanent Placement	Accepted	\$731,787	\$0	85.3%
11	Orange County's United Way DBA Orange County United Way	HMIS Consolidated Community Support NOFO	Accepted	\$736,275	\$0	
12	County of Orange	Coordinated Entry System SSO Grant	Accepted	\$1,677,910	\$0	
13	Orange County's United Way DBA Orange County United Way	HMIS Community Support Expansion	Accepted	\$1,000,000	\$1,000,000	
14	Illumination Foundation	Stanton Multi-Service Center	Accepted	\$614,997	\$0	75.2%
15	Human Options	DV Bonus Project	Accepted, Partially Reallocated	\$1,900,000	(\$301,514)	66.5%
16	The Eli Home	Children and Recovery Parents (CARP)	Accepted	\$1,528,562	\$1,528,562	92.6%
17	County of Orange	Outreach & Engagement (O&E) – SSO – Street Outreach	Accepted	\$2,620,000	\$2,620,000	91.0%
18	Illumination Foundation	Midway to Housing — A Transitional Housing Program for Older Adults	Accepted	\$2,465,189	\$2,465,189	90.6%
19	Pathways of Hope	Transitional Housing Program	Accepted	\$432,003	\$432,003	87.4%
20	Colette's Children's Home	CCH Transitional Housing Program	Accepted	\$2,199,340	\$2,199,340	85.6%

Orange County Continuum of Care
FY2026 Continuum of Care Program Notice of Funding Opportunity Priority Listing

Project Rank (If Accepted)	Applicant Name	Project Name	Project Status	Amount Requested from HUD	Reallocated Funds	Project Score
21	The Hub OC	The Zero Barrier Access and Continuity Hub Resource Center	Accepted	\$1,094,767	\$1,094,767	85.3%
22	Interval House	Transitional Housing Program (DV Bonus)	Accepted	\$1,492,500	\$0	84.0%
23	PATH	PATH OC SSO - Street Outreach	Accepted	\$3,000,000	\$3,000,000	83.7%
24	Pathways of Hope	Supportive Services Only Program	Accepted	\$434,775	\$434,775	83.7%
25	Lutheran Social Services of Southern California	Orange County Housing Stabilization and Coordinated Entry Initiative	Accepted	\$1,074,360	\$1,074,360	82.0%
26	The Chrysalis Center (Chrysalis)	Chrysalis Jobs to Home	Accepted	\$1,300,000	\$0	81.3%
27	Families Forward	Families Forward Housing Navigation & Support Services	Accepted	\$984,420	\$0	79.7%
	Family Promise OC	Family Self-Sufficiency Support Services	Rejected	\$0	\$0	73.0%
	HOPE Center of Orange County	HOPE Center Regional Street Outreach and Case Management	Rejected	\$0	\$0	68.0%
	Kalaya's Destiny	Kalaya's Destiny Supportive Services	Rejected	\$0	\$0	65.0%
	Mary's Kitchen	Community Food Stabilization & Housing Support Services Program	Rejected	\$0	\$0	58.0%
	Pathways to Independence	Turning Point Program	Rejected	\$0	\$0	51.7%
	American Family Housing	Permanent Housing Collaborative	Fully Reallocated	\$0	(\$1,249,326)	
	Mercy House Living Centers	Aqua PSH	Fully Reallocated	\$0	(\$757,742)	
	Mercy House Living Centers	Mills End and PSH Leasing Consolidation	Fully Reallocated	\$0	(\$357,732)	
	Orange County Housing Authority	#1 Consolidated Continuum of Care TRA Renewal Project	Fully Reallocated	\$0	(\$6,271,727)	
	Orange County Housing Authority	#2 Consolidated Continuum of Care TRA Renewal Project	Fully Reallocated	\$0	(\$2,723,948)	
	Orange County Housing Authority	#3 Consolidated Continuum of Care TRA Renewal Project	Fully Reallocated	\$0	(\$1,328,091)	
	Orange County Housing Authority	#4 Consolidated Continuum of Care TRA Renewal Project	Fully Reallocated	\$0	(\$3,233,742)	
	Orange County Housing Authority	Jackson Aisle Continuum of Care TRA Renewal Project	Fully Reallocated	\$0	(\$528,250)	
	Pathways of Hope	PSH for Seniors	Transitioning	\$0	(\$281,023)	

2A-8b. FY2026 Homeless Data Exchange (HDX)
Competition Report

2025 HDX Competition Report

2026 Competition Report - Summary

CA-602 - Santa Ana, Anaheim/Orange County CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX
2025 LSA	Yes	Government FY 2025 (10/1/24 - 9/30/25).	November 2025 to January 2026
2025 SPM	Yes	Government FY 2025 (10/1/24 - 9/30/25).**	February 2026 to March 2026
2026 HIC	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026
2026 PIT	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026

1) FY = Fiscal Year
2) *This considers all extensions where they were provided.
3) **"Met Deadline" in this context refers to FY25 SPM submissions. Resubmissions from FY24 (10/1/2023 - 9/30/2024) were also accepted during the data collection period, but the previous year's submission is voluntary.

2025 HDX Competition Report

2026 Competition Report - LSA Summary & Usability Status

CA-602 - Santa Ana, Anaheim/Orange County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

LSA Usability Status 2025

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC*	PSH CO
Fully Usable	☒	☒	☒	☒	☒	☒	☒	N/A	☒
Partially Usable								N/A	
Not Usable								N/A	

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children
*Usability was not determined for PSH-AC due to built-in conflicts between HOMES and HMIS. As such, this category is marked "not applicable" (N/A) for every CoC.

2025 HDX Competition Report

2026 Competition Report - SPM Data

CA-602 - Santa Ana, Anaheim/Orange County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	7,123	226.4	134.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	7,553	231.0	140.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

CA-602 - Santa Ana, Anaheim/Orange County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

b. This measure is based on data element 3.917

This measure includes data from each client’s Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client’s entry date, effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	8,133	1,352.9	563.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	8,578	1,313.8	542.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

CA-602 - Santa Ana, Anaheim/Orange County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
Metric	Count	Count	% of Returns	Count	% of Returns	Count	% of Returns	Count	% of Returns
Exit was from SO	420	46	11.0%	15	3.6%	25	6.0%	86	20.5%
Exit was from ES	1,300	108	8.3%	36	2.8%	76	5.9%	220	16.9%
Exit was from TH	229	13	5.7%	1	0.4%	1	0.4%	15	6.6%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	1,586	68	4.3%	46	2.9%	60	3.8%	174	11.0%
TOTAL Returns to Homelessness	3,535	235	6.7%	98	2.8%	162	4.6%	495	14.0%

2025 HDX Competition Report

2026 Competition Report - SPM Data

CA-602 - Santa Ana, Anaheim/Orange County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	7,642
Emergency Shelter Total	7,214
Safe Haven Total	0
Transitional Housing Total	501

2025 HDX Competition Report

2026 Competition Report - SPM Data

CA-602 - Santa Ana, Anaheim/Orange County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	1,026
Number of adults with increased earned income	85
Percentage of adults who increased earned income	8.3%

2025 HDX Competition Report

2026 Competition Report - SPM Data

CA-602 - Santa Ana, Anaheim/Orange County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	1,026
Number of adults with increased non-employment cash income	548
Percentage of adults who increased non-employment cash income	53.4%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	1,026
Number of adults with increased total income	608
Percentage of adults who increased total income	59.3%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	242
Number of adults who exited with increased earned income	42
Percentage of adults who increased earned income	17.4%

2025 HDX Competition Report

2026 Competition Report - SPM Data

CA-602 - Santa Ana, Anaheim/Orange County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	242
Number of adults who exited with increased non-employment cash income	101
Percentage of adults who increased non-employment cash income	41.7%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	242
Number of adults who exited with increased total income	131
Percentage of adults who increased total income	54.1%

2025 HDX Competition Report

2026 Competition Report - SPM Data

CA-602 - Santa Ana, Anaheim/Orange County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	5,623
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2,144
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	3,479

2025 HDX Competition Report

2026 Competition Report - SPM Data

CA-602 - Santa Ana, Anaheim/Orange County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	7,190
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2,755
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	4,435

2025 HDX Competition Report

2026 Competition Report - SPM Data

CA-602 - Santa Ana, Anaheim/Orange County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	12,857
Of persons above, those who exited to temporary & some institutional destinations	2,153
Of the persons above, those who exited to permanent housing destinations	273
% Successful exits	18.9%

2025 HDX Competition Report

2026 Competition Report - SPM Data

CA-602 - Santa Ana, Anaheim/Orange County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	5,546
Of the persons above, those who exited to permanent housing destinations	1,627
% Successful exits	29.3%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	5,523
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	5,339
% Successful exits/retention	96.7%

2025 HDX Competition Report

2026 Competition Report - SPM Data

CA-602 - Santa Ana, Anaheim/Orange County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	7,242	501	5,803	2,483	12,984
Total Leavers (HMIS)	4,734	307	767	1,555	10,447
Destination of Don't Know, Refused, or Missing (HMIS)	1,859	40	115	171	5,731
Destination Error Rate (Calculated)	39.3%	13.0%	15.0%	11.0%	54.9%

2025 HDX Competition Report

2026 Competition Report - SPM Notes

CA-602 - Santa Ana, Anaheim/Orange County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Notes For Each SPM Measure

Measure		Notes
Measure 1	No notes.	
Measure 2	No notes.	
Measure 3	No notes.	
Measure 4	No notes.	
Measure 5	No notes.	
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.	
Measure 7	No notes.	
Data Quality	No notes.	

2025 HDX Competition Report

2026 Competition Report - HIC Summary
CA-602 - Santa Ana, Anaheim/Orange County CoC
For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted*** Total Year-Round, Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster**	Adjusted*** Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	2,997	2,799	2,830	0	2,830	98.9%	167	167	0	167	100.00%	2,966	2,997	98.97%
SH	0	0	0	0	0	NA	0	0	0	0	NA	0	0	NA
TH	912	207	809	0	809	25.6%	103	103	0	103	100.00%	310	912	33.99%
RRH	823	629	629	0	629	100.0%	194	194	0	194	100.00%	823	823	100.00%
PSH	3,201	3,201	3,201	0	3,201	100.0%	0	0	0	0	NA	3,201	3,201	100.00%
OPH	1,802	1,802	1,802	0	1,802	100.0%	0	0	0	0	NA	1,802	1,802	100.00%
Total	9,735	8,638	9,271	0	9,271	93.2%	464	464	0	464	100.00%	9,102	9,735	93.50%

- 1) † EHV = Emergency Housing Voucher
- 2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.
- 3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.
- 4) ***Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster
- 5) Data included in these tables reflect what was entered into HDX 2.0.
- 6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
- 7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").
- 8) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2025 HDX Competition Report

2026 Competition Report - PIT Summary

CA-602 - Santa Ana, Anaheim/Orange County CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/26/2026	Not Applicable

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered-Only Count	Sheltered and Unsheltered Count
Emergency Shelter Total	2,522	2,842	2,595
Safe Haven Total	0	0	0
Transitional Housing Total	627	695	661
Total Sheltered Count	3,149	3,537	3,256
Total Unsheltered Count	4,173	NA	3,065
Total Sheltered and Unsheltered Count*	7,322	3,537	6,321

1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included in federal reports if the PIT count type was sheltered only.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2025 HDX Competition Report

2026 Competition Report - PIT Summary
CA-602 - Santa Ana, Anaheim/Orange County CoC
For PIT conducted in January/February of 2026

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered-Only Count	Sheltered and Unsheltered Count
Total Sheltered Count	877	1,627	1,479
Total Unsheltered Count	1,600	0	1,252
Total	2,477	1,627	2,731

3A-1. HUD-2996 Certification for Opportunity Zone

Preference Points

The Orange County Continuum of Care (CoC) does not have the majority of proposed activities/projects in Opportunity Zones.

3A-2a. Project List for Other Federal Statutes

The Orange County Continuum of Care (CoC) is not requesting to serve persons experiencing homelessness as defined by other Federal Statutes. This attachment does not apply.

3A-DP. Your CoC's Policy or Statement to Advance Recovery

Advancing Recovery by Prohibiting Illicit Drug Enablement Policy

Background

The Fiscal Year (FY) 2026 Continuum of Care (CoC) Program Notice of Funding Opportunity (NOFO) issued by U.S. Department of Housing and Urban Development (HUD) emphasizes recovery, housing stability, self-sufficiency, and the appropriate use of CoC Program funds. This policy is intended to support implementation of those priorities while preserving participant rights and ensuring compliance with applicable federal laws and regulations.

Purpose

The Orange County CoC is committed to advancing housing stability, recovery, self-sufficiency, and sustained wellness for individuals and families experiencing homelessness through practices that are legally compliant, clinically informed, responsive to participant choice, and based on data-driven decision-making. Consistent with the HUD FY 2026 CoC Program NOFO and its recovery-oriented provisions, the Orange County CoC endorses recovery-oriented service models while ensuring that CoC Program funds are not used to facilitate, subsidize, or otherwise enable the unlawful use of controlled substances.

This policy establishes Orange County CoC's standards for all CoC Program-funded housing projects.

Policy

The Orange County CoC prohibits all CoC Program -funded housing projects, whether operated directly by a recipient or through a subrecipient, from operating drug injection sites or "safe consumption sites," knowingly distributing drug paraphernalia on or off property under their control, knowingly permitting the use or distribution of illicit drugs on property under their control, or conducting, permitting, encouraging, or allowing any of these activities under the pretext of "harm reduction."

This prohibition is consistent with 21 U.S.C. 856(a)(1)-(2) and 21 U.S.C. 863, and it applies uniformly across CoC Program-funded permanent housing inventory, including Permanent Supportive Housing, Rapid Re-Housing, and Transitional Housing projects. This policy operates alongside, and does not substitute for, the affirmative certification each project applicant separately executes under NOFO Section V.A.4.a.(6).

The implementation of this policy does not change the expectations of the Orange County CoC related to the treatment of participants within these CoC-Program-funded housing projects. Participants shall be treated with dignity and respect, and services shall be delivered through trauma-informed, person-centered practices that account for individual circumstances, preserve legal protections, and respect participant autonomy.

Consistent with the FY 2026 CoC Program NOFO's language, none of the above requires a program-wide sobriety precondition for admission, mandatory treatment participation as a condition of assistance except where permitted by 24 CFR 578.75(h), or automatic termination of assistance for a first-time drug-related program or lease violation. CoC Program- funded housing projects retain discretion to respond to a first violation with graduated, trauma-informed engagement, and nothing in this policy restricts a housing project's use of harm reduction practices that fall outside the prohibited conduct described above, including low-barrier admission, non-punitive re-engagement following relapse, or staff access to overdose-reversal medication for emergency response.

The Orange CoC encourages CoC-funded housing projects and community partners to provide or connect participants to substance use disorder treatment, recovery supports, recovery housing, peer support, behavioral health services, detoxification, inpatient or outpatient treatment, medication-assisted

treatment, and other clinically appropriate services within or outside the CoC geographic area. Connections to these services should occur within the CoC-funded inventory and through coordination with the Orange County Health Care Agency, CalOptima Health, and community-based treatment providers. The Orange County CoC will continue to prioritize referral pathways connecting program participants to voluntary treatment and recovery services within or outside the CoC geographic area.

Nothing in this policy shall be interpreted or implemented in a manner that discriminates against any individual or family on the basis of any protected characteristic under applicable federal, state, or local law.

Policy Violation

Where the Orange CoC determines that a funded project has violated this policy, the CoC will issue written notice of the finding to the Agency and require a corrective action plan within ninety (90) days. Available remedies include technical assistance, written assurances of future compliance, modification of project policies or practices, staff training, and enhanced monitoring, and, for continued or serious noncompliance, referral to the CoC Board's for discussion, referral to HUD as the funder and/or local law enforcement agency for enforcement action, reduction in the project's local competition score, or a recommendation to reduce or discontinue CoC Program funding in a subsequent competition, as permitted under CoC policy, HUD requirements, grant agreements, and applicable law.

Policy Review

Ongoing review ensures that this policy remains aligned with evolving program requirements, lawful recovery practices, civil rights obligations, participant protections, and any subsequent HUD guidance. The Orange County CoC Board shall review this policy at least annually and revise it as necessary to maintain consistency with HUD regulations, the CoC Program NOFO, and applicable federal, state, and local laws.