

Orange County Continuum of Care

COORDINATED ENTRY SYSTEM (CES) EVALUATION

A Continuum of Care (CoC) is the HUD-designated regional planning body responsible for a community's full homeless response system. It coordinates funding, data, and strategy across every agency and program working to prevent and end homelessness within a defined geographic area — in this case, Orange County.

Commission to Address Homelessness

The County's chief cross-system convener — County depts., cities, housing authorities, health plans, and providers outside the CoC's direct structure.

CoC Board

Governance, policy adoption, and oversight. Adopts CES policies and holds ultimate accountability for the CoC's coordinated entry process.

CES Steering Committee

Working-level forum where CES performance and corrective action plans are reported. Links OCC operations to CoC Board governance.

CES Lead and CA (OCC)

The County department designated as CES Lead. Runs access, assessment, prioritization, and referral — carrying out CoC Board policy.

HMIS Lead (United Way)

Orange County United Way. Administers the HMIS infrastructure underlying CES data — distinct from how OCC uses that data.

WHAT IS A COORDINATED ENTRY SYSTEM (CES)?

A CES is the process a community uses to connect people experiencing or at risk of homelessness to available housing and services in a consistent, transparent, and equitable way. HUD requires every CoC receiving federal homelessness funding to operate one, covering its full geographic area.

1 ACCESS

Households in crisis are screened and connected to shelter, transitional housing, outreach, or rehousing.

2 ASSESSMENT

Households who don't quickly resolve their crisis are assessed for eligibility and prioritization factors.

3 PRIORITIZATION

Eligible households are prioritized for limited resources using locally adopted, HUD-aligned criteria.

4 REFERRAL

Prioritized households are matched or referred to housing and services, typically with provider support.

CES is not a waiting list. Its purpose is a coordinated, person-centered process for resolving housing crises quickly — and a way to see whether resources are sufficient and aligned with need.

OC CES: A HIGH-LEVEL OVERVIEW

OC CES is organized by subpopulation, separate pathways account for different eligibility rules, safety considerations, and partner systems.

Individual Adults

*Contracted provider**

Families

*Contracted provider**

Veterans

OCC (direct)

DV Survivors

*Contracted provider**

TAY

OCC (direct)

**Individual, Family, and DV Survivor CES transitioned to PATH as of September 1, 2026; OCC operated on an interim basis during transition.*

1 Crisis Contact

211 call, shelter walk-in, or street outreach contact.

2 Access Screening

CNA or Bed Reservation Assessment; a diversion opportunity, not consistently tracked.

3 HNA + CLSA

Housing Needs Assessment, plus a Current Living Situation Assessment updated every 90 days.

4 Community Queue

The system's prioritized waiting list for PSH, RRH, and other dedicated housing.

5 Match / Referral

Household is matched or referred to an available housing opportunity.

A narrower scope than many communities' CES. OC CES is primarily match-focused — connecting households to dedicated housing (PSH, RRH), not also serving as the “front door” for prevention or “back door” for post-exit support.

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From Findings to Action

The overarching needs behind the evaluation, and the 10-domain roadmap that follows from them

THREE NEEDS, MOVING IN PARALLEL

This evaluation reviewed FY 2024–25 HMIS and OCC data alongside interviews, focus groups, and surveys with providers and people with lived experience. Together, these findings point to three simultaneous, overarching needs — progress on any one alone will not be enough; these fronts must advance together.

1 Fix the System

Correct CES compliance and implementation gaps identified in this evaluation, so the existing system functions as fairly, consistently, and efficiently as possible.

2 Align the Resources

Continue to better align the housing, service, prevention, and mainstream resources that homeless systems, and CES specifically, depend on to prevent or resolve homelessness at scale.

3 Address Governance

Address overarching governance needs so engagement, support, and clear accountability exist across every CoC member and healthcare, aging, workforce, and child welfare partners.

Without progress on compliance fixes, resource alignment, and governance: CES improvements will increase transparency and efficiency but will not be sufficient to close the gap between community need and available housing solutions.

FROM FINDINGS TO A 10-DOMAIN ACTION PLAN

The evaluation's 38 recommendations and 9 innovation opportunities are organized into 10 implementation domains — the structure guiding the September 24 Leadership Briefing and October 20 Work Planning Sessions.

#1

**Governance,
Policy,
Compliance &
Accountability**

14 recs

#2

Single Adults

31 recs

#3

**Families with
Children**

23 recs

#4

DV Survivors

14 recs

#5

Veterans

14 recs

#6

**Transition-
Age Youth
(TAY)**

18 recs

#7

**Diversion,
Prevention, &
Rapid
Rehousing**

14 recs

#8

**Health &
Behavioral
Health**

11 recs

#9

**Income,
Workforce,
Aging & Other
Mainstream
Systems**

8 recs

#10

**Affordable
Housing &
Jurisdictional
Partnerships**

14 recs

This is shared work: recommendations split almost evenly between OCC (day-to-day operations) and the CoC Board (governance-level decisions) — not something either can implement alone.

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ALL RECOMMENDATIONS AT A GLANCE

Building a More Accessible, Equitable, and Effective CES for Orange County

The CES Evaluation includes 38 formal recommendations and 9 innovation opportunities. This table provides a concise overview of each recommendation, including short description, responsible entity for next steps, and the estimated funding and/or effort investment level. Recommendations are organized by CES function to support implementation planning.

ESTIMATED INVESTMENT LEVEL

\$ Minimal

\$\$ Small

\$\$\$ Large

\$\$\$\$ Significant

1 Governance & System Oversight (REC-1–7)

REC-1	Add severity-of-service need assessment	OCC-CA/CES	\$
REC-2	Build document-readiness tracking before match	OCC-CES	\$
REC-3	Assign a responsible provider with warm hand-off	OCC-CA/CES	\$
REC-4	Document VA SSVF participation terms	OCC-CES	\$
REC-5	Establish a Continuous Quality Improvement framework	OCC-CA/CES	\$
REC-6	Formalize stakeholder & PLE input channels	CoC	\$\$
REC-7	Clarify governance roles & decision rights	CoC	\$

2 Access (REC-8–11)

REC-8	Expand CES coverage (35% in 12 mo., 50% in 24)	CoC	\$\$\$
REC-9	Stabilize & expand access point capacity	CoC	\$\$\$
REC-10	Build a prevention & diversion component	CoC	\$\$\$
REC-11	Track referral-to-CNA connection rates	OCC-CES	\$

3 Assessment (REC-12–17)

REC-12	Remove disability-type field from HNA form	OCC-CES	\$
REC-13	Set 90%-within-30-days HNA completion target	OCC-CA/CES	\$
REC-14	Review HNA instrument adequacy	OCC-CES	\$
REC-15	Conduct DV survivor & TAY assessment review	OCC-CES	\$
REC-16	Automate CLSA reassessment alerts	UW HMIS	\$\$
REC-17	Review CH households with no referral	OCC-CES	\$\$

4 Prioritization (REC-18–24)

REC-18	Correct PSH prioritization language	OCC-CES	\$
REC-19	Create a prevention prioritization protocol	OCC-CA/CES	\$
REC-20	Remove length-of-homelessness shelter criteria	OCC-CA/CES	\$
REC-21	Refine the prioritization model	OCC-CA/CES	\$
REC-22	Close the Street Outreach HNA gap	CoC	\$\$
REC-23	Participant Grievance Process	OCC-CA/CES	\$\$
REC-24	Investigate the BNL expiry rate	OCC-CES	\$

5 Referral (REC-25–33)

REC-25	Launch a referral timeliness improvement plan	OCC-CA/CES	\$
REC-26	Investigate provider screen-out practices	OCC-CA/CES	\$
REC-27	Investigate high denial rates by subgroup	OCC-CA/CES	\$
REC-28	Convene a RRH performance workgroup	CoC	\$
REC-29	Add a minimum HNA-to-referral review interval	OCC-CES	\$
REC-30	Address the 22% return-to-homelessness rate	CoC	\$\$
REC-31	Standardize provider application requirements	CoC	\$\$
REC-32	Communicate provider eligibility to CES staff	OCC-CES	\$
REC-33	Publish & review referral/housing benchmarks	UW HMIS/OCC-CA	\$

6 Direct Financial Assistance (REC-34)

REC-34	Build a Direct Financial Assistance function	CoC	\$\$\$\$
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7 Data Mgmt. & Resource Availability (REC-35–38)

REC-35	Establish a year-round feedback mechanism	OCC-CA/CES	\$
REC-36	Develop a Resource Alignment Strategy	CoC	\$
REC-37	Establish capacity & utilization metrics	OCC-CA	\$
REC-38	Strengthen landlord & provider engagement	CoC	\$\$\$

8 Innovation Opportunities (IO-1–9)

IO-1	Dynamic BNL management	OCC-CA/CES	\$
IO-2	Phased (progressive) assessment model	CoC	\$\$
IO-3	Real-time system dashboard	CoC	\$
IO-4	Culturally responsive navigation	CoC	\$\$
IO-5	Independent complaint channel	CoC	\$
IO-6	Mainstream resource integration plan	CoC	\$\$
IO-7	Full financial assistance function	CoC	\$\$\$\$
IO-8	Training kept in sync with policy	CoC	\$
IO-9	HMIS data-quality plan	CoC	\$

From Recommendations to Real Change

- ✓ Expanded access across OC for people experiencing or at risk of homelessness
- ✓ Improved assessment, prioritization, and referral processes and supports so people get connected with the right resources at the right time
- ✓ Strengthened system capacity, data, cross-sector partnerships
- ✓ More equitable outcomes for all communities and neighbors

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Investment levels are relative, reflecting scale of effort rather than dollar estimate