

ORANGE COUNTY CONTINUUM OF CARE COORDINATED ENTRY SYSTEM EVALUATION



Leadership Briefing

From Findings to Action

September 24, 2026

An independent evaluation conducted by Element Consulting Group with support from the Samueli Foundation



OPENING VOICES

Welcome and purpose

Dr. Shauntina Sorrells

Co-Lead, Evaluation Strategy

Opening welcome and why this conversation matters

Nishtha Mohendra

Co-Lead, Evaluation Strategy · Vice Chair, OC CoC Board

Shared leadership and the opportunity ahead

Doug Becht

Director, Office of Care Coordination

OCC perspective and commitment to action

Tom Albanese, LSW

Principal/Project Manager · Element Consulting Group

Evaluation team, advisors and today's path

EVALUATION TEAM



A national team working alongside Orange County partners

Tom Albanese, LSW

Project Manager

Lianna Barbu

Principal Evaluator

Tanesha Travis

Community Engagement Lead

Brooke Spellman

Evaluation Advisor

Heather Stratman

Evaluation Advisor

Caroline Roddey

Evaluation Team

Independent analysis, grounded in Orange County knowledge and experience.

PROJECT GUIDANCE

Core Team and lived-experience leadership

Planning, interpretation and recommendations were shared work

- **Element Consulting Group** Tom Albanese, Lianna Barbu, Tanesha Travis, Brooke Spellman, Heather Stratman and Caroline Roddey

- **Office of Care Coordination** Doug Becht, Zulima Lundy, Timothy Kirkconnell and Daniel Garcia

- **CoC Board and Strategic Plan** Dr. Shauntina Sorrells, Nishtha Mohendra, Andrew Crowe and Aubrey Sitler

- **PLE Advisors** **Paul Kaiser** and **Nichole Gideon** served as compensated members of the Evaluation Team and Core Team, shaping the work from design through interpretation.

CES Evaluation Advisory Group

Local knowledge, review and accountability throughout the evaluation

- **Andrew Crowe — Scholarship Prep Public Schools**
- **Andrew Fahmy — Orange County United Way**
- **Angela Reilly — Samueli Foundation**
- **Carolina Gutierrez-Richau — Council on Aging–Southern California**
- **Carrie Buck — Orange County United Way / 211OC**
- **Christina Weckerly Ramirez — OC Health Care Agency**
- **Daniel Garcia — Office of Care Coordination**
- **Dawn Price — Friendship Shelter**
- **Doug Becht — Office of Care Coordination**
- **Elizabeth Andrade — Orange County United Way / 211OC**
- **Elizabeth Casillas — Lived Experience Advisory Committee**
- **Elizabeth Hansburg — People for Housing**
- **Erin DeRycke — Orange County United Way / 211OC**
- **Jackie Martinez — Jamboree Housing Corporation**
- **James Bell — Innovative Housing Opportunities**
- **Kyle Paine — Community Development Partners**
- **LaVal Brewer — South County Outreach**
- **Maria Hodson — City of Santa Ana**
- **Marisol Lara — PATH**
- **Monica Covarrubias — City of Garden Grove**
- **Nichole Gideon — Lived Experience Advisory Committee**
- **Nishtha Mohendra — Friendship Shelter**
- **Paul Kaiser — Lived Experience Advisory Committee**
- **Reha Agar — Lived Experience Advisory Committee**
- **Robert “Santa Bob” Morse — Lived Experience Advisory Committee**
- **Sarah Behmerwohld — Human Options**
- **Zulima Lundy — Office of Care Coordination**

LIVED EXPERIENCE REFLECTIONS

Why this matters now

Paul Kaiser and Nichole Gideon

A shared reflection

What should leaders understand about seeking help through a complex system, and what opportunity does Orange County have now to make that experience better?





What does it currently look or feel like for people experiencing a housing crisis in Orange County to get assistance?

Homeless Crisis Response System

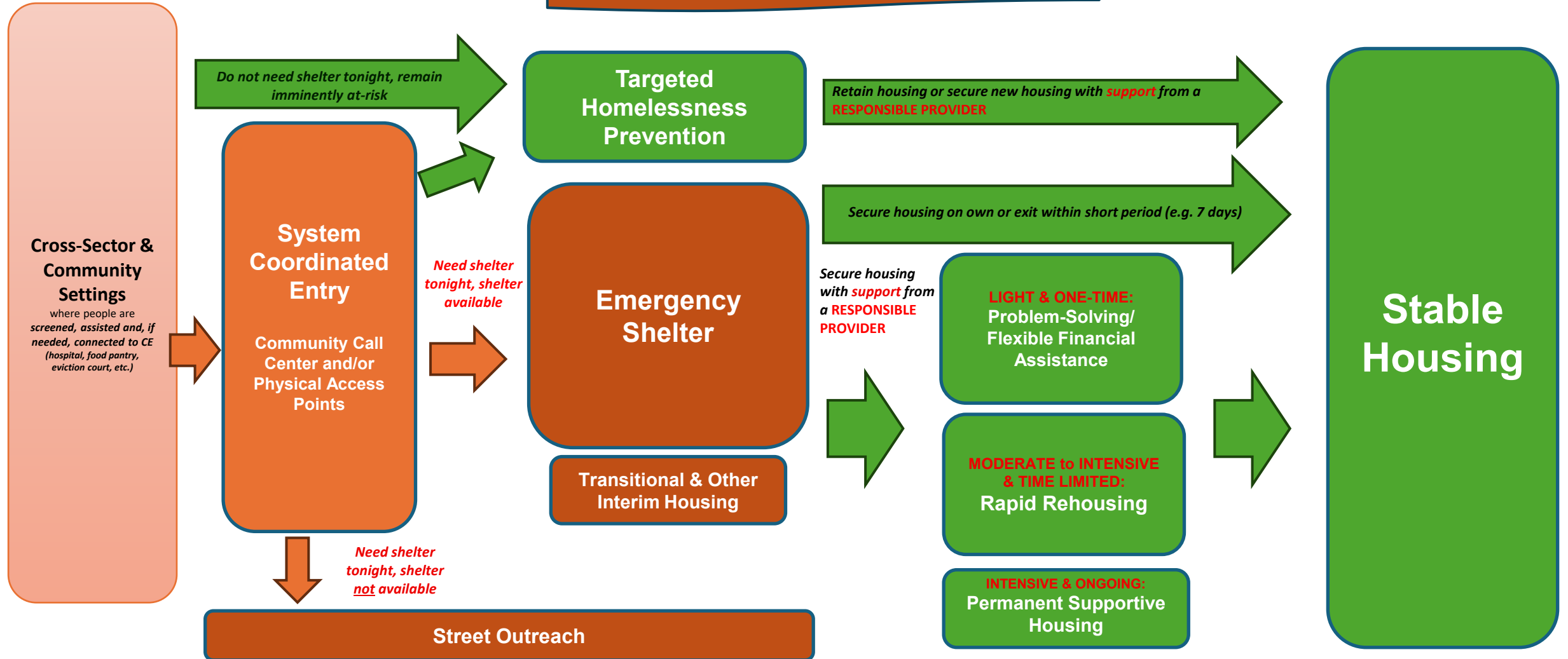
System Front-Door:

Coordinated Access: Prevention & Service Supports OR Homeless Assistance

System Back-Door:

Coordinated Access: Housing & Service Supports

Shelter and Transitional/Interim Housing



Coordinated Prevention/Crisis Support/Stabilization Supports with Other Sectors & Community-Based Supports

AN OPTIMIZED SYSTEM: What it looks like in practice

Any trusted door works – leverage helpers people trust

A school, clinic, outreach worker, shelter or community organization can start the response using standard screening and immediate problem-solving.

The response matches urgency and severity of needs

Flexible prevention, shelter, interim options and permanent housing are used based on each person's situation, service needs and vulnerabilities. People are prioritized and matched to the right option with the right help.

Housing and supports are individualized and move together

Housing search, benefits, health care and stabilization supports are coordinated around one individualized plan and supported by staff trained in housing-focused case management.

One provider stays responsible

A named “responsible provider” follows through until the immediate housing problem is resolved or a warm handoff is complete.

Partners work from one picture

Shared data, active lists and case conferencing are used by partners support timely decisions without repeated storytelling.

The system actively learns and applies learning

Leaders use quantitative and qualitative data together to see delays and inequities, assign corrective action and track whether changes and intended improvements are working.

VA framework links operational outcomes to measurable standards

Five operational outcomes define the capacity needed to end Veteran homelessness

1. Identify and engage every Veteran

Maintain a comprehensive, shared active list and engage every Veteran experiencing homelessness.

3. Provide immediate low-barrier shelter

Offer interim housing immediately while helping each Veteran move swiftly to permanent housing.

2. Move rapidly to permanent housing

Remove barriers, identify a permanent housing intervention and maintain sufficient placement capacity.

4. Support stability

Connect Veterans to VA care and services and prevent returns

5. Sustain the response

Maintain the partnerships and capacity to meet current and future needs.

Four measureable targets drive performance: 1) very low unsheltered homelessness, 2) 120 days or less to housing, 3) placements at least equal to entries, and 4) returns below 10% within 12 months.

Sustained focus has driven down homelessness among Veterans

In the January 2025 count Veteran homelessness reached its lowest reported level since 2009

32,495

Veterans
experiencing
homelessness in
January 2025

-56.1%

decline since 2010

-1.2%

decline from
January 2024 to
January 2025

The larger lesson: clear goals, dedicated resources and disciplined local coordination can change outcomes for individual people and at scale.

Three areas of inquiry guided the work

1

Compliance

Do policies and practices align with HUD requirements, locally adopted CoC standards, and best practices?

2

Effectiveness and experience

How well does CES work overall and for different people, populations and geographies?

3

Advancement and innovation

Where can workflows, data, partnerships and resource alignment improve to advance outcomes and improve experiences?

The evaluation examined the CES as a community system. It was not an evaluation of OCC alone.

Evidence came from policy, data and experience

Policy and document review

HUD and CoC requirements, local policies, agreements and system documentation

HMIS and operational analysis

Access, assessment, prioritization, referral, housing outcomes and subgroup patterns

Stakeholder engagement

69 survey responses, 11 interviews and 12 focus groups, including 7 groups with 74 people with lived experience

Interpretation and review

Core Team and Advisory Group review, operator input and cross-checking of findings and recommendations

Triangulation matters: no single data source tells the whole story.

Two sessions will turn the report into a shared action agenda

Everyone here is central to both the leadership discussion and the broader implementation conversation.

SEPTEMBER 24 • 9:00 AM–NOON

TODAY: Leadership Briefing

Orangewood Foundation

Audience – Invitation Only

Evaluation Advisory Group, CoC Board, CES Steering Committee, LEAC, YAB, and invited leaders

Purpose

Review the full evaluation, identify implications, and begin aligning around implementation priorities.

OCTOBER 20 • 9:00 AM–NOON

Community Implementation Session

Delhi Center, Santa Ana • Up to 300 participants

Audience

Broader stakeholders interested in learning and working together to improve Orange County’s CES.

Purpose

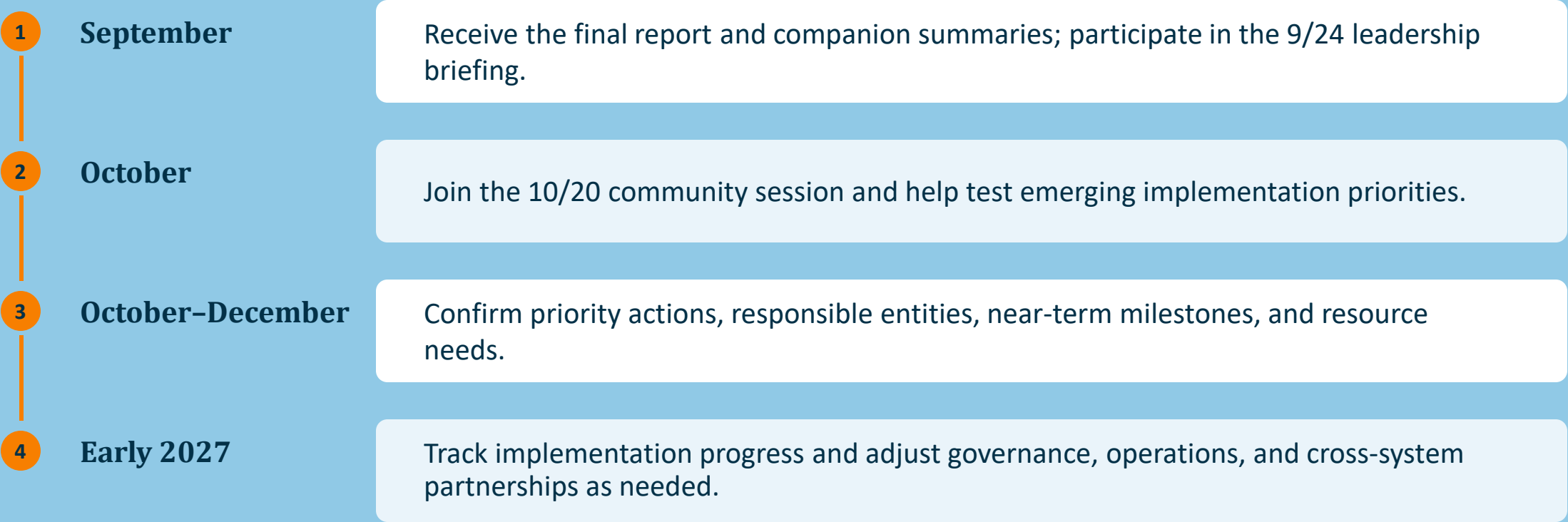
Translate findings into practical next steps, shared commitments, and a stronger implementation roadmap.

Board members can help connect governance decisions, operational realities, and community accountability.

LOOKING AHEAD

What the Partners can expect over the coming months

The evaluation provides the roadmap; the next phase requires decisions about ownership, sequencing, resources, and accountability.



Immediate Board focus: shared direction, clear accountability, and support for coordinated implementation across the CoC.

BACKGROUND

What is a Continuum of Care (CoC)?

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 agencies and programs working to prevent and end homelessness within a defined geographic area, in this case Orange County.

WHO'S WHO IN THE OC CoC

CoC Board

Governance, policy adoption and oversight body for the OC CoC. Adopts CES policies and holds ultimate accountability for the HUD-required coordinated entry process.

OCC — Office of Care Coordination

CES LEAD

Operates access, assessment, prioritization and referral, and implements Board-adopted CES policies.

COLLABORATIVE APPLICANT

Submits the consolidated HUD CoC Program application, applies for CoC planning funds, and supports CoC administration and planning.

CES Steering Committee

Working-level forum where CES performance, corrective action plans and benchmark progress are reported. Connects OCC's day-to-day operations with CoC Board governance.

HMIS Lead

Orange County United Way administers the Homeless Management Information System underlying CES data, including infrastructure, user access and data quality.

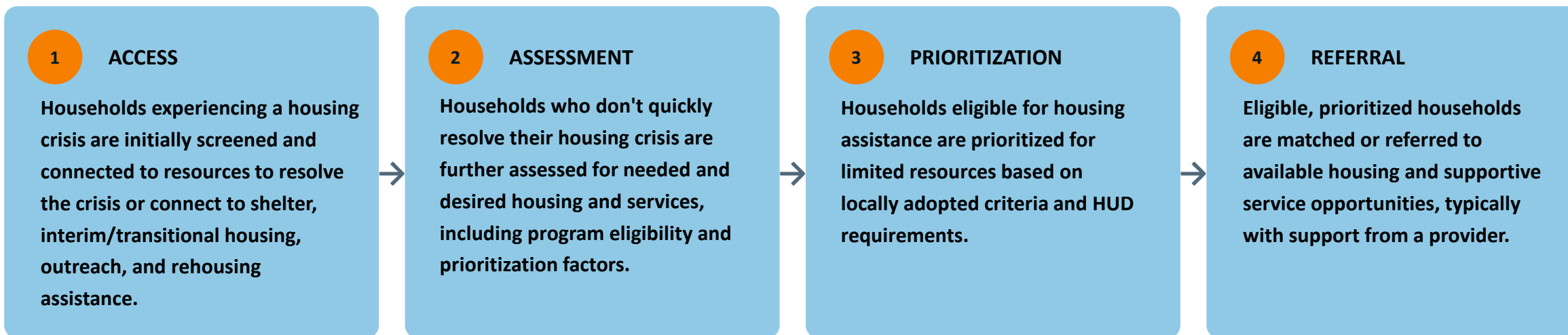
Commission to Address Homelessness

The County's chief cross-system convener, bringing together departments, cities, housing authorities, health plans and providers whose work intersects with homelessness.

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.

AT A MINIMUM, CES INCLUDES FOUR CORE FUNCTIONS



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

BACKGROUND

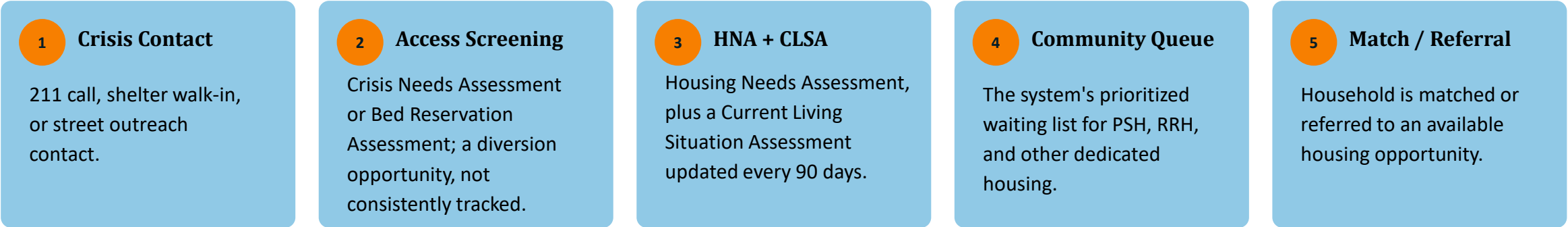
OC CES: A High-Level Overview

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



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

THE PATHWAY, AS DESIGNED

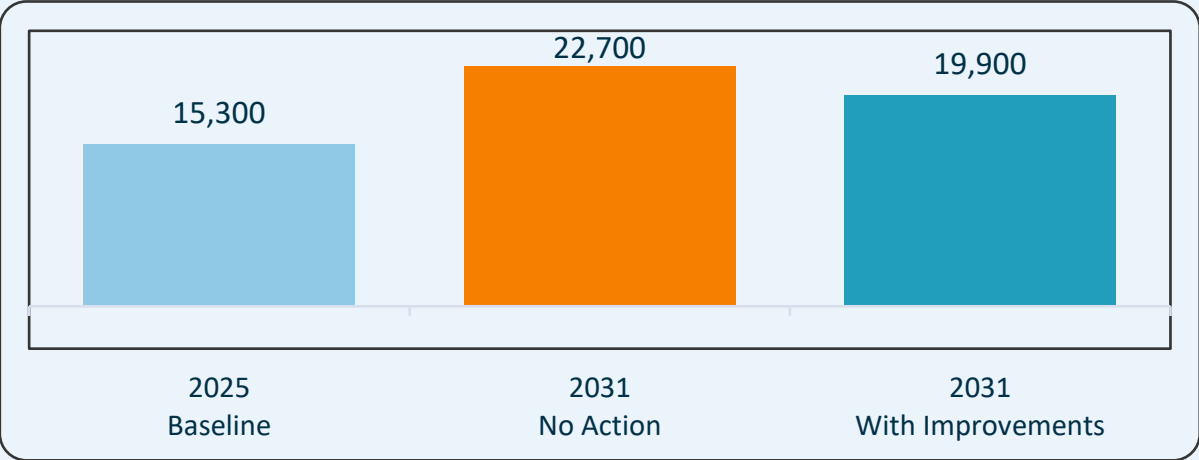


A narrower scope than many communities' CES. OC CES is primarily match-focused, connecting households to dedicated housing (PSH, RRH). In more comprehensive systems, CES also serves as the “front door” for prevention/diversion and the “back door” for post-exit support.

System Gaps and the Case for Investment

System dynamics modeling, 2025–2031 - illustrative, not predictive. It shows the relative direction and size of different investment levers, not a forecast of what will actually happen.

PROJECTED UNSHELTERED HOMELESSNESS (HOUSEHOLDS)



“With Improvements” = modest HP, ES, and TH capacity and utilization gains (the adjusted scenario modeled throughout this report).

2,800 fewer households would experience unsheltered homelessness by 2031 under modest system improvements, slowing the growth rate from 49% to 30% (a 19-point difference).

PROGRAM TYPE GAPS

Homelessness Prevention & Diversion NOT CAPACITY-LIMITED

HP capacity can expand as far as funding allows. The constraint here is resourcing, not system design.

Emergency Shelter GAP INCREASES, NARROWS WITH IMPROVEMENTS

The current gap in ES beds is 9,319. By 2031, the gap is projected to increase to 13,887. Even with small improvements, the ES gap can narrow by 2,000+ beds, to 11,104. However, 69% of newly homeless households remain unserved by 2031 (vs. 78% if no action is taken).

Transitional Housing UNDERUSED, NOT UNDERBUILT

Utilization today ranges from just 18% (youth) to 66% (families). Fixing utilization alone closes over 63% of the projected TH gap, 9,847 beds by 2031.

RRH & PSH GAP NOT QUANTIFIED

Anticipated federal policy shifts away from RRH/PSH as primary interventions make capacity projections unreliable until funding direction impact is confirmed.

Three needs, moving in parallel

The evaluation findings point to three simultaneous, overarching needs. Progress on any one alone will not be enough — these fronts must advance together and will require coordination and oversight.

1 Fix the System

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

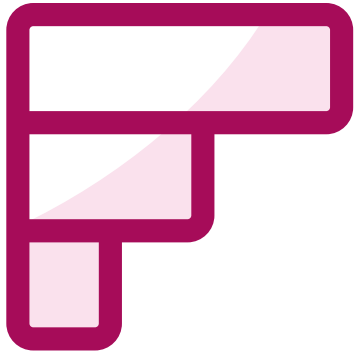
2 Align Resources

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

3 Address Governance

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

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



Please rank these three overarching needs by urgency for Orange County.

We're leading with where we're headed

The written evaluation reviews findings first, then recommendations. Today we reverse that order: each priority starts with changes recommended in the evaluation, then the evidence behind it. The full findings, ratings, and methodology are available in the complete report and will be reviewed in the forthcoming evaluation review webinar.



From findings to a 10-domain action plan

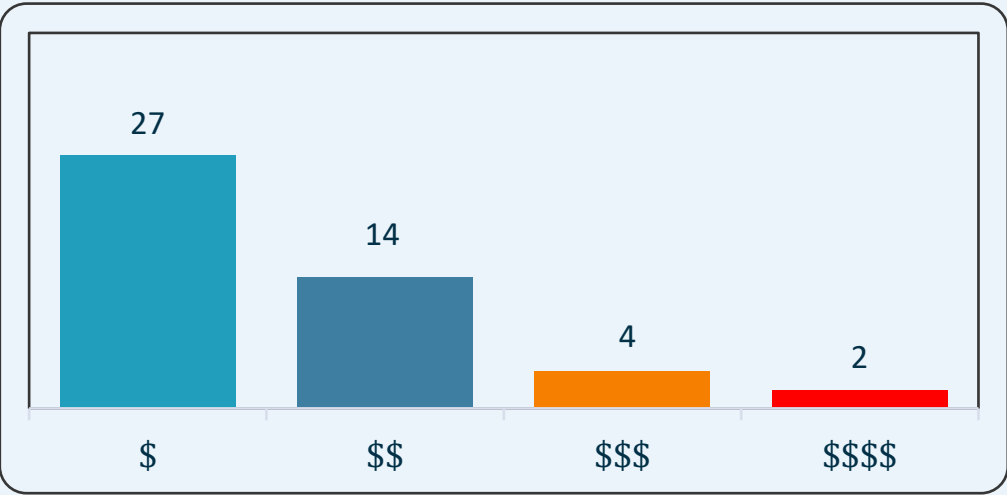
The evaluation's 38 recommendations and 9 innovation opportunities are organized into 10 implementation domains.



Recommendations by investment level and responsible entity

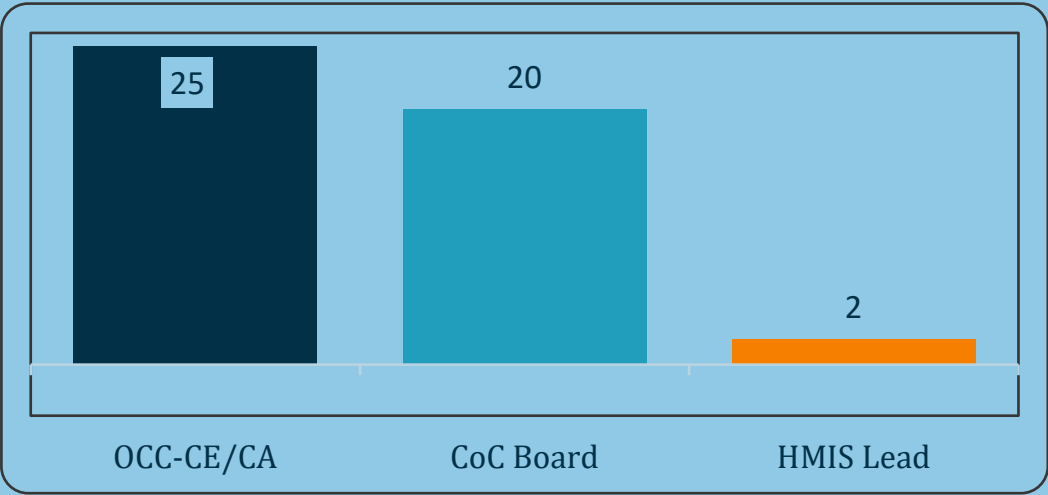
Investment levels are relative (\$ to \$\$\$\$), reflecting scale of effort rather than dollar estimates. Precise costing was outside this evaluation's scope.

BY INVESTMENT LEVEL



57% of all 47 recommendations (27 of 47) are **\$ - Minimal Investment**: staff time and policy or procedural change, no new funding required.

BY RESPONSIBLE ENTITY FOR NEXT STEPS



This is a shared roadmap. Recommendations split almost evenly between OCC (day-to-day operations) and the CoC Board (governance-level decisions).

All recommendations at a glance (1 of 2)

Every recommendation and innovation opportunity, organized by CES function — with responsible entity and investment level.

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	\$

All recommendations at a glance (2 of 2)

Every recommendation and innovation opportunity, organized by CES function — with responsible entity and investment level.

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	\$\$\$\$
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	\$

INNOVATION OPPORTUNITIES

Nine forward-looking advancements

Distinct from compliance corrections — refinements the system can pursue independently of new housing inventory. All nine sit with the CoC Board, distinct from OCC's day-to-day CES operations.

IO-1

Dynamic By Name List management

Real-time reprioritization as household needs change between assessments.

\$\$

IO-2

Phased assessment model

Full Housing Needs Assessment within 7–14 days, after crisis stabilization, not same-day.

\$\$

IO-3

Real-time system dashboard

Unified visibility into referrals, vacancies, and queue aging, plus published eligibility profiles.

\$

IO-4

Culturally responsive navigation

Population-specific housing navigators where decline rates are highest.

\$\$

IO-5

Independent complaint channel

A confidential pathway structurally separate from CES operational staff.

\$

IO-6

Mainstream resource integration

Formal ties to CalAIM, child welfare, workforce, aging, and affordable housing pipelines.

\$\$

IO-7

Full financial assistance function

Diversion, rapid-placement, and landlord risk-mitigation funds, with equity tracking.

\$\$\$\$

IO-8

Training kept in sync with policy

Standing protocol to update staff training with every P&P or instrument change.

\$

IO-9

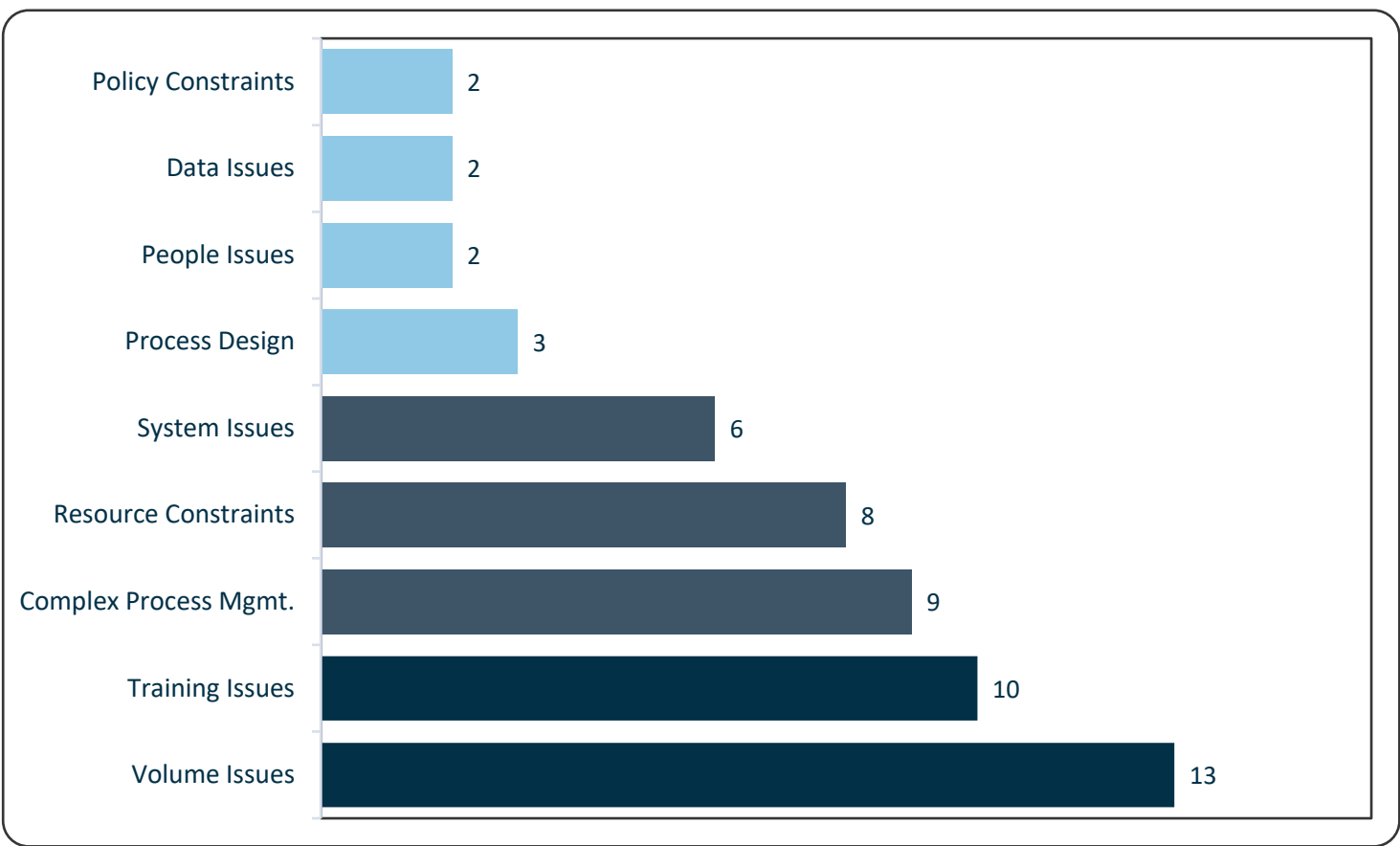
HMIS data-quality plan

Veteran Status 32%, Disabling Condition 35%, SPA 20% , all Data Not Collected.

\$

What's really driving the pain points

CES Administrators independently mapped 28 process pain points across the system and traced each to one or more of nine underlying root causes.



of the 28 pain points linked to each root cause (pain points can have more than one root cause)

WHAT THIS CONFIRMS

Volume and training gaps show up across nearly every pain point category, reinforcing REC-9's call for stable access point funding and REC-5's staff training protocol.

Five pain points trace to three root causes at once, including Community Queue wait time and the RRH vulnerability-vs-sustainability tension, confirming these need cross-functional fixes.

That same RRH tension independently surfaced here is the one behind REC-21 and REC-28.

What CES Administrators say to fix first

Separately from this evaluation, CES Administrators mapped 28 pain points to root causes, most often volume and training gaps, and sorted their own fix ideas by impact and effort. Their view corroborates this report's recommendations.

HIGH IMPACT — EASY TO SOLVE ★ QUICK WINS

- Promote existing training & survey partners for training gaps (IO-8)
- Engage PSH developers on subpopulation-specific eligibility (IO-6)
- Monitor recidivism trends to evaluate long-term placement success (REC-30)

HIGH IMPACT — HARD TO SOLVE

- Evaluate RRH referral balance & dynamic match, incl. TAY access (REC-21, REC-28)
- Build a PSH opportunity inventory for Families, Survivors, TAY (REC-36, IO-6)
- Develop compensation/incentive structures for CES partner agencies (REC-9)
- Remove at-risk households from the general Community Queue (REC-19)
- Build shared, real-time visibility into housing availability countywide (IO-3)

LOW IMPACT — EASY TO SOLVE

- Structured onboarding for new access point staff (IO-8)
- Capture additional eligibility criteria in HMIS (high-cost health utilization (IO-9))

LOW IMPACT — HARD TO SOLVE

- Onboard additional open access points (REC-9)
- Data sharing with healthcare providers (IO-6)

Where the pathway breaks down

TARGET POPULATION — SO / ES / TH ONLY

15,913

Base denominator for all coverage metrics

35.1% received a Housing Needs Assessment (HNA)

RECEIVED A FULL ASSESSMENT (HNA)

5,588

35.1% of target population

Referral status of the 5,588 assessed households

REFERRED (HO
REFERRAL)

431

7.7% of assessed

ON QUEUE, NOT
MATCHED

4,602

82.4% of assessed

BED RESERVATION
ONLY

359

6.4% of assessed

NO REFERRAL AT ALL

196

3.5% of assessed

Outcome of the 431 referred (936 overall referrals for 816 participants. The 385-participant variance are non-SO/ES/TH participants.

ACCEPTED

225

52.2% of
referred

DENIED

167

38.7% of
referred

PENDING

39

9.0% of
referred

OCC-PROVIDED MATCH INVENTORY

1,189 records · outside HMIS

Accepted

550 46.3%

Participant Declined

367 30.8%

Participant Unresponsive

147 12.4%

Provider / PHA Denied

115 9.7%

482 confirmed move-ins — 88% of accepted, but only 40.5% of all 1,189 matches.

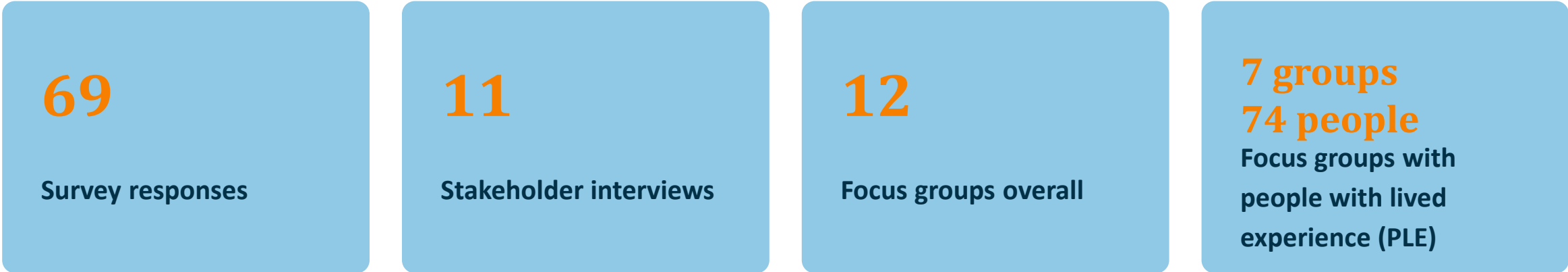
RRH's 31% acceptance (vs. ≥60% target) is the primary driver of the below-target system rate; PSH meets its ≥50% target at 58%.



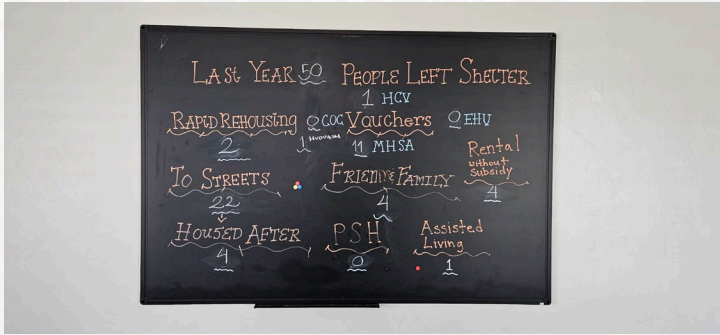
**Where do you think the pathway
breaks down most often?**

How we heard from the community

Compliance ratings and performance metrics don't fully capture how CES is experienced. Alongside the HMIS data and document analysis, this evaluation gathered direct input from people with lived experience, providers, and system leadership — to contextualize the numbers and procedures to surface what they can't show.



These qualitative findings are woven throughout this briefing, grounding recommendations like document readiness (REC-2), post-match navigation (REC-3), and governance clarity (REC-5–7) in what people described, not just what the data shows. The next page summarizes the themes directly.



What stakeholders said

STRENGTHS TO PROTECT

The effective caseworker

PLE consistently described a responsive, consistent caseworker as the most impactful, “life-changing” element of their CES experience.

The veteran coordination model

Non-veteran providers named it the most effective component of the county's CES — built on real case conferencing and simultaneous match notification.

Match meetings & data culture

Weekly match meetings, responsive SPA administrators, and OCC's transparent, equity-conscious use of data were consistently praised.

"Whatever the county's doing with veterans, they're doing better than anyone else, as far as I can tell.... They're a very proactive group, very equity-minded, and they use their data with great power."

— Housing developer, focus group participant

WHAT NEEDS TO CHANGE

Document readiness & matchability

REC-2

Households in the queue are often not document-ready at match, causing delays and failed placements.

Post-match navigation

REC-3

A “responsible provider” and warm-handoff protocol after match acceptance is largely absent.

Data visibility at the leadership level

IO-3

Housing developers reported that county leadership and the CoC Board could not access data on failed matches or vacancy duration.

Prioritization transparency

REC-21

Stakeholders understand the criteria but want more visibility into how individual households are ranked relative to one another.

Participant communication

REC-6

The queue process isn't clearly communicated in plain language; PLE described confusion about documentation and next steps.

Cross-system alignment

REC-7

Stakeholders want better-aligned funding, data systems, and confidentiality requirements across BHSA, CalAIM, and HMIS.

QUALITATIVE FINDINGS

What people with lived experience said

Experience reinforces both the value of responsive, trusted support and the cost of unclear, inconsistent processes.

WHAT HELPED

"I had really good housing navigators... my needs were always heard, listened to."

"I had an amazing case manager... she got me a social security card... my birth certificate... and they covered the cost."

"My case manager helped me with everything... school records, social security cards, everything that I needed."

"My housing navigator was topnotch. He should have gotten an award because he was on it."

"I literally picked the apartment complex... four years later, I'm still here."

WHAT MADE THE PROCESS HARDER

"They said that they were referral based and I didn't know what that meant."

"You have no idea who gets that application after that point."

"I've been going back time and time again every week... I get no answers."

"I didn't even know I'd been issued [a voucher]."

"I lived in a house without furniture for months... 'At least you have a place to live and a roof over your head.'"

From Findings to Action: A Roadmap for Implementation

Coordinated Entry System Evaluation: Leadership Briefing



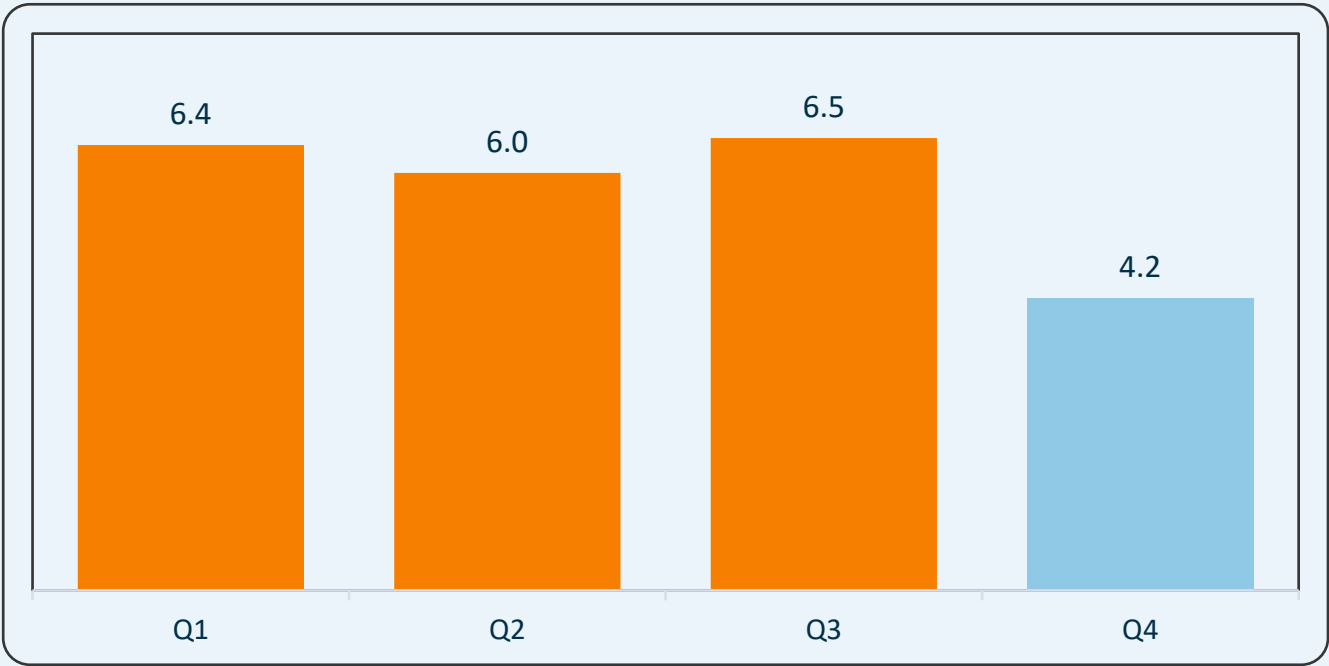
Slides with this icon will be covered in more depth in our Evaluation Findings Webinar on October 8th



Governance, Policy, Compliance & Accountability

CES P&Ps/Written Standards; decision rights; monitoring, feedback, grievances, accountability; immediate compliance actions.

SYSTEM-WIDE INFLOW-TO-PERMANENT EXIT RATIO BY QUARTER (FY25)



The Q4 dip reflects fewer new entries, not improved housing outcomes. The ratio has not structurally improved.

14

Recommendations in this domain

14 of 14

Are \$ — Minimal Investment

6 of 8

Immediate 30-day actions sit here



Governance, Policy, Compliance & Accountability

REC-1

\$\$ OCC

Add a formal severity-of-need assessment to the CES P&Ps and Written Standards.

- HUD still requires assessment that accounts for severity of need and a way to prioritize assistance. Often time this translates into a scoring system.
- Without it, scarce permanent housing can't reliably reach the highest-need households
- *The evaluation's lowest cost and single highest-leverage policy fix*

REC-5, REC-6, REC-7, REC-35

STAKEHOLDER-INFORMED

\$\$ OCC + CoC

Establish a Continuous Quality Improvement framework, clarify governance roles, and formalize a year-round feedback mechanism.

- Multiple agencies, funding streams, and data systems, but no governance process aligning them
- Stakeholder interviews found role ambiguity between OCC, the CoC Board, and CES-affiliated orgs
- No formal CQI framework or feedback loop today, gaps compound between annual evaluations

ALSO IN THIS DOMAIN (9)

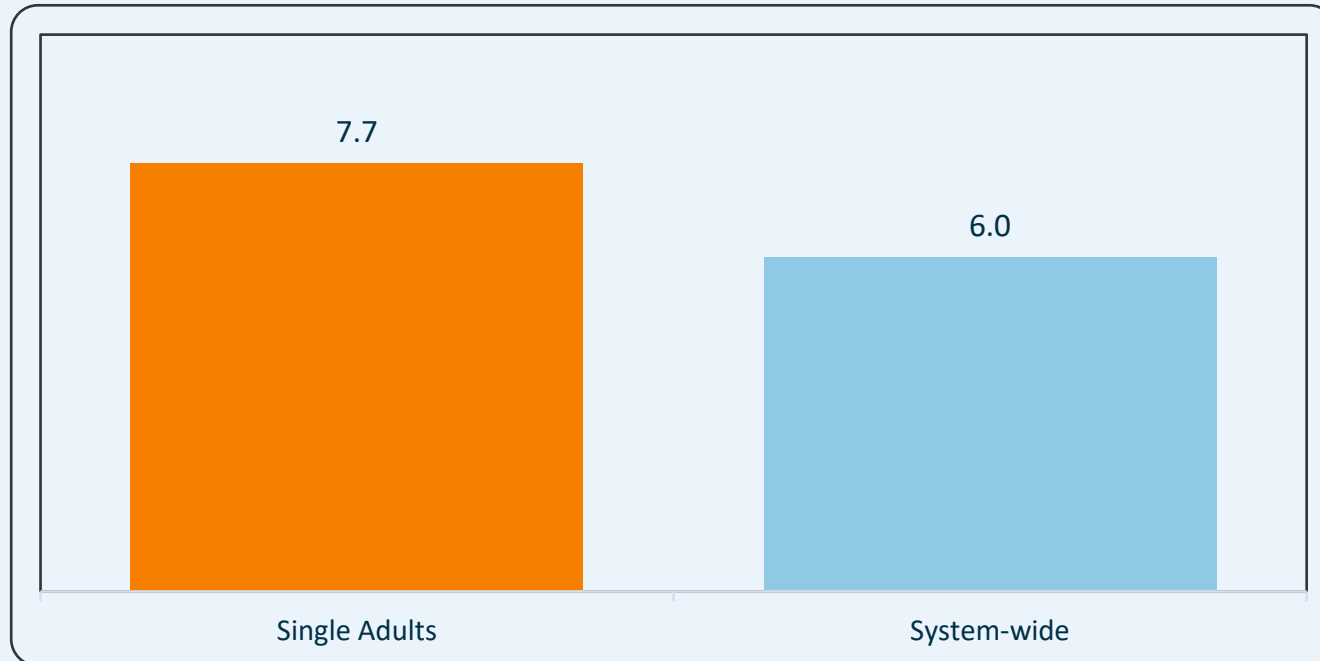
- REC-4 \$
- REC-12 \$
- REC-18 \$
- REC-20 \$
- REC-23 \$\$
- REC-26 \$
- REC-33 \$
- IO-5 \$
- IO-8 \$



Single Adults

By Name List/referral bottlenecks, PSH/RRH pathways, disability-related needs, prioritization, navigation, and stability supports.

INFLOW-TO-PERMANENT EXIT RATIO (X : 1)



Single adults are 94% of all SO/ES/TH entries. Their ratio effectively sets the system's overall ceiling.

124 days

Priority list wait time

15%

Successful exit rate

25%

Return to homelessness



Single Adults

REC-21

\$ OCC

Refine prioritization to weigh vulnerability and clinical urgency, not length of time alone.

- 94% of all SO/ES/TH entries are single adults and they set the system's overall pace
- 7.7:1 inflow-to-exit ratio; just 15% successful exit rate

REC-9

STAKEHOLDER-INFORMED

\$\$\$ CoC

Stabilize and expand access point capacity, prioritizing the South SPA and Street Outreach programs.

- Only 14% CNA coverage system-wide. Most single adults never get an initial assessment
- Stakeholders flagged provider funding cycles ending as a recurring cause of coverage loss

REC-2, REC-3

STAKEHOLDER-INFORMED

\$\$ OCC

Support document readiness before match and assign a responsible provider through enrollment.

- Stakeholders: participants are often not document-ready at match
- No provider consistently owns the process after match, through enrollment

ALSO IN THIS DOMAIN (27)

REC-8 \$\$\$	REC-11 \$	REC-13 \$	REC-14 \$	REC-16 \$\$	REC-17 \$\$	REC-22 \$\$	REC-24 \$	REC-25 \$	REC-26 \$
REC-27 \$	REC-28 \$	REC-29 \$	REC-30 \$\$	REC-31 \$\$	REC-32 \$	REC-33 \$	REC-36 \$	REC-37 \$	REC-38 \$\$\$
IO-1 \$\$	IO-2 \$\$	IO-3 \$	IO-4 \$	IO-6 \$	IO-7 \$\$\$\$	IO-9 \$			



Single Adults

Prioritize vulnerability, expand access, and keep one provider accountable through enrollment

PLE FOCUS GROUP PARTICIPANT

“I kept trying to look for a cheaper apartment and kept looking for a job as well... then finally hearing about 2-1-1 and calling shelters and 2-1-1 literally on a weekly basis and making no headway.”

HOW THIS CONNECTS

Shows why expanded, easier-to-find access points matter, especially before needs become more acute.

FRONTLINE STAFF FOCUS GROUP PARTICIPANT

“I see IDs missing all the time... the case managers... are there to assist our clients in obtaining those documents so that they can be prepared.”

HOW THIS CONNECTS

Supports document-readiness help before a housing match.

SHELTER PARTICIPANT

“No one explained to us that there were certain other vouchers that we would qualify for, and I had to learn it all on my own.”

HOW THIS CONNECTS

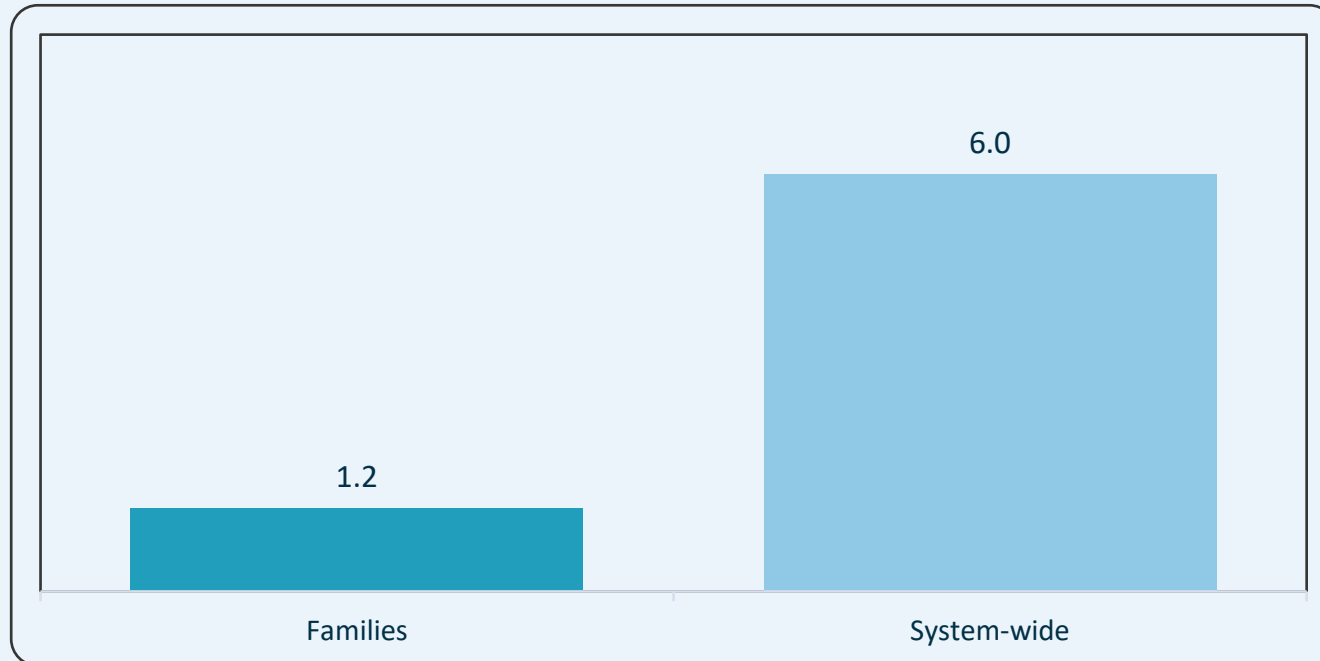
Illustrates the need for a responsible provider who explains options and stays involved.



Families with Children

Family access and outcomes; prevention/diversion; youth-serving systems and resources (e.g., child welfare and income/benefit connections).

INFLOW-TO-PERMANENT EXIT RATIO (X : 1)



Families represent the strongest performing sub-system in the evaluation.

50%

Successful exit rate

56 days

Time to housing (fastest)

6%

Return to homelessness



Families with Children

REC-10

\$\$\$ CoC

Build a formal homelessness prevention and diversion component into the CES access model.

- 1.2:1 inflow-to-exit ratio vs. 6:1 system-wide, the strongest-performing group
- 50% successful exit rate, 6% return, but family access has been narrowing
- No dedicated diversion pathway exists today

IO-6

\$\$ CoC

Formalize cross-system child welfare coordination for coordinated housing placement.

- No formal coordination with child welfare for youth exiting foster care
- Sets up placement protocols consistent with McKinney-Vento and AB 12
- Pairs CalWORKs enrollment as a standard referral for eligible families

ALSO IN THIS DOMAIN (21)

REC-2 \$\$	REC-3 \$\$	REC-8 \$\$\$	REC-9 \$\$\$	REC-11 \$	REC-13 \$	REC-14 \$	REC-15 \$	REC-19 \$	REC-21 \$
REC-25 \$	REC-29 \$	REC-30 \$\$	REC-31 \$\$	REC-34 \$\$\$\$	REC-36 \$	REC-38 \$\$\$	IO-2 \$\$	IO-4 \$\$	IO-7 \$\$\$\$
IO-9 \$									



Families with Children

Strengthen family access, prevention and diversion, and child- and income-system coordination

FAMILY SHELTER PARTICIPANT

“To get the right number to actually talk to somebody, to actually feel like I wasn’t going to be in the streets with my family, was hard.”

HOW THIS CONNECTS

Supports stable, visible Family CES access and a clear first point of contact.

FAMILY SHELTER PARTICIPANT

“Even if you call 2-1-1, they give you a whole runaround until you actually get the source that they give you.”

HOW THIS CONNECTS

Shows why prevention and diversion need a coordinated pathway, not a chain of referrals.

FAMILY SHELTER PARTICIPANT

“I did go to CalWORKs and they basically denied me... ‘You have a job, so we need a letter from your job’... and you have to do this and you have to do that.”

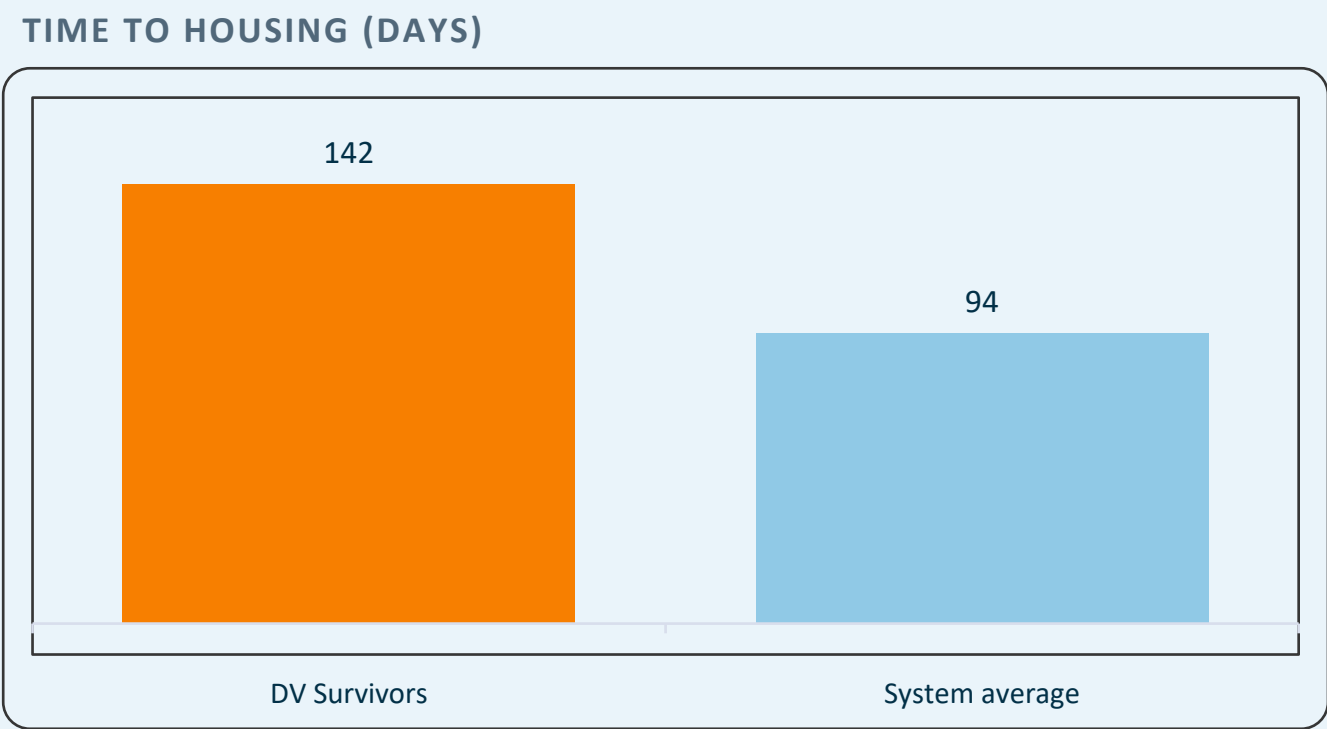
HOW THIS CONNECTS

Supports a standard, hands-on CalWORKs connection for eligible families.



DV Survivors

Survivor-centered assessment, safety planning, post-match navigation, confidentiality, and housing delays; connection to survivor resources.



The most severe post-match delay of any subgroup examined, driven by safety planning and unit availability, not intake speed.

60%

HNA coverage (highest of any subgroup)

60%

Acceptance rate

24%

CNA coverage



DV Survivors

REC-29

\$ OCC

Add a minimum review interval and post-match navigation support between match determination and move-in.

- 60% Housing Needs Assessment coverage, highest of any subgroup
- But 142 days to housing vs. 94-day system average, the worst post-match delay
- Driven by safety planning and unit availability, not intake speed

REC-15

\$ OCC

Conduct an immediate review of Housing Needs Assessment adequacy for DV survivor populations. (Immediate Action)

- Immediate-action review, paired with the same review for Transition Age Youth
- Tests whether Housing Needs Assessment captures survivor-specific safety and confidentiality needs
- Current instrument may be built around single-adult/family circumstances

ALSO IN THIS DOMAIN (12)

REC-3 \$\$	REC-14 \$	REC-23 \$\$	REC-25 \$	REC-30 \$\$	REC-35 \$	REC-38 \$\$\$	IO-4 \$\$	IO-5 \$	IO-6 \$\$
IO-7 \$\$\$\$	IO-9 \$								



DV Survivors

Use survivor-centered assessment and provide navigation from match through safe move-in

FAMILY SHELTER PARTICIPANT

“I need a transitional shelter for domestic violence victims... you may be moved as far away as Costa Mesa.”

HOW THIS CONNECTS

Shows how safety needs and geography shape viable housing options.

FAMILY SHELTER PARTICIPANT

“Because of domestic violence, you might get more assistance... they will actually take you to your court dates and stuff like that.”

HOW THIS CONNECTS

Highlights the value of survivor-specific supports that extend beyond the housing referral.

SHELTER PARTICIPANT

“It’s frustrating... you’re starting from scratch. Just read my file.”

HOW THIS CONNECTS

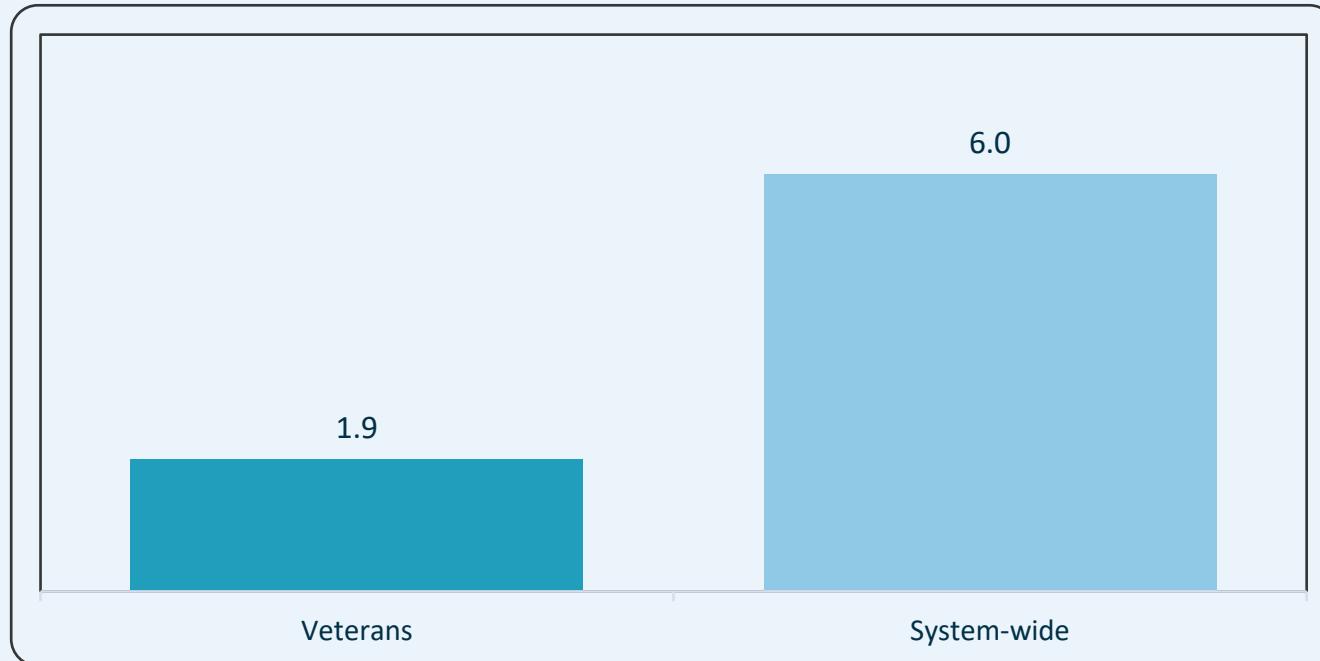
Supports an assessment process that limits repeated disclosure and protects safety and dignity.



Veterans

VA/SSVF participation, referral acceptance, and the VA “One Team” pathway as an integration model.

INFLOW-TO-PERMANENT EXIT RATIO (X : 1)



The best-performing pathway in the system, which is what makes the referral denial gap below worth investigating.

55%

HNA coverage (highest of any subgroup)

98 days

Wait time

67%

Denial rate — the one anomaly



Veterans

REC-27

\$ OCC

Examine the veteran referral acceptance gap through case record review.

- Best-performing pathway in the system: 1.9:1 ratio, 55% Housing Needs Assessment coverage, 98-day wait
- Yet a 67% denial rate breaks the pattern

IO-6

\$\$ CoC

Document the VA “One Team” pathway as the operational template for other mainstream coordination.

- VA/SSVF “One Team” model, the strongest mainstream integration in OC
- Recommend documenting it as the template for CalAIM, child welfare, and workforce coordination

ALSO IN THIS DOMAIN (12)

- REC-3 \$\$
- REC-4 \$
- REC-13 \$
- REC-21 \$
- REC-25 \$
- REC-29 \$
- REC-30 \$\$
- REC-31 \$\$
- IO-1 \$\$
- IO-3 \$
- IO-4 \$\$
- IO-9 \$



Veterans

Document and adapt the VA “One Team” model for broader use

HOUSING DEVELOPER INTERVIEW PARTICIPANT

“Whatever the county’s doing with veterans, they’re doing better than anyone else, as far as I can tell... They’re a very proactive group, very equity-minded, and they use their data with great power.”

HOW THIS CONNECTS

Confirms the veteran pathway as a practical model for cross-system coordination.

FRONTLINE STAFF FOCUS GROUP PARTICIPANT

“I’ve gone to a lot of the veteran meetings... all the housing match meetings... and connected with the different organizations that support the system.”

HOW THIS CONNECTS

Shows the value of regular case coordination across organizations.

HOUSING PROVIDER INTERVIEW PARTICIPANT

“If the client decides to deny, my role is to enter them back into CES for another opportunity.”

HOW THIS CONNECTS

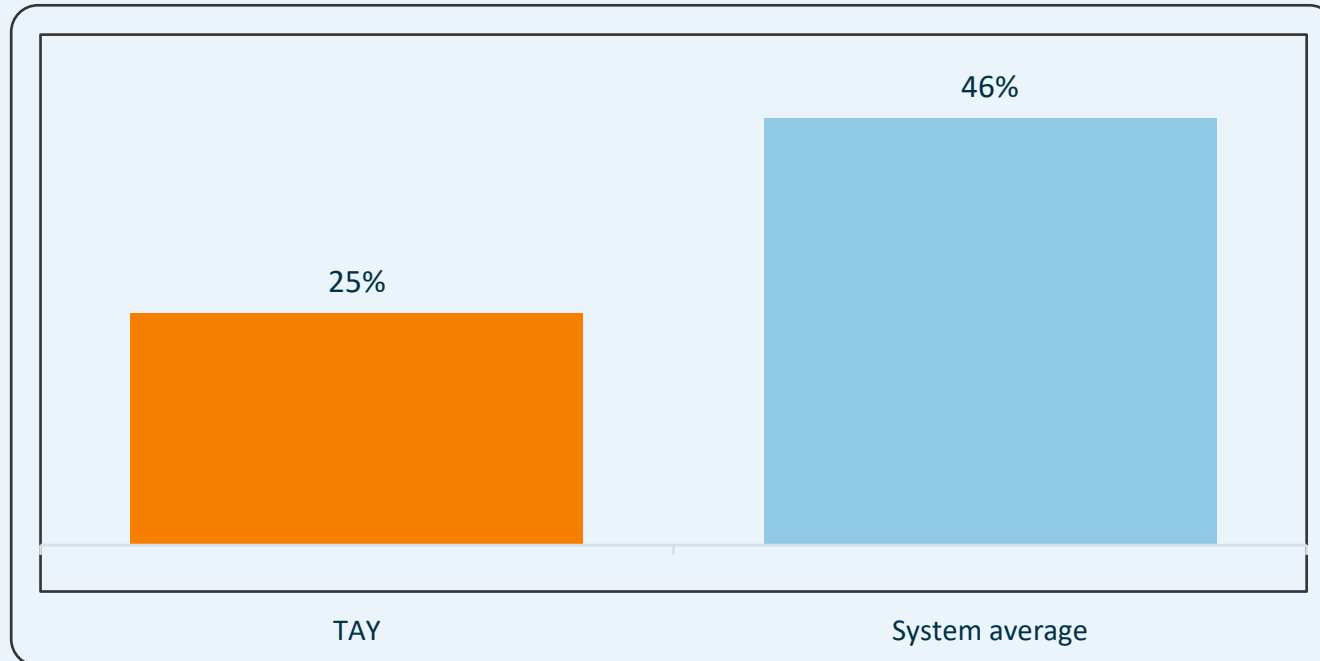
Points to the need to review denial reasons and preserve continuity after an unsuccessful referral.



Transition-Age Youth (TAY)

Youth access, HNA adequacy, prioritization, acceptance gaps, navigation, and youth-serving system connections.

REFERRAL ACCEPTANCE RATE



TAY reach housing fastest once referred (34 days) but are accepted at roughly half the system average rate.

34 days

Time to housing (fastest, positive)

75%

Denial rate

53%

BNL placement vs. 66% average



Transition-Age Youth (TAY)

REC-27

\$ OCC

Examine the youth referral acceptance gap through case record review.

- Fastest time to housing of any subgroup once referred (34 days)
- But only 25% acceptance vs. 46% system average; 75% denial rate

REC-15

\$ OCC

Conduct an immediate review of HNA adequacy for TAY. (Immediate Action)

- Immediate-action review of HNA adequacy for TAY
- Only 53% BNL placement vs. 66% system average
- May not capture youth-specific eligibility or developmental factors

ALSO IN THIS DOMAIN (16)

REC-3 \$\$	REC-8 \$\$\$	REC-9 \$\$\$	REC-13 \$	REC-14 \$	REC-21 \$	REC-25 \$	REC-29 \$	REC-30 \$\$	REC-34 \$\$\$\$
REC-36 \$	IO-2 \$\$	IO-4 \$\$	IO-6 \$\$	IO-7 \$\$\$\$	IO-9 \$				



Transition-Age Youth (TAY)

Review youth assessment adequacy and referral denials, add youth-specific navigation

YOUTH FOCUS GROUP PARTICIPANT

“I’m couch surfing practically... I’ve been sleeping at motels too when I got it, but it ain’t enough. Just ain’t enough.”

HOW THIS CONNECTS

Shows why youth housing instability must be recognized before literal homelessness.

YOUTH FOCUS GROUP PARTICIPANT

“I’ve been couch surfing since... in and out of Orangewood my whole life since I was 12, 13.”

HOW THIS CONNECTS

Supports an assessment that captures foster-care history and youth-specific risk.

YOUTH FOCUS GROUP PARTICIPANT

“I’m currently also enrolled in community college for a business AA degree.”

HOW THIS CONNECTS

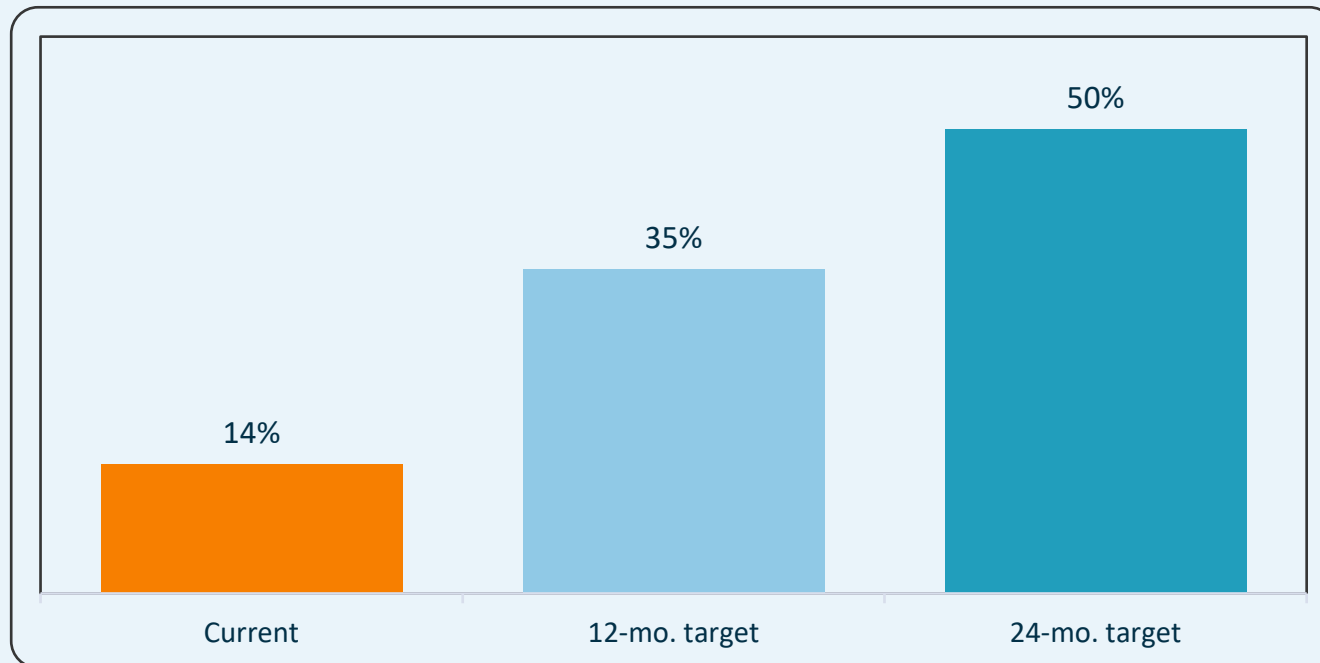
Highlights strengths that youth navigators can build on while resolving housing barriers.



Diversion, Prevention and Rapid Rehousing

Access Provider standards, training; diversion; coordinated, targeted prevention and stabilization supports.

CES COVERAGE RATE: CURRENT VS. TARGET



REC-8's coverage targets, the prerequisite for any diversion or prevention effort to reach enough households to matter.

0

Formal prevention prioritization process today

**1st-come,
1st-served**

How prevention resources are allocated now



Diversion, Prevention, and Rapid Rehousing

REC-19

\$ OCC

Create a separate, risk-based Homelessness Prevention Prioritization Protocol.

- No formal prevention prioritization process found in current CES P&Ps
- Assistance goes out first-come, first-served, no risk criteria

REC-8, REC-10

\$\$\$ CoC

Expand CES coverage (35% in 12 months, 50% in 24) and build a formal diversion component into the access model.

- Only 14% CES coverage, there are too few households reached to divert or assist early
- Improve coverage targets (35% / 50%), focused on Street Outreach

REC-28

\$ CoC

Convene a RRH performance workgroup

- RRH implementation is inconsistent with best practices and needs to address housing shortages, navigation inconsistencies, provider requirements, administrative delays, and low acceptance rates limiting successful placements.
- Establish RRH Performance Workgroup to assess implementation fidelity, landlord engagement/unit sourcing, housing match practices, post-match support, and referral denials/unsuccessful matches.
- Establish quarterly performance targets for RRH acceptance rate, Match-to-Move-In timeliness, and move-in rate, with progress reported to the CES Steering Committee. Strengthen RRH's role as the system's primary rapid-exit intervention

REC-9 \$\$\$

REC-11 \$

REC-30 \$\$

REC-34 \$\$\$\$

REC-36 \$

REC-37 \$

REC-38 \$\$\$

IO-2 \$\$

IO-3 \$

IO-6 \$\$

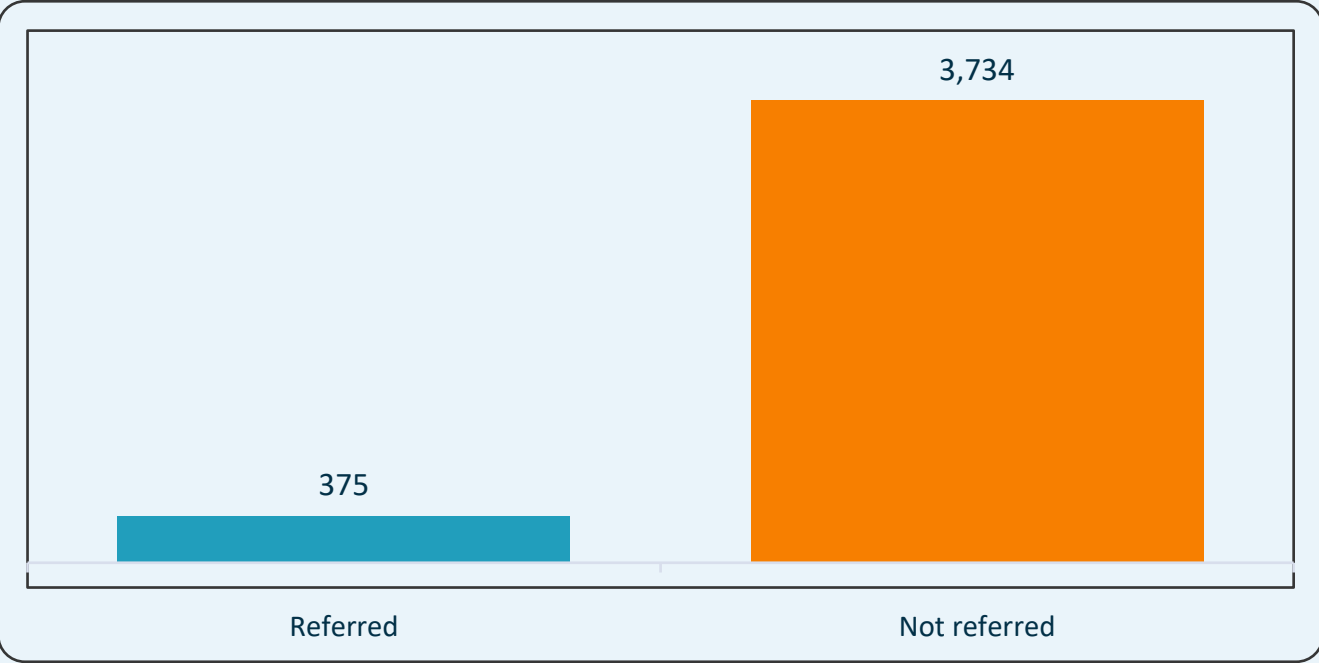
IO-7 \$\$\$\$



Health & Behavioral Health/Income, Workforce, Aging & Other Mainstream Systems/Affordable Housing & Jurisdictional Partnerships

Inter-operability and access to services (e.g., transitional rent, medical respite), resources (e.g., mobile meals, legal aid), and appropriate residential options (e.g., HUD 202 properties, local jurisdiction-funded units).

CH/DISABLED HOUSEHOLDS WITH COMPLETED HNA (n=4,109)



91% of chronically homeless or disabled households with a completed assessment received no housing referral.

91%
(3,734 of 4,109) received no referral

Jan. 2026
New CalAIM transitional rent benefit begins



Diversion, Prevention and Rapid Rehousing

Use risk-based prevention, expand early access, and improve RRH consistency and support

SHELTER PARTICIPANT

“It was almost two years of trying to get help. I went to shelters, called shelters, used 2-1-1, and then finally through Mental Health they referred me.”

HOW THIS CONNECTS

Shows the cost of reaching people only after a prolonged housing crisis.

SHELTER PARTICIPANT

“Rapid rehousing is nothing but a Band-Aid for those of us that are single and don’t have families or significant others to have dual income.”

HOW THIS CONNECTS

Supports reviewing RRH design, affordability assumptions, and post-match support.

FAMILY SHELTER PARTICIPANT

“This program really does work. It does. This program right here does work.”

HOW THIS CONNECTS

Protects what works while expanding earlier prevention and diversion pathways.



Health & Behavioral Health

REC-17

\$\$ OCC

Structured review of all 3,734 high-need households with a completed Housing Needs Assessment but no housing referral.

- 3,734 of 4,109 CH/disabled households (91%) got no referral after a completed Housing Needs Assessment
- Act on any case with no clinical reason for exclusion

IO-6

\$\$ CoC

Build a CalAIM referral pathway to Managed Care Plans for Enhanced Care Management and Community Supports.

- New CalAIM transitional rent benefit started Jan. 2026 and provides up to 6 months' rental subsidy
- Only usable if CES builds a referral pathway to Managed Care Plans
- Also connects to FQHCs, medical respite, and behavioral health services

ALSO IN THIS DOMAIN (9)

REC-3 \$\$

REC-14 \$

REC-21 \$

REC-30 \$\$

REC-34 \$\$\$\$

REC-36 \$

IO-1 \$\$

IO-4 \$\$

IO-7 \$\$\$\$



Health and Behavioral Health

Review high-need households with no referral and build a direct CalAIM and care pathway

PLE FOCUS GROUP PARTICIPANT

“I have so many health conditions... I have four active referrals right now... they said, ‘We don’t think that we’re trained... to handle someone that has as many issues as you.’”

HOW THIS CONNECTS

Shows why clinically complex households need coordinated review and an accountable care pathway.

SHELTER PARTICIPANT

“It was almost two years of trying to get help... and then finally through Mental Health they referred me.”

HOW THIS CONNECTS

Illustrates how health-system connections can open access, but often only after long delays.

FRONTLINE STAFF PARTICIPANT WITH LIVED EXPERIENCE

“I had a great case manager who helped me through the process... I went back to school, I got my education, and... I was able to afford an apartment on my own.”

HOW THIS CONNECTS

Supports a responsible provider model linking housing, care, and income.

Quotes are de-identified excerpts from evaluation focus groups and interviews; ellipses indicate omitted words for length.



Income, Workforce, Aging & Other Mainstream Systems

IO-6

\$\$ CoC

Establish systematic connections between CES and benefits enrollment, workforce, aging services, and other key systems.

- *Income/benefits enrollment is often the foundational stabilization step*
- *No standard referral today to SOAR, General Relief, or CalWORKs*
- *Also formalizes ties to IHSS, Area Agency on Aging, APS, senior housing, and OC Workforce Dev Board*

ALSO IN THIS DOMAIN (7)

REC-2 \$\$

REC-3 \$\$

REC-30 \$\$

REC-34 \$\$\$\$

REC-36 \$

REC-38 \$\$

IO-7 \$\$\$\$



Income, Workforce, Aging and Mainstream Systems

Make benefits, employment, aging, and other mainstream referrals a standard part of CES

FRONTLINE EMPLOYMENT STAFF PARTICIPANT

“As I’m getting them employment ready, I try and get them back to their case managers... and look for ways to increase income.”

HOW THIS CONNECTS

Shows how employment work can reinforce housing readiness when roles are coordinated.

YOUTH FOCUS GROUP PARTICIPANT

“I’m working, but it isn’t enough to provide for my own apartment... due to inflation.”

HOW THIS CONNECTS

Illustrates why employment alone may not resolve the housing affordability gap.

FAMILY SHELTER PARTICIPANT

“I haven’t been able to work... I’ve been going to doctor’s appointments and court... I don’t even have time to look for a job because I’ve been filling out paperwork.”

HOW THIS CONNECTS

Supports coordinated benefits and stabilization help rather than disconnected requirements.



Affordable Housing & Jurisdictional Partnerships

REC-36

\$ CoC

Develop a Resource Alignment Strategy with geographic disaggregation identifying the South SPA housing inventory deficit.

- *South SPA: 7% Crisis Needs Assessment coverage vs. 21% in Central SPA*
- *147-day time to housing vs. 94-day system average; only 3% of all CNAs*
- *Driven by access point and housing inventory limits*

IO-6

\$\$ CoC

Formalize CoC engagement with housing authorities and affordable housing developers.

- *CoC's engagement with housing authorities/developers isn't formalized*
- *Recommend using the VA partnership as an operational template*
- *Would help CES needs inform unit set-asides and preference structures*

ALSO IN THIS DOMAIN (14)

REC-2 \$	REC-3 \$	REC-25 \$	REC-28 \$	REC-29 \$	REC-30 \$\$	REC-31 \$	REC-32 \$	REC-33 \$	REC-37 \$
REC-38 \$\$\$	IO-3 \$	IO-4 \$\$	IO-7 \$\$\$\$						



Affordable Housing and Jurisdictional Partnerships

Align resources by geography and formalize housing authority, developer, and landlord partnerships

FAMILY SHELTER PARTICIPANT

“There’s nothing in South County... we got nothing in South County. That’s the worst, because we have so many homeless people out there too.”

HOW THIS CONNECTS

Directly supports geographic resource alignment and South SPA investment.

PLE FOCUS GROUP PARTICIPANT

“Even if I have to move to L.A. County, I have to move to L.A. County.”

HOW THIS CONNECTS

Shows how limited local options can force people away from their community and supports.

SHELTER PARTICIPANT

“The ideal is a unit that has the voucher with it... the next best thing is give me a voucher, but then give me some help to find a unit.”

HOW THIS CONNECTS

Supports deeper housing-provider engagement and navigation through lease-up.

What questions are you sitting with?

Coordinated Entry System Evaluation: Leadership Briefing

IMMEDIATE ACTION

Eight recommendations to start within 30 days

These address active compliance obligations, participant safety, and fundamental system integrity. All eight are \$ (Minimal Investment), and six of the eight sit within the Governance domain.

REC	REQUIRED ACTION	RESPONSIBLE PARTY	\$
REC-4	Formally document VA SSVF participation terms in the CES P&P.	OCC / CES Lead	\$
REC-12	Remove disability-type disclosure from the Disabling Condition Form.	OCC / CES Lead	\$
REC-14/15	Review Housing Needs Assessment adequacy for DV survivor and TAY populations.	OCC / SCES / Youth partners	\$
REC-18	Correct PSH prioritization eligibility language to match HUD guidance.	OCC / CES Lead	\$
REC-20	Remove length-of-homelessness criteria from Emergency Shelter prioritization.	OCC CA/ CES Lead	\$
REC-23/26	Participant grievance process and provider screening-out practices.	OCC CA/ CES Lead	\$\$

A federal policy shift is underway

HUD has signaled a possible reorientation away from Rapid Re-Housing and Permanent Supportive Housing as primary interventions, toward an expanded role for Transitional Housing.

This evaluation's projections and recommendations reflect the current program framework and do not assume this change. They should be read as a baseline for what's achievable today, not a forecast under a restructured federal funding environment.

Any confirmed shifts in federal funding priorities should be accounted for as they become available.

WHY THIS MATTERS LOCALLY

RRH and PSH capacity directly shapes how quickly households exit Emergency Shelter, how long they stay there, and the size of the overall shelter gap.

The recommendations in this evaluation are built to strengthen the current system and remain a sound foundation regardless of how federal priorities evolve.

Transitional housing and supportive services are also useful interventions when used in concert with other resources and in accord with system goals and standards.

LOOKING AHEAD

What the Board can expect over the coming months

The evaluation provides the roadmap; the next phase requires decisions about ownership, sequencing, resources, and accountability.

1	September	Receive the final report and companion summaries; participate in the 9/24 leadership briefing.
2	October	Join the 10/20 community session and help test emerging implementation priorities.
3	October–December	Confirm priority actions, responsible entities, near-term milestones, and resource needs.
4	Early 2027	Track implementation progress and adjust governance, operations, and cross-system partnerships as needed.

Immediate Board focus: shared direction, clear accountability, and support for coordinated implementation across the CoC.

FROM FINDINGS TO ACTION

This is shared work, from here forward

- ✓ The full evaluation report is available for review. A detailed webinar is scheduled for October 8 and will be recorded/posted.
- ✓ This initial roadmap with 10 implementation domains will be used during the October 20 session and is meant to assist the CoC Board determining a coordinated, multi-year action plan.
- ✓ Every recommendation in this workplan has a proposed initial assignment of next steps. However, implementation is a shared responsibility across the community, not a single entity's task.
- ✓ Immediate-action items should begin within 30 days; longer-term priorities should become part of a comprehensive system improvement plan addressing governance, operations, and system design, to be tracked and reported monthly to the Board for monitoring, oversight and adjustment.

Thank you for being part of this process!