



County of Orange, California

Recovery Plan

State and Local Fiscal Recovery Funds

2023 Report



County of Orange, California

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GENERAL OVERVIEW

Executive Summary

The County of Orange (County) is dedicated to long-term strategic financial planning to ensure its ability to respond to economic changes and unanticipated events in a way that allows the County to preserve the range and quality of services provided to the community.

Coronavirus State and Local Fiscal Recovery Funds (SLFRF) of \$617 million was allocated and distributed in two equal tranches to the County. With the end of the state and federal emergencies related to COVID-19, the County continues its commitment to public health as it navigates lingering impacts from the pandemic, and the persistently high inflationary pressures placed on the economy. The County is committed to maintaining essential services and aligning discretionary projects and service delivery levels within available funding.

During the reporting period, the County allocated a major portion of SLFRF to the revenue replacement category for costs associated with salary and employee benefits for County employees, trial court maintenance of effort and county facilities payments with a focus on the optimal use of County resources consistent with its overall mission and goals that support the County in its efforts to continue providing high quality services, sustaining countywide operations and initiatives, strengthening support for vital public services, restoring staff resources impacted by the pandemic, and addressing public health and other economic challenges. Furthermore, the following describes some of the County's ongoing essential initiatives, projects and key efforts:

- **Emergency Medical Services Operating Facility**
The County is establishing a new Orange County Emergency Medical Services Operating Facility on County-owned land in the city of Irvine that will co-locate emergency medical services with disaster management services and the public health laboratory. This model will support continued response efforts, and, most importantly, pandemic preparedness to effectively manage future public health emergencies.
- **Be Well Irvine Campus**
Currently in the planning phase, this new facility is a second behavioral health campus on County-owned land in the city of Irvine and will provide a myriad of mental health services for the County's adults, children and families. The campus will also serve as an integrated support center by providing linkages with related community and social support services.



- **Housing and Homelessness, including a Coordinated Case Management**

In December 2022, the County issued an update to the Housing Funding Strategy which identified a new goal of developing 2,396 units of permanent supportive housing and addressed the housing needs for individuals reentering the community upon release from custody. Also, the County is combining affordable housing assistance with voluntary support services to address the needs of chronically homeless individuals; and establishing transitional and permanent supportive housing as well as placement services for youths experiencing challenges on the path to a successful adulthood. In addition to the larger housing efforts, the County is assisting with housing stability by providing landlord incentives for 500 units and match commitments for developing an additional 300 units. Additionally, the County has identified a Coordinated Case Management program that will perform various outreach and engagement services, provide referrals or resources as needed to encourage self-sufficiency, and provide overall support to an individual.

- **Juvenile Corrections Campus**

To improve existing space and relocate the Youth Guidance Center, the County will construct a new Youth Transition Center on the Juvenile Corrections Campus for programming, education services, health and mental health services and housing for juvenile offenders and transitional aged youth.

As of June 30, 2023, approximately \$617 million in SLFRF was spent on County departments' general COVID-19 public health response and the following purposes described further in the *Uses of Funds* section of this report: payroll costs; technology solutions for seniors; position restoration; emergency food and related storage equipment; anti-hate efforts; meal gap programming; economic support to arts-related small businesses and non-profits; paid sick and/or family and medical leave; and workers' compensation.

The County remains committed to continue promoting the safety, welfare, and health of all constituents, including its employees and families.

Uses of Funds

Under the Revenue Replacement category, for the County provision of government services and departments' general COVID-19 public health response included, but was not limited to, expenditures such as payroll costs for staff that supported the County's COVID-19 public health response; testing and tracing; personal protective equipment, hospital gowns, sanitation and other supplies to comply with COVID-19 measures; disinfection and sanitation of public areas and offices; maintained and improved telework capabilities; public health facility costs; nutrition gap program extension; administrative support for the Affordable Housing, HomeKey and Emergency Housing Voucher programs; emergency shelter; Employee Health software system; Jail Pharmacy



reconfiguration for COVID-19 operations; accounting staff time for the preparation of various ARPA claims and reports; and COVID-19 campaigns, broadcasting services and translation services.

In addition, the Revenue Replacement category continues to include the following uses:

- County payroll – salaries and employee benefit costs for County employees.
- Trial Court maintenance of effort and county facilities payments.
- Veterans Cemetery – costs associated with site development of Veterans portion of Mountain Park Cemetery in Anaheim, California. The primary goal of this effort is to develop a “turnkey” State Veterans Cemetery pad, including a refined site access and utility service connections, all designed to Cal Vet standards.
- Bridge Digital Divide-Tech Solutions for Seniors – implementation of technology solutions for older adults impacted by COVID-19 to bridge the digital divide by ensuring that older adults have access to iPads, training, education and technology support which assists in combating isolation and help them stay connected to family and friends, participate in virtual programs offered by senior centers and participate in telehealth offerings by their doctors or other medical providers. This effort included the purchase of 2,200 iPads with data plans, subscription for training and online classes and technology support.
- Supportive Services/Landlord Incentives-Emergency Housing Vouchers (EHV) – implementation of the EHV program to assist individuals and families securing permanent housing. The funding will also assist the County in expediting the EHV leasing process by providing support to the participant through the voucher issuance process, working to identify available rental units and providing transportation assistance and financial resources to secure a rental unit.
- Restore Voluntary Incentive Program Deleted Positions – to address the budget shortfall due to the COVID-19 related revenue losses, the Board of Supervisors approved the Voluntary Incentive Program in July 2020, resulting in the retirement or resignation of 617 employees and the deletion of 212 vacant positions. In September 2021, the County restored 115 of these deleted positions to preserve continued quality of services provided to the community.
- A second wellness campus to expand mental health and substance use services to treat both adults and youth (see page 2 of this report for more details).
- Remote Workspace Delivery – Virtual Desktop Infrastructure and Virtual Private Network Solution Expansion – two OC Information Technology projects providing a safe and secure workspace for all County employees, including a reliable, secure, and maintainable remote work solution.
- OC Hunger Alliance – funding to Second Harvest Food Bank of Orange County and the Community Action Partnership of Orange County/Orange County food bank for the purchase of emergency food to address immediate needs related to COVID -19 and purchase of food and water storage equipment to aid in event of a future disaster or emergency.
- OC Human Relations Council – program services for enhancing and expanding anti-hate prevention in Orange County.



- The Illumination Foundation – temporary isolation shelter services will allow for non-congregate shelter to be provided for isolation and/or quarantine of individuals and families that are COVID-19 positive, symptomatic or exposed and are experiencing homelessness in Orange County.
- Homelessness services, including costs related to the construction and operation of the Garden Grove Navigation Center.
- Landlord incentives and match commitments for housing development
- District Priorities and Projects – programs and projects that serve the community such as economic support for small businesses, childcare centers and non-profit organizations; housing assistance to aid residents experiencing or at risk of homelessness; programs to provide behavioral healthcare; workforce development programs; programs that support non-profit organizations aiding veterans; and grant monies to local governments, including school districts.

Previously identified projects **[001] - Meal Gap Programming** and **[002] - Economic Support to Arts-Related Small Businesses and Non-Profits** have been shifted to the Revenue Replacement category, as allowable under the Final Rule of the SLFRF. Meal gap programming provided meal programs for seniors, persons with disabilities and other individuals experiencing food insecurity due to the COVID-19 pandemic and economic support to arts-related small businesses and non-profits allocated grants designed to foster economic recovery.

Finally, SLFRF was expended on paid workers' sick and family and medical leave to enable compliance with COVID-19 public health precautions as well as workers' compensation costs to accelerate the process of returning employees to work.

Other federal recovery funds received by the County are for the Emergency Rental Assistance (ERA) and the Emergency Housing Vouchers (EHV) programs. These funds were especially important for post-pandemic recovery and the County focused on quickly reviewing ERA program applications to confirm eligibility and provide households with financial assistance to ensure housing stability amidst the COVID-19 pandemic and support adherence to public health guidance. For households that experienced financial hardship due to COVID-19, the ERA program provided financial assistance for rental arrears and/or overdue utility bills to promote economic recovery and household stability. Additionally, the ERA program provided financial assistance for landlords and independent property owners who had not received their monthly rental payments from tenants experiencing financial hardships due to COVID-19. The County operated the ERA Round 1 program from February 2021 to December 2021 and has been coordinating and collaborating with the State of California's COVID-19 Rent Relief program. The Orange County Board of Supervisors adopted a resolution to authorize the State of California Department of Housing and Community Development to administer the County's federal allocation of ERA Round 2 funding in accordance with Assembly Bill 832 (Chapter 27, Statutes of 2021) that was enacted into law on June 29, 2021. In upstreaming the ERA



Round 2 funding, the State would continue to support Orange County residents through operating California’s COVID-19 Rent Relief Program.

The ERA program assisted communities disproportionately impacted by COVID-19. The program resulted in approximately 90% of ERA financial assistance to households with an Orange County Area Median Income (AMI) of 50% or less and/or households with one or more individuals unemployed as of the date of the application for assistance and not employed for the 90-day period proceeding such date. The following chart provides income levels by number of persons in a household for the Orange County Area.

Number of Persons in Household:		1	2	3	4	5	6	7	8
Orange County Area Median Income: \$103,000	Extremely Low	26950	30800	34650	38450	41550	44650	47700	50800
	Very Low Income	44850	51250	57650	64050	69200	74300	79450	84550
	Low Income	71750	82000	92250	102450	110650	118850	127050	135250
	Median Income	72100	82400	92700	103000	111250	119500	127700	135950
	Moderate Income	86500	98900	111250	123600	133500	143400	153250	163150

The County’s ERA Program ended December 31, 2021 and supported 4,734 households providing a total of \$34.5 million in financial assistance to eligible households, which represents approximately 50% of the County’s direct ERA allocation from the U.S. Treasury. At the conclusion of the program after all eligible applicants were provided financial assistance, there was a balance of approximately \$25.5 million related to administrative costs. As of June 30, 2023, the County returned the remaining ERA Round 1 funds to the US Treasury. The ERA Round 1 program, combined with the previously upstreamed ERA Round 2 funding, the State’s program operated at the scale needed to efficiently utilize funding to support landlords and tenants in Orange County before the eviction moratorium and tenant protections deadline. In accordance with Senate Bill 115, applications are no longer open for California’s COVID-19 Rent Relief Program. State law extended eviction protections until June 30, 2022 for qualifying applications received by March 31, 2022.

In addition, the issuance of EHV will continue to support 557 households in securing long-term stable housing that would provide permanent housing opportunities to better follow the public health guidance related to COVID-19. EHV funding and related supportive services have allowed for expedited housing navigation process. Since July 2021, EHV funding assisted 453 households in transitioning from the streets, congregate shelter settings or unstable housing situations, thus reducing the risk of exposure to COVID-19. The EHV provides an ongoing rental subsidy for eligible households unable to afford market rate housing and provides ongoing financial assistance to ensure that their rent is met and continue to have other essential needs met. The EHV has alleviated financial hardship for many households that were formerly experiencing homelessness or at risk of homelessness following a homeless service intervention in Orange County. These EHV have also provided landlords and property owners with a steady revenue for rental units that they may have struggled to fill otherwise.



Overall, the EHV program continues to provide opportunities for housing stability for the most vulnerable individuals with the greatest service needs through the provision of financial assistance. Individuals and families that are experiencing homelessness or at risk of homelessness have been the most challenged in following and adhering to COVID-19 public health guidance. The lack of permanent housing and the housing instability has limited these households' ability to follow safer at home guidelines, practice recommended precautions, quarantine and/or isolate as appropriate when sick or symptomatic with COVID-19. The EHV and related supportive services will better equip these individuals and families with following COVID-19 guidance and adopt other health and wellness practices to improve their overall wellbeing.

Promoting Equitable Outcomes

With funding from the Centers for Disease Control and Prevention (CDC) National Initiative to Address COVID-19 Health Disparities Among Population at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities Grant (Grant) in late June 2021, the Orange County Health Care Agency (HCA) Office of Population Health and Equity (OPHE) continues its implementation of the Equity in OC Initiative and collaboration with Advance OC to ensure use of the OC Equity Map (OCEM). Advance OC is a nonprofit organization dedicated to using innovation and strategic philanthropy to address inequities in Orange County communities.

OC Equity Map Updates:

First, the OPHE and Advance OC released version 2 of the OCEM in the winter of 2022 with updated 2020 Census data and findings across Social Progress indicators. New features such as downloadable graphics and data were added based on community feedback and HCA's goal of increasing utilization of the OCEM in the community and across sectors.

Additionally, the OCEM platform continues to inform HCA COVID-19 responses, including testing, vaccine allocation and distribution, and other mitigation strategies. HCA has thus been able to identify disproportionately impacted communities at the zip code and census tract level and, in turn, promote COVID-19 responses at the neighborhood level, as can be seen in the mobile vaccination clinics and targeted outreach efforts throughout the County.

During this reporting period, the OPHE and Advance OC produced population overviews for the Asian Pacific Islander, Latino/Hispanic, LGBTQ+, and Older Adult communities. The overviews are snapshots of available data for various populations in Orange County. By laying out population-specific data in these overviews, OPHE can identify systemic changes that can improve the quality of life within these communities. Since these population overviews are only the start of democratizing community-level data, it also



provides data consultations and technical assistance to community partners to enhance their ability to collect, report, interpret, and use data to drive health equity.

The OCEM platform continues to be available for use at no cost. It measures, tracks and maps inequities in the community with neighborhood precision, including identifying the root causes of inequities, understanding socioeconomic determinants, and informing strategies to advance the health and wellbeing of County residents. It also provides a roadmap for private and public partnerships to fund initiatives that seek collaborative approaches to addressing complex social circumstances at the root of inequities in health and wellbeing. The OCEM is a tool that brings HCA one step closer to achieving its mission, in partnership with the community, deliver sustainable and responsive services that promote population health and equity.

Since the last reporting cycle, the OPHE entered the Action and Learning Phase of the Equity in OC Initiative in June 2022 (Phase 1 from February 2022 to May 2022), funded by the CDC Grant. The EiOC Initiative strives for strategic partnership, planning, implementation, and support of prioritized equity and population health efforts, particularly in collaboration with communities most impacted by health inequities resulting from COVID-19 health-related disparities. Below are four strategies that remain a priority of the EiOC Initiative:



EXPAND

Expand existing and/or develop new mitigation and prevention resources



DATA

Increase or improve data collection, reporting, and infrastructure



CAPACITY & INFRASTRUCTURE

Build, leverage, and expand capacity and infrastructure of local health departments



MOBILIZE

Mobilize partners and collaborators to advance health equity and address social determinants of health

Through the EiOC Initiative, cross-sector collaborations and partnerships, health equity improvement projects, and various funding opportunities made available to the community to help build collective capacity for the current pandemic and any future ones and expand existing prevention resources, OPHE has initiated activities significant to HCA’s operationalizing population health and equity to advance the County’s commitment to serving and bringing quality health for all residents. Taking a proactive and collaborative approach, the OPHE has been able to identify social determinants of health and develop strategies to address them, such as initiatives to improve access to healthy foods, safe and affordable housing, and quality healthcare. These efforts have led to a measurable reduction in health disparities in our community related to COVID-19 disparities and impacted vulnerable populations. Not only is the goal of this initiative to fill



service gaps but strive to drive systems-level change to ensure a more resilient and equitable community. These activities and early accomplishments include:

1. Ensure equity across COVID-19 efforts – continue to engage with COVID-19 response collaboratives.
2. Advance equity internally – supported the establishment of five internal Equity Improvement Teams focused on advancing equity within HCA; developed Health Equity 101 Training; completed Diversity Equity & Inclusion (DEI) Certification from the University of Cambridge to support HCA’s effort to advance DEI; developed and launched of Equity Learning Hub as a resource for internal departments to utilize in applying equity into their efforts; conducted monthly training to Public Health Services medical student interns on health equity and population health.
3. Analyze and utilize data to identify priorities and populations and communities of focus – supported the development of the OC Health Data Hub (www.ochelathdata.com), a data portal resource to support providers, community organizations, residents, and researchers in their efforts to improve the health and well-being of everyone in Orange County; co-hosted the Future of Health Care and Data Conference attended by health care organizations (Providence, Kaiser Permanente, UCI Health, CalOptima, City of Hope) and community leaders; developed and completed four Population Health Equity Overviews (API, Latinx, Older Adults, LGBTQ+), which can be found here www.equityinoc.com.
4. Build capacity for external partners to drive equity – distributed over \$10.4 million to over 151 grantees in partnership with OC United Way; funded 12 equity improvement teams implementing social determinants of health projects to advance health equity in the County; funded 29 capacity and infrastructure building grantees to expand the network of providers serving vulnerable and underserved communities; funded 98 cross-sector organizations with the Organizational Participation Grants aimed at providing capacity for organizations to engage and actively participate in advancing health equity; hosted three (June 2022, October 2022 and May 2023) Community Health Improvement Leadership Academies with over 700 individuals in attendance from 180 unique organizations to build collective skills and cross-sector partnerships; six Health Equity Actions Plan completed in June 2022 by six priority Population Health Equity Collectives addressing health equity within the Latino, LGBTQ, Older Adults, Disability, Asian Pacific Islander, and Black communities; actively engaged 22 community members to bring their lived experiences to the EiOC activities.
5. Support and facilitate public/private partnerships – formed six Population Health Equity Collectives, made up of 80 unique organizations focusing health inequities within six priority populations (i.e., Latino, LGBTQ, Older Adults, Disability, Asian Pacific Islander, and Black communities); funded three organizations to build their capacity serving three underserved communities (i.e., transgender and gender non-conforming, Native Hawaiian and Pacific Islanders, and Native American and Indigenous).



In 2020, Orange County, in partnership with several mutual aid agencies, launched Operation Independence. This partnership fostered the establishment of large regional vaccination point-of-dispensing sites (PODs) to efficiently administer vaccines and reach the County’s most vulnerable populations.

During July 1, 2022, and June 30, 2023, Orange County continued its partnership with several community-based organizations (CBOs) and local providers to provide COVID-19 vaccine to unreached and unvaccinated residents focusing on equity and vulnerable populations. With the State’s proclamation that ended the COVID-19 State of Emergency/Public Health Emergency in the first quarter of 2023, HCA, Public Health Services demobilized their recurring vaccine POD sites and transitioned COVID-19 vaccine efforts to routine business operations through its Public Health clinics with a focus on ensuring access for uninsured, undocumented, and underinsured individuals in the county. They also continue to prioritize offering vaccine services for homebound individuals and to unhoused populations through pop-up clinics held on-site at local shelters.

For this reporting period, the County also continued to have a robust outreach and engagement program in collaboration with CBOs and with an equity focus. Outreach efforts included marketing and communication to ensure all residents have current information including where to access vaccinations. Vaccination resources in the County continue to be readily accessible through the California Department of Public Health’s (CDPH) vaccination platform – MyTurn. The County continuously coordinates these efforts with our local CBO partners.

Approximately 74% of the eligible population of Orange County has been fully vaccinated, with over 2.3 million residents fully vaccinated. Nearly 1.4 million residents have received a booster dose and close to 600 thousand residents have received the bivalent booster dose. Navigation assistance, referrals for transportation, and other vaccine related resources to support vaccination accessibility is provided through the Health Referral Line, a county call center available to the public.

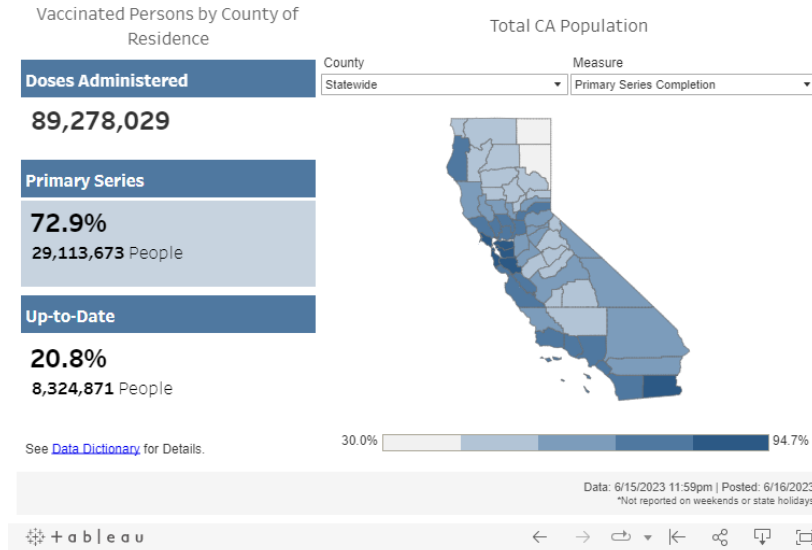
[Vaccine Dashboard \(arcgis.com\)](https://arcgis.com)





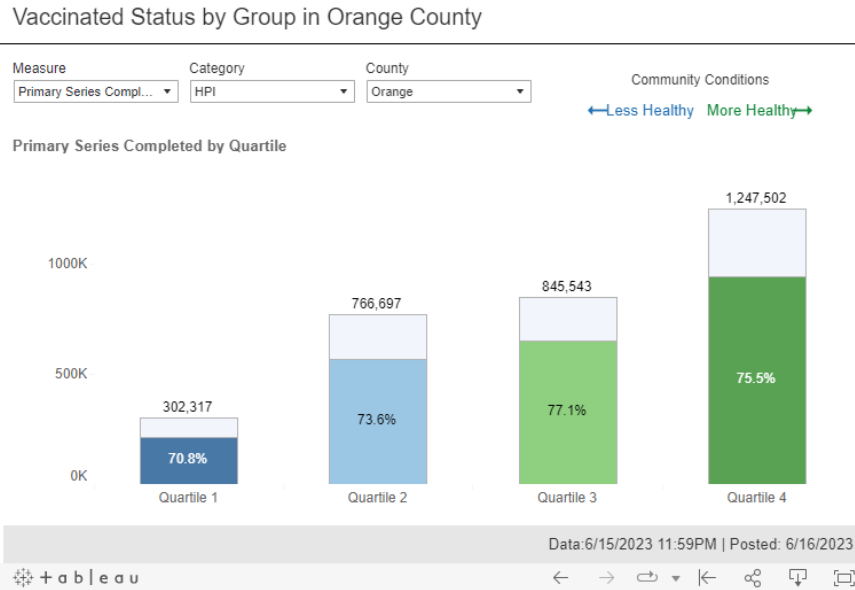
Statewide vaccination data

This chart shows all vaccinations administered in California, by county of residence.



<https://covid19.ca.gov/vaccination-progress-data/>

Progress in vaccinating groups and communities with the most urgent need using Healthy Places Index 3.0 (HPI)



[Vaccination data - Coronavirus COVID-19 Response \(ca.gov\)](#)



In addition to the aforementioned efforts to promote equitable outcomes, the ERA program focused on reaching universal levels of services and ensuring tenants with rental arrears and/or overdue utility bills were provided financial assistance to support economic recovery and maintain housing stability.

The County's EHV program serves individuals and families experiencing homelessness and is prioritized through the Coordinated Entry System (CES). The CES prioritization schema includes length of homelessness, vulnerability, and service needs. Through the CES, the County works with access points and homeless service providers to identify eligible households who have not been provided a housing resource that meets their needs to rapidly connect them with the EHV program or another appropriate housing intervention. Additionally, the CES serves several subpopulations to ensure equitable access, including individuals, families, veterans, transitional aged youth, survivors of domestic violence, reentry subpopulation, and active homeless service program participants.

The flexibility and waivers provided by the EHV program allowed the County to target resources to historically underserved populations, especially the criminal justice-involved reentry population and people exiting institutional settings. These subpopulations are more likely to be medically vulnerable, extremely low income and Black, Indigenous, and people of color. EHV resources allocated and dedicated to these subpopulations support the County's efforts to promote equitable outcomes, address racial inequities and fill gaps in the Homeless System of Care.

In 2021, the Orange County Housing Authority (OCHA) issued a notice to all households on the housing choice voucher waiting list to provide awareness on the EHV program and include information on access, if eligible. To support outreach efforts, the County worked with 2-1-1 Orange County (211OC) to ensure the latest information was shared with households seeking housing resources and/or are unstably housed and would benefit from the program. Additionally, the County, acting as the Collaborative Applicant for the Orange County Continuum of Care (CoC) continued including regular updates and information regarding the EHV program and related available supportive services. Information has been provided through written communication via listservs, an application that distributes messages to subscribers on an electronic mailing list, as well as presentations at regularly scheduled County and CoC meetings and subsequent information sessions.

OCHA has implemented all appropriate waivers and flexibility related to the EHV programs to ensure that administrative requirements do not impact access across groups. People accessing the EHV program are racially and ethnically diverse. Out of the individuals who obtained permanent and stable housing through the EHV program, 45% are Black, Indigenous and people of color, 55% are White, Non-Hispanic/Non-Latin(a)(o)(x).

Furthermore, California's Governor released the Master Plan for Aging, which includes five goals to prepare California for a projected increase in the number of residents aged



60 years and older. An intergovernmental team consisting of Orange County Community Resources, Social Services Agency, HCA, and County Executive Office are engaging in a joint effort to improve the quality-of-service delivery to this population. This effort is currently underway with the first step being a comprehensive, countywide healthy aging assessment. The assessment will be used by the County to draft an Orange County Master Plan for Aging (OCMPA) that will serve to identify and prioritize the needs and factors affecting the health of the County's aging population, specifically those aged 60+. The information gathered and evaluated through the comprehensive OCMPA aging assessment will help the County understand the holistic needs of the aging population and provide each department with a better understanding of the areas of greatest need, current barriers to accessing services, and more precisely identify gaps in services and inequities creating these gaps. Additionally, this effort will guide future coordination efforts and collaboration amongst departments and outside stakeholders by providing complementary information to reduce duplication of effort.

Finally, the County conducted and released the results of the 2022 Point-in-Time Count. When compared to the 2019 Point-in-Time Count, data suggests an increase in the number of homeless residents being sheltered, across all categories, including veterans, transitional aged youth, and seniors. The count collected participant-level information including sheltered and unsheltered, household compositions, subpopulations, and disabling conditions information, such as substance abuse issues, serious mental health issues and physical disability, amongst other demographic factors. The information collected through this process is self-reported and allows for a better understanding of the needs and challenges of people experiencing homelessness.

Community Engagement

The County recognizes that groups in which English is not the primary language often are underserved and not adequately outreached to receive the available resources. As such, the County worked with its Director of Population Health and Equity and CBOs, including those in underserved communities and those that provide specialized services in various languages, for various and more robust outreach efforts.

In collaboration with CBOs, the County conducted targeted outreach in underserved communities and provided ERA communication and materials in all threshold languages (English, Spanish, Vietnamese, Farsi, Korean and simplified Chinese). Furthermore, the County partnered with 211OC to operate an information and referral line to support interested applicants in completing the ERA application in the language of their choice over the phone and/or through an online portal.

Additionally, the County issued a press release and participated in several interviews to provide information on the ERA program. ERA program materials were distributed widely through various listservs, including all city managers in Orange County, California. The County also worked with CBOs to provide ERA program information to renter households



and landlords. 211OC provided ERA program information to organizations listed within its helpline database as part of the outreach efforts.

The ERA program was designed in partnership with three-contracted providers who are leaders in the provision of homelessness prevention services in Orange County. The County developed a simple ERA application, collecting only required information to pre-screen and allow for quick follow-up with the applicant, when needed. Providers worked with the applicant over email, telephone or in-person appointments which were conducted in the applicant's preferred language to further review eligibility requirements and related documentation. The County aimed to collect only the minimum documentation requirements that would support proper fiscal management practices and confirm there was no duplication of assistance.

The EHV program was designed in coordination and collaboration with the Orange County CoC, its boards and interested stakeholders, including the CoC Lived Experience Advisory Committee. The EHV program receives referrals of eligible individuals and families from CES. The CES is comprised of over 40 access points and homeless service providers that regularly engage and serve individuals and families experiencing homelessness or those at-risk of homelessness. The County, including OCHA, held numerous informational sessions and public meetings regarding the EHV program implementation providing an opportunity for questions and feedback around the intended program. The County has worked with 211OC to ensure they have up to date information that can be shared with households seeking housing resources and/or are unstably housed and would benefit from the EHV program.

Labor Practices

This section is not applicable for the County; however, the County complies with all Federal and State wage requirements and is committed to equal employment opportunity in the workplace.

Use of Evidence

As of June 30, 2023, there are no SLFRF funds being used for evidence-based interventions; however, the County consistently measures outcomes for programs and services. Per a Board Directive issued on May 23, 2017, performance metrics are required in all Agenda Staff Reports pertaining to service contracts. Beginning with the July 11, 2017 Board date, all service contract renewals will include performance metrics. As such, for new service contracts, if there are performance requirements tied to the funding source (i.e., federal or state grants), performance will be measured according to those metrics.

The County developed and implemented the EHV program using a racial equity lens and a data-informed approach. Key program milestones, including referrals, voucher issuance



and housing placement, are monitored by race, ethnicity, gender age group, and disability status on a weekly basis. Regular and ongoing oversight will allow the County to quickly respond and modify strategies or address barriers to accessing services.

CASE STUDY: Mr. M is a 62-year-old Black male living with tri-morbidity who has experienced multiple episodes of homelessness in Orange County since 2011. Mr. M receives Social Security Income and was unable to afford permanent, stable housing without ongoing rental assistance. As a high-cost healthcare utilizer involved in the criminal justice system, irregular service engagement and negative background checks previously prevented Mr. M from obtaining permanent housing through multiple prior housing interventions. Due to the EHV program's background check requirements and the partnership with the street outreach team, housing authority, housing service provider for housing and stabilization services and housing location team providing landlord engagement services, Mr. M successfully leased an apartment through the EHV program in April 2022.

Performance Report

The County received a total of 13,022 ERA applications and of which 32.7% (4,259) were processed, including determining eligibility and issuing payment. The remaining 8,763 applications were determined ineligible, or participants were no longer interested in assistance. A total of \$34.5 million in ERA financial assistance for rental arrears and overdue utility bills and home energy bills were paid to Orange County households.

The County, acting as the Collaborative Applicant for the Orange County CoC, worked with the four Public Housing Authorities (PHA) in Orange County to establish Memorandums of Understanding (MOUs) for the EHV program. All four MOUs were signed and executed prior to the July 31, 2021, deadline provided by the U.S. Department of Housing and Urban Development (HUD). The MOUs detail EHV program milestones to be met by the PHA and the CES. These milestones are detailed below:

- CES will identify 50% of referrals within 7 weeks of the effective date of the MOU.
- CES will identify 100% of referrals within 14 weeks of the effective date of the MOU.
- CES will identify replacement referrals within 14 days for any returned matches.
- PHA will complete EHV processing within 45 days of initial contact with the participant as referred by CES.
- PHA will return ineligible referrals to CES within 3 business days of determining ineligibility.

Outcomes:



- CES identified 55% of referrals within 7 weeks of the effective date of the MOU.
- CES identified 61% of referrals within 14 weeks of the effective date of the MOU.
- CES identified replacement referrals within 7 days for any returned matches.
- PHA completed EHV processing within an average of 76 days from referral by CES.
- PHA returned ineligible referrals to CES within 17 business days of determining ineligibility.

CES exceeded the milestone to provide 50% of referrals within 7 weeks of the effective date of the MOU. During the 7th week of referrals, OCHA paused referrals due to staffing issues and delays in processing applications. OCHA has resumed accepting referrals and CES has referred 1,014 (182%) households to the EHV program which includes replacement referrals for people who were determined ineligible, inactive or declined proceeding with the application process.

CES identifies replacement referrals on a weekly basis to expedite the referral process and provide rapid access to housing resources.

On average, OCHA completed EHV processing within 76 days from referral by CES. The average days processing an application for White, Non-Hispanic/Non-Latin(a)(o)(x) households and Black, Indigenous, and people of color are similar (77 and 74 days, respectively).

On average, OCHA returns ineligible referrals to CES within 17 business days of determining ineligibility. Replacement referrals are not provided by CES until the ineligible referrals are returned to CES by OCHA in the Homelessness Management Information System database.

The Office of Care Coordination established EHV Supportive Service and Housing Search Assistance Contracts with five non-profit organizations to support 557 households receiving EHV from the OCHA. These contracts include performance objectives aimed at quickly securing rental housing and leasing up the voucher as well as promoting long-term housing stability. The performance objectives are detailed below:

- At minimum, 50% of the total number of expected participants will secure permanent rental housing within 90 days of EHV issuance.
- At minimum, 95% of the total number of expected participants will secure permanent rental housing within 120 days of EHV issuance.
- At minimum, 95% of the total number of expected participants will receive housing support assistance and housing stabilization services.
- At minimum, 95% of the total number of expected participants will remain in permanent housing at program exit.
- Of participants exiting to a permanent housing destination, 95% will maintain housing for more than six months from the date of their program exit.



Outcomes:

- 19% of housed participants secured permanent rental housing within 90 days of EHV issuance.
- 30% of housed participants secured permanent rental housing within 120 days of EHV issuance.
- 100% of participants received housing support assistance and housing stabilization services.
- Data for program exit outcomes are not applicable at this time.

The EHV Supportive Service providers worked diligently to identify and place people in permanent housing. Low vacancy rates and rising rental costs contributed to delays in meeting the milestones to secure permanent rental housing within 90 and 120 days. These delays largely impacted households seeking one-bedroom units. On average, participants are securing permanent rental housing within 142 days of voucher issuance. The following table provides average days between voucher issuance and permanent housing placement by demographic groups.

	Average Days to Housing Placement
Black, Indigenous and people of color	138
White, Non-Hispanic/Non-Latin(a)(o)(x)	179
Female	170
Male	174
Other Gender	140
18-24	123
25-61	140
62+	151
Disabling Condition	145
No Disabling Condition	129
Survivors of Domestic Violence or Human Trafficking	117

100% of EHV participants have received housing support services and housing stabilization services. Participants are linked with a housing supportive services provider at the time of referral to OCHA. The provider completes intake while OCHA processes the housing application. The concurrent workflow allows the provider to develop rapport with the participant during the application process to support with completing the voucher issuance and housing search upon voucher issuance.

At this point in program implementation, insufficient time has passed to provide data on program exit outcomes. However, upwards of 426 households, representing individual adults, families, survivors of domestic violence or human trafficking and transition age



youth, have moved into permanent housing utilizing an OCHA EHV and are actively connected to EHV Supportive Service providers. The EHV Supportive Service Providers are continuing to assist all households who have secured permanent housing with a 12-month housing stabilization supportive service period to maximize stabilization in housing obtained with an EHV.

Project Inventory

Previously identified projects **[001] - Meal Gap Programming** and **[002] - Economic Support to Arts-Related Small Businesses and Non-Profits** have been shifted to project **[005] – Revenue Replacement Provision of Government Services**, as allowable under SLFRF.

Project [003]: Workers' Compensation

Amount Allocated: \$3,938,588

Cumulative Expenditures as of 6/30/2023: \$3,938,588

Project Expenditure Category: 1-Public Health

Project Overview: The County's Workers' Compensation Program provides prompt state-mandated benefits and quality medical care to injured County employees. This project allowed the County to mitigate Workers' Compensation costs and accelerate the process of returning employees to work.

Use of Evidence: Not applicable

Performance Report: Due to the COVID-19 pandemic, the County has seen an increase in Worker's Compensation claims from employees who were impacted by COVID-19 while performing essential job duties for the community.

Project [004]: Paid Sick and/or Family Leave

Amount Allocated: \$23,352,889

Cumulative Expenditures as of 6/30/2023: \$23,352,889

Project Expenditure Category: 1-Public Health

Project Overview: This project provided paid sick and paid family and medical leave for public employees to enable compliance with COVID-19 public health precautions.

Use of Evidence: Not applicable

Performance Report: This program has been identified as an enumerated eligible use. For full-time employees, employees were paid for up to 80 hours for leave taken when they were unable to work or telework and had a COVID-19-related reason, such as caring for and/or attending a vaccine appointment for themselves or a family member. For part-



time employees, leave hours were determined through a calculation process based on their work hours. Full-time and part-time employees may have been paid in excess of the aforementioned hours by using personal leave balances for COVID-related absences (e.g., annual, vacation, sick, and performance incentive program).

Project [005]: Revenue Replacement Provision of Government Services

Amount Allocated: \$589,549,467

Cumulative Expenditures as of 6/30/2023: \$589,549,467

Project Expenditure Category: 6-Revenue Replacement

Project Overview: This project provides support for County departments' general COVID-19 public health response, as well as various efforts for the provision of government services, described under the *Uses of Funds* section (pages 3 through 5 of this report).

Use of Evidence: Not applicable

Performance Report: Not applicable