



County of Orange, California

Recovery Plan

State and Local Fiscal Recovery Funds

2025 Report



County of Orange, California

2025 Recovery Plan

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GENERAL OVERVIEW

Executive Summary

The County of Orange (County) was allocated and distributed in two equal tranches totalling \$617 million Coronavirus State and Local Fiscal Recovery Funds (SLFRF) through the American Rescue Plan Act of 2021.

As of June 30, 2023, the County fully utilized its SLFRF allocation received to respond and recover from the COVID-19 pandemic. The County allocated a major portion of its SLFRF funding to the revenue replacement category with a focus on optimal use of County resources consistent with its overall mission and goals in support of its continued efforts to provide high quality services, sustain countywide operations and initiatives, strengthen support for vital public services, restore staff resources impacted by the pandemic, and address public health and other economic challenges.

The \$617 million SLFRF funding was allocated to the following project expenditure categories:

Revenue Replacement

- Provision of Government Services (\$589.5 million)

Public Health

- Paid Sick and/or Paid Family Leave (\$23.4 million)
- Workers' Compensation (\$3.9 million)

Significant County time and resources have been dedicated to the pandemic response; however, with the end of the state and federal emergencies related to COVID-19 and its SLFRF allocation fully utilized, the County continued to prioritize and promote the safety, welfare, and health of all constituents, including its employees and their families.

Furthermore, the County continues its dedication to long-term strategic financial planning to ensure its ability to respond to economic changes and future unanticipated events in a way that allows the County to preserve the range and quality of services provided to the community. In addition, the County strives to provide high quality services and advance major initiatives that enrich the lives of its residents, while continuing to fulfill the County's mission to make Orange County "a safe, healthy, and fulfilling place to live, work, and play."



Uses of Funds

Under the Revenue Replacement category, 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 included 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 was to assist with the development of 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 – implemented technology solutions for older adults impacted by COVID-19 to bridge the digital divide by ensuring that older adults had access to iPads, training, education and technology support which assisted in combating isolation and helped them to stay connected to family and friends, participated in virtual programs offered by senior centers and participated 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) – implemented the EHV program to assist individuals and families secure permanent housing. The funding also assisted the County in expediting the EHV leasing process by providing support to the participant through the voucher issuance process, worked to identify available rental units and provided transportation assistance and financial resources to secure a rental unit.
- Restored 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. The campus, once complete, will serve as an



integrated support center by providing linkages with related community and social support services.

- Remote Workspace Delivery – Virtual Desktop Infrastructure and Virtual Private Network Solution Expansion – two OC Information Technology projects provided 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 which enhanced and expanded anti-hate prevention in Orange County.
- The Illumination Foundation – temporary isolation shelter services which allowed for non-congregate shelter to be provided for isolation and/or quarantine of individuals and families that were COVID-19 positive, symptomatic or exposed and were 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 served the community such as economic support for small businesses, childcare centers and non-profit organizations; housing assistance that aided residents experiencing or at risk of homelessness; programs that provided behavioral healthcare; workforce development programs; programs that supported 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 were for the Emergency Rental Assistance (ERA) and the 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 coordinated and collaborated 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. During the ERA program, income levels by number of persons in a household for the Orange County Area were as follows.

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 supported 557 households in securing long-term stable housing that provided 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 provided an ongoing rental subsidy for eligible households unable to afford market rate housing and provided ongoing financial assistance to ensure that their rent is met and continue to have other essential needs met. The EHV 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 steady revenue for rental units that they may have struggled to fill otherwise.

Overall, the EHV program provided opportunities for housing stability for the most vulnerable individuals with the greatest service needs through the provision of financial assistance. Individuals and families that were experiencing homelessness or at risk of homelessness were the most challenged in following and adhering to COVID-19 public health guidance. The lack of permanent housing and the housing instability 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 better equipped these individuals and families with following COVID-19 guidance and adopted 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) continued 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:

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.

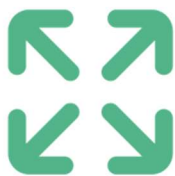


Additionally, the OCEM informed HCA of COVID-19 responses, including testing, vaccine allocation and distribution, and other mitigation strategies. HCA was able to identify disproportionately impacted communities at the zip code and census tract level and, in turn, promoted COVID-19 responses at the neighborhood level, as was seen in the mobile vaccination clinics and targeted outreach efforts throughout the County during that time.

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

The Equity in OC (EiOC) Initiative strived 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 were made available to the community to help build collective capacity for COVID-19 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 that were related to COVID-19 disparities and impacted vulnerable populations. Not only was 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 included:

1. Ensured equity across COVID-19 efforts – engaged with COVID-19 response collaboratives.
2. Advanced 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. Analyzed and utilized data to identify priorities and populations and communities of focus – supported the development of the OC Health Data Hub, 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+).
4. Built 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. Supported and facilitated 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.

Orange County partnered with several community-based organizations (CBOs) and local providers to provide COVID-19 vaccines 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 prioritized offering vaccine services for homebound individuals and to unhoused populations through pop-up clinics held on-site at local shelters.

The County 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 had 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.

As of June 30, 2023, the County utilized all its SLFRF funding. As of this date, approximately 74% of the eligible population of Orange County had been fully vaccinated, with over 2.3 million residents fully vaccinated. Nearly 1.4 million residents received a booster dose and close to 600 thousand residents received the bivalent booster dose.





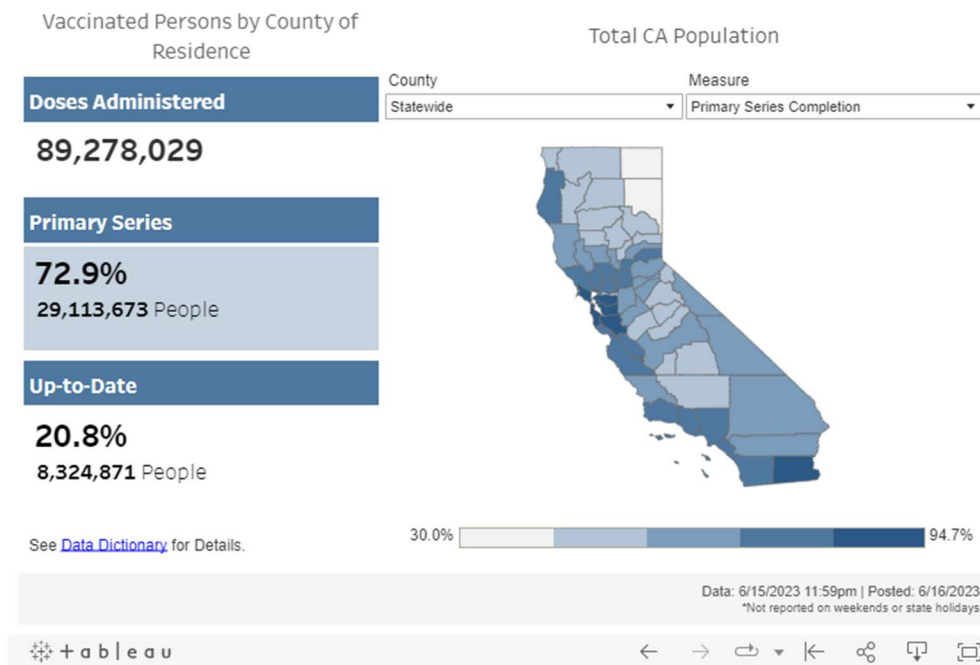
For most up to date vaccination efforts, please refer to this website. [Vaccine Dashboard \(arcgis.com\)](https://arcgis.com)

Navigation assistance, referrals for transportation, and other vaccine related resources to support vaccination accessibility continues to be provided through the Health Referral Line, (800) 564-8448, a county call center available to the public.

In addition, as of June 30, 2023, the County's SLFRF closeout date, the following information was displayed by California Department of Public Health:

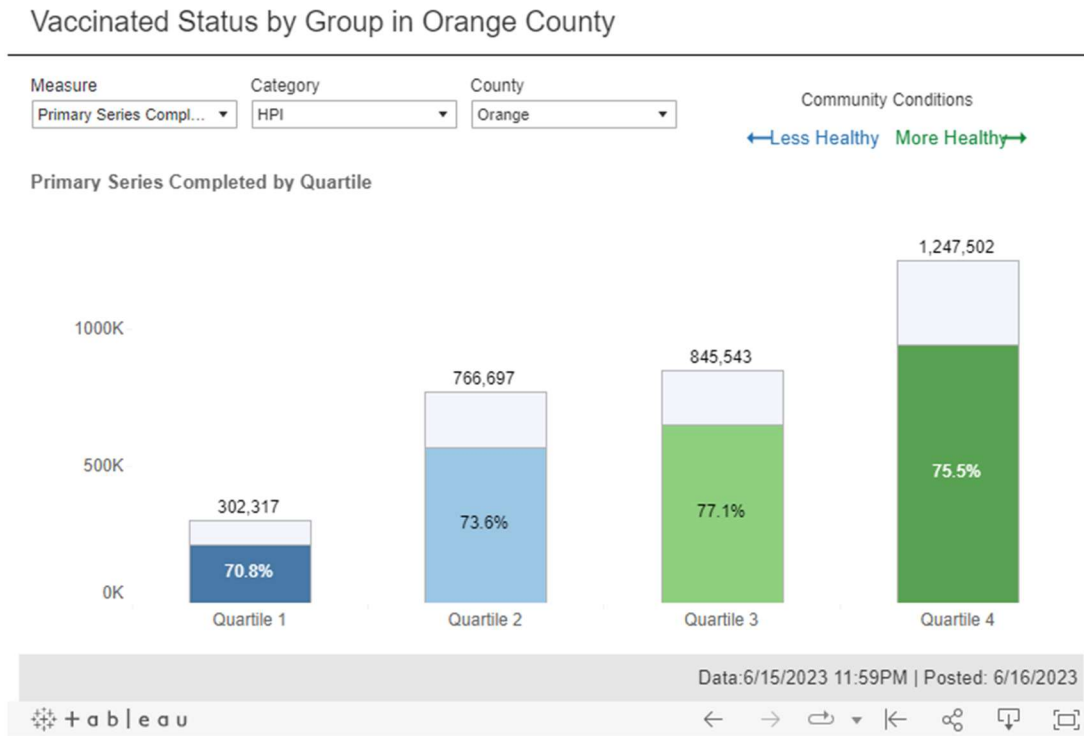
Statewide vaccination data

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





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



For the most up to date data from the California Department of Public Health, please refer to the following website: <https://www.cdph.ca.gov/>

In addition to the aforementioned efforts that promoted 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 served individuals and families experiencing homelessness and was prioritized through the Coordinated Entry System (CES). The CES prioritization schema included length of homelessness, vulnerability, and service needs. Through the CES, the County worked with access points and homeless service providers to identify eligible households who have not been provided a housing resource that meet their needs to rapidly connect them with the EHV program or another appropriate housing intervention. Additionally, the CES served 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 were more likely to be medically vulnerable, extremely low income and Black, Indigenous, and people of color. EHV resources allocated and dedicated to these subpopulations supported 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 included 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 were 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 was 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 implemented all appropriate waivers and flexibility related to the EHV to ensure that administrative requirements do not impact access across groups. People accessing the EHV program were racially and ethnically diverse. Out of the individuals who obtained permanent and stable housing through the EHV program, 45% were Black, Indigenous and people of color, 55% were White, Non-Hispanic/Non-Latin(a)(o)(x).

Community Engagement

The County recognized that groups in which English was not the primary language often were 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 provided 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 were 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 received referrals of eligible individuals and families from CES. The CES was comprised of over 40 access points and homeless service providers that regularly engaged and served 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 worked with 211OC to ensure they had up-to-date information that was shared with households seeking housing resources and/or were 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, the County fully utilized its SLFRF funding and as of this date, there were no SLFRF funds 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, were monitored by race, ethnicity, gender age group, and disability status on a weekly basis. Regular and ongoing oversight allowed 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's ERA Program ended December 31, 2021; however, while the program was active, 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 detailed below were:

- 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. While the program was active, OCHA accepted referrals and CES referred 1,014 (182%) households to the EHV program which included replacement referrals for people who were determined ineligible, inactive or declined proceeding with the application process.

CES identified replacement referrals on a weekly basis to expedite the referral process and provided 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 were similar (77 and 74 days, respectively).

On average, OCHA returned ineligible referrals to CES within 17 business days of determining ineligibility. Replacement referrals were not provided by CES until the ineligible referrals were 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 that received EHV from the OCHA. These contracts included performance objectives aimed at quickly securing rental housing and leasing up the voucher as well as promoting long-term housing stability. The performance objectives detailed below were:

- 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 secured 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 received housing support services and housing stabilization services. Participants were linked with a housing supportive services provider at the time of referral to OCHA. The provider completed intake while OCHA processed the housing application. The concurrent workflow allowed 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.

Upwards of 426 households, representing individual adults, families, survivors of domestic violence or human trafficking and transition age youth, moved into permanent



housing utilizing an OCHA EHV and were actively connected to EHV Supportive Service providers. The EHV Supportive Service Providers continued to assist all households who secured permanent housing with a 12-month housing stabilization supportive service period to maximize stabilization in housing obtained with an EHV.

Project Inventory

As of June 30, 2023, the County fully utilized its SLFRF allocation and the project inventory was as follows:

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

Project [003]: Workers' Compensation

Amount Allocated: \$3,938,587

Cumulative Expenditures as of 6/30/2025: \$3,938,587

Project Expenditure Category: 1-Public Health

Project Overview: The County's Workers' Compensation Program provided 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 6/30/2025: \$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 6/30/2025: \$589,549,467

Project Expenditure Category: 6-Revenue Replacement

Project Overview: This project provided 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 4 of this report).

Use of Evidence: Not applicable

Performance Report: Not applicable