



AMENDMENT NO. 9

TO

CONTRACT MA-017-23011657

FOR

**REGIONAL CARE COORDINATION SERVICES IN THE NORTH SERVICE
PLANNING AREA**

This Amendment to Contract MA-017-23011657 for Regional Care Coordination Services in the North Service Planning Area is made and entered into upon execution of all necessary signatures between Volunteers of America of Los Angeles (VOALA), a California nonprofit corporation (“Contractor”), and the County of Orange, a political subdivision of the State of California (“County”). Contractor and may sometimes be referred to individually as “Party” or collectively as “Parties”.

RECITALS

WHEREAS, the Parties executed Contract MA-042-22011036 for Regional Care Coordination Services in the North Service Planning Area effective October 15, 2022, through June 30, 2024, in an amount not to exceed \$3,579,692 (Contract); and

WHEREAS, the Parties executed Amendment No. 1 to change the administrating agency from OC Health Care Agency (HCA) to the County Executive Office (CEO), and to change the Contract number from MA-042-22011036 to MA-017-23011657; and

WHEREAS, the Parties executed Amendment No. 2 to update Exhibit A, Paragraph II. Budget, Subparagraph A; and

WHEREAS, the Parties executed Amendment No. 3 to replace Exhibit A, Paragraph VI. Staffing, Subparagraph C, FTE Table; and

WHEREAS, the Parties executed Amendment No. 4 to renew the Contract for two additional years in the amount of \$5,333,334, for a new Contract not to exceed amount of \$8,913,026, effective July 1, 2024 through June 30, 2026, amend the Table of Contents, amend the Referenced Contract Provisions, amend the Terms and Conditions of the Contract, amend Attachment A to replace Section II. Budget Table, revise Section III. Payments, revise Section V. Services, replace Section VI. Staffing Table, and add Attachment B and Exhibit 1 to the Contract; and

WHEREAS, the Parties executed Amendment No. 5 to update Exhibit A, Section II. Budget Table; and

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WHEREAS, the Parties executed Amendment No. 6 to update Exhibit A, Section II. Budget Table and Section VI. Staffing shall be amended to replace the FTE Table in its entirety; and

WHEREAS, the Parties executed Amendment No. 7 to update Exhibit A, Section II. Budget Table shall be amended and replaced in its entirety; and

WHEREAS, the Parties executed Amendment No. 8 to amend and replace Attachment A, Section II. Budget Table and to amend 2. Exhibit A, Section VI. Staffing, FTE Table; and

WHEREAS, the Parties now desire to enter into Amendment No. 9 to renew the Contract for one additional year in the amount of \$2,200,000 for a new Contract not to exceed amount of \$11,113,025.96, amend the Referenced Contract Provisions, amend Attachment A to replace Section II. Budget Table, amend Section V. Services, and replace Section VI. Staffing Table, add Attachment B to the Contract; and

Now, therefore, contractor and county agree to amend the contract as follows:

- 1. Referenced Contract Provisions shall be amended and hereby replaced in its entirety as follows:

REFERENCED CONTRACT PROVISIONS

Term: October 15, 2022, through June 30, 2027

Period One: October 15, 2022, through June 30, 2023

Period Two: July 1, 2023, through June 30, 2024

Period Three: July 1, 2024, through June 30, 2025

Period Four: July 1, 2025, through June 30, 2026

Period Five: July 1, 2026, through June 30, 2027

Maximum Obligation: \$11,113,025.96

Period One: \$784,513.06

Period Two: \$2,222,633.32

Period Three: \$3,239,212.58

Period Four: \$2,666,667.00

Period Five: \$2,220,000.00

Basis for Reimbursement: Actual Costs

Payment Method: Arrears

Contractor’s UEI Number: DJM3CNDVQ2J8

Contractor’s DUNS Number: 072926041

Contractor’s Tax ID Number: 95-1691330

Notices to COUNTY and Contractor:

COUNTY: County of Orange/CEO

County Procurement Office
 400 West Civic Center, 5th floor
 Santa Ana, CA 92701
CEOcarecoordination@ocgov.com

CONTRACTOR: Volunteers of America of Los Angeles
 3600 Wilshire Blvd, Suite 1500
 Los Angeles, CA 90010
 Veronica Lara
 Chief Operating Officer
verolara@voala.org

With a copy to:
 Eric Richardson
 Director of Housing
Erichardson@voala.org

2. Attachment A, Section II. Budget Table shall be amended and replaced in its entirety as follows:

CONTRACT PERIOD	Period 1: October 15, 2022, to June 30, 2023	Period 2: July 1, 2023, to June 30, 2024	Period 3: July 1, 2024, to June 30, 2025	Period 4: July 1, 2025, to June 30, 2026	Period 5: July 1, 2026, to June 30, 2027	Total
ADMINISTRATION COSTS						
Salaries	\$922.50	\$943.61	\$1,385.00	\$1,426.55	\$811.00	\$5,488.66
Benefits	\$258.30	\$264.23	\$416.00	\$428.48	\$243.00	\$1,610.01
Services & Supplies	\$894.53	\$898.75	\$1,750.00	\$1,250.00	\$951.00	\$5,744.28
Indirect	\$96,343.71	\$272,954.96	\$397,798.04	\$327,485.00	\$270,176.00	\$1,364,757.71
SUBTOTAL ADMINISTRATIVE COSTS	\$98,419.04	\$275,061.55	\$401,349.04	\$330,590.03	\$272,181.00	\$1,377,600.66
PROGRAM COSTS						
Salaries	\$301,460.77	\$760,971.13	\$1,113,786.00	\$982,000.00	\$963,005.00	\$4,121,222.90
Benefits	\$70,220.11	\$170,277.74	\$334,651.00	\$248,000.00	\$288,902.00	\$1,112,050.85
Services & Supplies	\$250,897.54	\$1,016,322.90	\$1,389,426.54	\$1,106,076.97	\$675,912.00	\$4,438,635.95
Start-Up	\$63,515.60	\$0	\$0	\$0	\$0	\$63,515.60
SUBTOTAL PROGRAM COSTS	\$686,094.02	\$1,947,571.77	\$2,837,863.54	\$2,336,076.97	\$1,927,819.00	\$9,735,425.30
TOTAL COSTS	\$784,513.06	\$2,222,633.32	\$3,239,212.58	\$2,666,667.00	\$2,200,000.00	\$11,113,025.96

3. Exhibit A, Section VI. Staffing shall be amended to replace the FTE Table in its entirety as follows:

CONTRACT PERIOD	Period 1: October 15, 2022, to June 30, 2023	Period 2: July 1, 2023, to June 30, 2024	Period 3: July 1, 2024, to June 30, 2025	Period 4: July 1, 2025, to June 30, 2026	Period 5: July 1, 2026, to June 30, 2027
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<u>ADMINISTRATION FTE</u>					
Director	0.05	0.05	0.05	0.05	0.005
Associate Director	0.05	0.05	0.05	0.05	0.00
SUBTOTAL ADMIN FTES	0.10	0.10	0.10	0.10	0.005
<u>PROGRAM FTE</u>					
Administrative Assistant	1.00	1.00	1.00	1.00	0.00
Administrative Assistant II	0.00	0.00	0.00	0.00	1.00
Program Manager III	1.00	1.00	1.00	1.00	0.00
Program Coordinator III	1.00	2.00	2.00	2.00	0.00
Housing Coordinator III	1.00	2.00	2.00	2.00	0.00
Case Manager (Entry)	1.00	0.00	1.00	1.00	1.00
Case Manager (Generalist)	1.00	3.00	4.00	3.00	5.00
Case Manager (Specialist)	4.00	3.00	6.00	6.00	3.00
Case Manager (Lead)	0.00	1.00	1.00	1.00	1.00
Case Manager (Community Reentry)	0.00	1.00	0.00	0.00	0.00
Case Manager (Custody In-Reach)	0.00	1.00	0.00	0.00	0.00
Program Supervisor (HDAP)	1.00	1.00	1.00	0.00	0.00
Prog Supervisor II	0.00	0.00	0.00	0.00	1.50
Program Manager III	0.00	0.00	0.00	0.00	1.00
Data Quality Specialist	1.00	1.00	1.00	1.00	0.00
Data Quality Specialist II	0.00	0.00	0.00	0.00	1.00
Director	0.00	0.00	0.00	0.00	0.045
Housing Coordinator	0.00	0.00	0.00	0.00	2.00
SUBTOTAL PROGRAM FTES	12.00	17.00	20	18.00	16.545
TOTAL FTES	12.10	17.10	20.10	18.10	16.55

4. Attachment A, Section V. Services, shall be amended and replaced in its entirety as follows:

A. Scope Of Services

1. Overview

- a. Regional Street Outreach and Care Coordination Services Program to provide services that help respond and address the unsheltered homeless conditions and provide comprehensive care coordination, inclusive of case management, disability benefit application assistance and advocacy, and housing navigation services to individuals experiencing homelessness in each Service Planning Area (SPA) – North, Central, and South – to secure permanent housing placement for the individual. Additionally, County is implementing a program where individuals experiencing chronic, unsheltered homelessness are connected to a care

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coordinator who will provide “whatever it takes” approach to getting an individual permanently housed and also increase equitable service access across Orange County regardless of where a person is experiencing homelessness.

- b. The purpose of this Contract is for Contractor to provide North SPA Regional Care Coordination Services in support of County’s implementation of a responsive Homeless Service System. Contractor shall perform all services set forth in the program description and will be responsible for administering program funded with Homeless Housing, Assistance and Prevention (HHAP) and Housing Disability and Advocacy Program (HDAP) funds, as described as follows, in a manner satisfactory to County and consistent with any standards required as a condition of providing HHAP funds, including but not limited to Health and Safety Code (HSC) § 50216(a-q), HSC § 50219(c)(1-8), HSC § 50221(a)(1-4), Welfare and Institutions Code (WIC) sections 18999-18999.6, Senate Bill (SB) 1380, and Welfare and Institution (W&I) Code 8255.
- c. Contractor shall adhere to all applicable regulations associated with federal and/or state funding sources, including but not limited to Homeless Housing Assistance and Prevention Grant Program (HHAP) and Housing and Disability Advocacy Program (HDAP). Contractor shall ensure all program policies and procedures are in compliance with required federal and/or state regulations.

2. Program Description Summary

- a. The North SPA Regional Care Coordination Services will provide comprehensive regional care coordination services five days a week for standard operating hours to help engage and serve individuals experiencing unsheltered homelessness while also assisting communities in addressing overall unsheltered homelessness conditions (i.e. encampments and hotspots) in the North SPA. Through the services, a provider will be able to engage and assess for individuals that need and qualify for comprehensive care coordination services as referred by the Administrator. Care coordination services are inclusive of comprehensive case management and housing navigation services to individuals experiencing homelessness in the North SPA with the goal of securing permanent housing placement for the individual.
- b. North SPA Regional Care Coordination Services will assist individuals with disabilities who are experiencing homelessness apply for disability benefit programs. The program will assist individuals experiencing homelessness in accessing the most appropriate services and resources across the System of Care, including behavioral health, healthcare, benefits and mainstream services, housing, and navigating application and enrollment processes, and providing advocacy and support as necessary. An integral part of Regional Care Coordination Services is Supplemental Security Income/Social Security Disability Income (SSI/SSDI) Outreach, Access, and Recovery (SOAR). SOAR seeks to address homelessness through increased access to SSI/SSDI income supports and encourages employment as a means to increase an individual’s income and promote recovery.
- c. North SPA Regional Care Coordination Services will become an integral part of the Orange County Continuum of Care (CoC) and function as an open Coordinated Entry System (CES) Access point for their region, to support participants in accessing available and appropriate housing resources. This open access point will accept and respond to CES referrals from the public and as assigned by the Administrator.

- d. North SPA Regional Care Coordination Services will follow Housing First principles and incorporate evidenced based approaches such as motivational interviewing, critical time intervention, trauma-informed care, harm reduction and risk management, to address barriers to housing and economic stability. The program is to be implemented in a manner that increases equitable service access across the SPA, regardless of where a person is experiencing homelessness.
- e. North SPA Regional Care Coordination Services must operate in accordance with Housing First Principles as defined in WIC Section 8256 and further outlined in ACL 19-114. Housing First means that individuals should be connected to housing or housing supports immediately without preconditions, services shall be voluntary, participant choice shall be respected, and applicants shall not be rejected on the basis of income, past evictions, substance use, or any other behaviors that may indicate a lack of “housing readiness.”
- f. North SPA Regional Care Coordination Services shall include the following services at minimum:
 - 1) Targeted outreach and engagement to individuals experiencing homelessness in the North SPA, as referred by Health Care Agency’s (HCA) OC Outreach and Engagement (O & E) and the Care Plus Program (CPP), working to build relationships that offer care coordination and support to access services and assistance programs, mainstream services, and other programs. Program may receive referrals from Administrator and community partners, for subsequent outreach and engagement efforts, which will have to be coordinated with O&E.
 - 2) Intake and assessment to determine the history of participation in other homeless service assistance programs and collection of needed demographic information from Participants. Program must be able to assess and re-evaluate the Participant’s service needs and make recommendations to appropriate and eligible housing and/or supportive services that best meets the Participant’s needs.
 - 3) Case management services to Participants that promote care coordination, addressing all the needs of the Participants with a focus on providing support with locating permanent housing options that meet the Participant’s needs. Case management services will be focused on furthering the progress towards the goals and objectives as outlined in the Individualized Housing and Service Plan.
 - 4) Disability Benefits Advocacy to Participants to seek any and all disability benefits the participant may be eligible to receive, as appropriate, including SSI, SSDI, Social Security Retirement or Survivors Benefits, Veterans’ Disability Compensation benefits, and the Cash Assistance Program for Immigrants (CAPI), filing complete and timely applications and appeals.
 - 5) Housing assistance and navigation services to support the Participant in identifying available housing units and resources, completing needed forms and applications for housing, as well as providing support through in-person or teleconference meetings relating to housing search and placements. These activities may include direct financial assistance such as rental subsidies, rental arrearages, interim housing, landlord mediation, landlord incentives, landlord outreach, and housing identification and search

activities.

- 6) Function as a CES Access Point to support Participants in accessing CES through the completion of an assessment, the collection of required documentation to verify length of homelessness, homeless status and/or disabling condition. Program must actively participate in relevant CES meetings and participate in case conferencing.
 - 7) Case conference, coordinate and collaborate with (HCA) for the other components of the System of Care, Orange County CoC, and key stakeholders in the North SPA to employ a multi-disciplinary approach to assisting the Participant in accessing services and/or programs.
 - 8) Services will be recorded in the Homelessness Management Information System (HMIS) in accordance with the adopted HMIS Policies and Procedures, System of Care Data Integration System (SOCDIS) and in other data systems as requested by the Administrator.
- g. Contractor, pursuant to requirements set forth in this Scope of Services and consistent with HHAP and HDAP requirements shall provide North SPA Regional Care Coordination Services to Participants experiencing homelessness in the North SPA Orange County for the term of this Contract.

3. Use of Funds

- a. Funds shall be used to provide contracted services and operations of the Program. The Program and eligible costs have been informed by best practices frameworks focused on moving individuals into permanent housing as quickly as possible and ensuring those individuals maintain their permanent housing.
- b. The Program shall be administered in an equitable manner by providing culturally responsive services and having multicultural Program staff to engage and guide underserved participants throughout the housing process. Program staff shall operate in accordance with non-discrimination policies and attend annual trainings that focus on understanding implicit biases and cultural sensitivities to promote diversity and equity within the Program.
- c. The Program shall also promote connections to service providers, increased housing stability and increased access to benefits and employment resources as needed. Services and operations shall be low-barrier and promote an engagement rich environment in which Participants make connections to supportive services and stable housing.

B. Target Population and Eligibility Requirements

1. Contractor is to provide services to individuals experiencing homelessness in the North SPA. This includes single individuals, adult only households, transitional age youth between the ages of 18 to 24, and individuals fleeing domestic violence who are currently experiencing homelessness in Orange County and meet the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act definitions of homeless.
2. Contractor is to confirm eligibility and review of supporting forms for Participants to ensure they

meet the eligible criteria as established by HUD and State.

3. Eligible Participants are defined by HUD criteria for defining homelessness, Categories 1 and 4, per the Final Rule on “Defining Homeless” (24 CFR parts 91, 576 and 578) or would be experiencing homelessness upon exiting an institution.
 - a. Category 1: Literally Homeless: Individual who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - 1) Has a primary nighttime residence that is a public or private place not meant for human habitation;
 - 2) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
 - 3) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
 - b. Category 4: Fleeing/Attempting to flee Domestic Violence: Any individual who:
 - 1) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
 - 2) Has no other residence; and
 - 3) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.
 - 4) Eligible Participants who in addition to meeting the homelessness definition, also meet the chronic homelessness definition as defined in Defining “Chronically Homeless” Final Rule and 24 CFR Parts 91 and 578:
 - c. An individual who:
 - 1) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - 2) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least four separate occasions in the last 3 years, where the cumulative total of the four occasions is at least one year. Stays in institutions of 90 days or less will not constitute as a break in homelessness, but rather such stays are included in

the cumulative total; and

- 3) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), posttraumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.
 - d. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility for fewer than 90 days and met all of the criteria in paragraph (1), before entering that facility.
4. At the time of program enrollment, eligible participants will be individuals experiencing unsheltered homelessness in the North SPA. Program shall prioritize and focus on assisting individuals experiencing chronic homelessness and/or the longest length of homelessness and who rely the most heavily on State and County-funded services. Other populations to be targeted by the program include, but are not limited to, the following:
- a. Individuals with disabilities who meet the above definition of experiencing chronic homelessness, homelessness and are high utilizers of the System of Care as identified by the Care Plus Program (CPP) will be prioritized for Regional Care Coordination Services for North SPA. High utilizers are defined as those with current or previous histories of multiple engagements with the homeless service system, including those with repeated unsheltered homeless episodes, those experiencing chronic homelessness and those with multiple Homeless Liaison Officers contacts.
 - b. General assistance or general relief applicants or recipients with disabilities who are experiencing homelessness.
 - c. Low-income individuals with disabilities who can be diverted from, or who are being discharged from, jails or prisons and who are experiencing homelessness or at risk of homelessness.
 - d. Low-income veterans with disabilities who are experiencing homelessness or at risk of homelessness.
 - e. Low-income individuals with disabilities who are being discharged from hospitals, long-term care facilities, or rehabilitation facilities and who were experiencing homelessness prior to entry or at risk of homelessness upon discharge.

C. Description Of Services

1. Essential Requirements – Contractor shall:
 - a. The services will offer core and flex delivery to ensure availability and accessibility for people experiencing homelessness. Hours of operation will be Monday – Friday, 8 am to 5 pm, with flex scheduling offering evening and weekend availability to accommodate Participant preferences and/or County needs. This approach will augment opportunities to connect with

outreach staff and maximize Participant engagement with supportive services. Staff will be recruited to scheduling and understand that the service will meet the needs of the Participant.

- b. Maintain a holiday schedule consistent with County's holiday schedule that is available for administrative staff and not programmatic staff, unless otherwise approved, in advance and in writing, by Administrator.
- c. Operate the program to include flexibilities to meet with eligible Participants outside of typical operation hours, if needed related to conflicts with employment or other appropriate factors.
- d. The administrative office of Volunteers of America Los Angeles is located at 3600 Wilshire Blvd., Suite 1500, Los Angeles, CA 90010 and the program offices are located at 321 North State College Blvd., Anaheim, CA 92806.
- e. Have a 24-hour contact available to program staff for emergency purposes and communication policies and procedures in place to notify County as appropriate.
- f. Have a 24 hour contact available to County for emergency purposes and to coordinate response as appropriate.
- g. Ensure that all Contractor staff and volunteers working in support of the Contract complete training on confidentiality and compliance to ensure appropriate safeguards are in place to maintain Applicant information and PII private, confidential, secure, etc.

2. Administrative Management Tasks – Contractor shall:

- a. Work in partnership with County to deliver the services as outlined in the program by being responsive to the needs of the household eligible for services including participation in the collaborative regional spoke model of care with HCA.
- b. Submit policies and procedures for the operations of the program, as requested by County, for all aspects of services, management plan, staff responsibilities and staff coordination.
- c. Track program costs and ensure eligibility for payment within the funding requirements.
- d. Operate, maintain, coordinate and staff the resources of the program.
- e. Coordinate with County agencies to provide appropriate supportive services to program Participants including but not limited to HCA, Social Services Agency (SSA), County Executive Office (CEO), and OC Community Resources (OCCR).
- f. Coordinate with County agencies, the Orange County CoC and community-based organizations on administrative functions such as operations meetings, as necessary and appropriate. This may incorporate technology solutions such as teleconferencing and videoconferencing as precautionary measures to limit the community spread and exposure to COVID-19. This may also include in person meeting and/or in the field meeting to address any encampment or hotspot location identified by the County.
- g. Enter program data into HMIS and/or comparable database and adhere to all implementation guidelines developed under the Orange County CoC and per HMIS standards or amended

HMIS standards, as applicable.

3. North SPA Regional Care Coordination Services Program Operations – CONTRACTOR is responsible for the provision of North SPA Regional Care Coordination Services to eligible Participants and who do not have incomes higher than HUD’s Low-Income Limit for the Area. North SPA Regional Care Coordination Services Program costs must be eligible and necessary to help the Participant move as quickly as possible into permanent housing and achieve stability within that housing. CONTRACTOR shall conduct:
 - a. Targeted Outreach and Engagement to individuals experiencing homelessness in the North SPA, working to build relationships that offer care coordination and support to access services and assistance programs, mainstream services, and other programs. The Program must conduct activities geared at identified need, targeting resources, and/or connecting likely eligible individuals to the North SPA Regional Care Coordination Services. Including screening and assessment activities.
 - 1) Targeted Outreach and engagement shall focus on identifying individuals experiencing chronic homelessness and/or the longest length of homelessness in the North SPA as referred by O&E and CPP. This will require the program to coordinate and conduct field work and facilitate warm handoffs with the O&E team to determine areas for outreach services for the purpose of enrollment into care coordination and subsequent service delivery. This may require coordination with other homeless service programs and/or local law enforcement as well.
 - 2) Program must utilize various best practices and approaches, including face-to-face interaction with and through trusted messengers of: Participants experiencing homelessness who are living on streets, in encampments, or temporary shelters; being discharged from jails or prisons hospitals, rehabilitation facilities; and wherever else Participants may be located.
 - 3) Program must develop a mechanism to receive referrals from O&E team and CEO, as well as establishing reasonable timelines for subsequent engagement with potential participants and subsequent assessment and screening.
 - 4) Program shall provide ample time to engage participants and repeatedly engage with participants who are hesitant or unsure of engaging in homeless service system. Program should also ensure that outreach and engagement is voluntary, participant centered, and trauma-informed care focused.
 - 5) Program will respond to requests from County to engage individuals experiencing homelessness in the North SPA who are part of the CPP. CPP provides a comprehensive approach to service delivery for Orange County’s most vulnerable participants. It offers enhanced care coordination, aiming to expedite supportive service linkages quickly and efficiently, by connecting individuals to the most appropriate services and resources across behavioral health, corrections, healthcare, housing and homelessness, and benefits and supportive services.
 - 6) Programs must work with community partners, including law enforcement, local government partners and other service providers to help address unsheltered homeless

conditions in that region.

- b. Intake and Assessment: Program must conduct an assessment to determine the history of participation in other homeless service assistance programs and collection of needed demographic information from Participants. Program must be able to assess and re-evaluate the Participant's service needs and make recommendations to appropriate and eligible housing and/or supportive services best meets the Participants' needs.
 - 1) Address urgent physical needs by providing access to meals, clothing, toiletries, and/or emergency shelter according to the standard operating procedures approved by the Administrator.
 - 2) Program must conduct an assessment to determine the history of participation in other homeless service assistance programs and collection of needed demographic information from participants. Program must be able to assess and re-evaluate the participant's service needs and make recommendations to appropriate and eligible housing and/or supportive services that best meet the participants' needs.
 - 3) Program must create an Individualized Housing and Service Plan, in partnership with the Participant, that considers and incorporates the goals of the Participant and focuses on identifying and securing permanent housing as well as other life areas that will support and assist Participants in successfully obtaining and maintaining housing. The Individualized Housing and Service Plan must address specific needs and barriers to housing and track process on established goals and milestones and the template shall be approved by the ADMINISTRATOR. The Individualized Housing and Service Plan shall detail a path to housing stability and support the Participants in maintaining permanent housing after the assistance ends.
 - 4) Participant's housing and/or service needs shall be continuously reassessed to address potential areas that may impact housing stability.
- c. Case Management: Program must provide case management services to Participants that promote care coordination intended to help participants navigate and address barriers to housing and disability benefits, including connections to Medi-Cal, CalFresh, healthcare, behavioral health agencies, legal aid, etc. Through case management, the program will actively integrate supportive services, ensuring that the various components of North SPA Regional Care Coordination Services are provided to the participant from the point of outreach through program exit into permanent housing that meet the participant's needs. Case management services will be focused on furthering the progress towards the goals and objectives as outlined in the Individualized Housing and Service Plan. Once housing is secured, the case management's focus will shift to assist the participant in remaining stably housed and ensuring accessed to community-based services. The following case management activities must be:
 - 1) Made available to participants: Program must incorporate best practices, including regular check-ins and communication, linkages to appropriate supportive services, the tracking of participants' cases, including housing status, disability status, status of other benefits, and any case conferencing notes.
 - 2) Case management must begin at entry to the program and continue throughout enrollment

until the participant is stably housed, helping to coordinate each step of the disability advocacy and housing process. Case management is a separate function from the housing assistance activity.

- 3) Case managers will meet with Participants at least weekly, in person to review progress towards Participant goals and plans for housing, increasing income and other resources as needed. Case managers will support Participants in setting up appointments, providing transportation to appointments and attend appointments with the Participants, as well as providing assistance in completing needed paperwork to meet established goals related to accessing services provided by the System of Care. Case managers will follow a “whatever-it-takes” approach to ensuring Participants receive assistance with obtaining necessary documents, paperwork completion and housing applications.
- 4) Program is expected to work with Participants to understand their housing desires and needs and work with them to identify appropriate housing placement that would work for them and be sustainable. Program is expected to support housing opportunities that incorporate roommates and shared living spaces. Program must ensure that housing opportunities are habitable and rent reasonable.
- 5) Program is required to have a network of resources that they can provide referrals and linkages to networks must include the resources listed below. Program shall be included as a resource in the HCA’s OC Navigator. Referrals and linkages to services and programs that address the needs of individuals will be provided and facilitated on an ongoing basis. Program will also assist with any subsequent follow up from the appointment and/or access to supportive services thus reducing the likelihood for missed appointments and other recidivism, including but not limited to:
 - a) Physical Health Care
 - b) Mental Health Care
 - c) Substance Use Treatment
 - d) Mainstream Benefits (e.g., Medi-Cal, SNAP, TANF, CalFresh)
 - e) Employment Services
 - f) Legal Services
 - g) Credit Counseling
 - h) Education
 - i) Essential services that address the needs of specialized populations, including but not limited to transitional aged youth, victims of domestic violence, dating violence, sexual assault, or stalking, and veterans.
- 6) When a participant becomes permanently housed, the program will provide in person case management at least twice per month, for the first three months to ensure long-term housing stability and develop a Housing Stabilization Plan with the Participant. The Housing

Stabilization Plan will focus on longer-term goals such as developing independent living skills and obtaining income through employment and/or disability benefits. Additionally, the Housing Stabilization Plan will include a discharge planning that will focus on addressing and resolving and remaining barriers to housing stability, ensuring housing is sustainable, linking Participants with community-based organizations, and coordinating follow-up services that offer continued support.

- 7) Disability Benefits Advocacy shall include seeking any and all disability benefits the participant may be eligible to receive, as appropriate, including SSI, SSDI, Social Security Retirement or Survivors Benefits, Veterans' Disability Compensation benefits, and the CAPI. It may also include filing complete and timely applications and appeals, obtaining and submitting medical evidence, filing appeals and requests for hearings, including appeals to the Social Security Appeals Counsel, representing individuals at administrative hearings, establishing good working relationships with the Social Security Administration and Disability Determination Services (DDS), and contracting with legal services providers as needed to ensure adequate representation. Program services shall not be interrupted pending an administrative hearing decision.
 - 1) Program SSI and SSDI benefits advocacy services must adhere to the Social Security Administration guidelines, 20 CFR §§ 404.1740, 20 CFR §§ 416.1540 - Rules of Conduct and standards of responsibility for representatives.
 - 2) Program must coordinate and collaborate with legal aid organizations to assist with initial applications and appeals, as well as ensure representation by attorneys in appeals hearings through a formal partnership with a legal entity.
 - 3) Program shall have specific design, oversight, and quality assurance processes for benefit applications, follow-up and approval rates related to any and all entitlement benefits the participants may be eligible to receive, even if it results in ineligibility for disability benefits
- d. Housing Navigation Services to support the Participant who are receiving Disability Benefit Advocacy in finding and securing interim and permanent housing, maintaining current housing and stabilizing in new housing. Housing assistance activities include, but are not limited to, direct financial assistance such as rental subsidies, rental arrearages, interim housing, landlord mediation, landlord incentives, landlord outreach, and housing identification and search activities. Program will support the Participant in identifying available housing units and resources, completing needed forms and applications for housing, as well as providing support through in-person or teleconference meetings relating to housing search and placements. When housing is secured, the program will assist the participant in understanding the lease, make moving arrangements and establish utilities.
 - 1) Housing assistance – financial assistance related to housing that is provided in coordination with both housing navigation and housing-specific case management services, and shall be provided to participants concurrently throughout the disability application process.
 - a) Housing assistance may include interim shelter options, recuperative care, move-in costs and housing stabilization costs, modification to units in order to accommodate

- accessibility needs, independent living facilities, recovery residences and board and care facilities as long as placement are compliant with Housing First, master leasing, and reunification with family or friends or other shared housing opportunities.
- b) Housing assistance cannot exceed two (2) months of financial assistance for emergency and/or interim housing being provided at a motel or hotel being paid by the Program. The Contractor must develop policies and procedures detailing the circumstances in which a Participant may be provided financial assistance for emergency and/or interim housing, including an approval process by the Administrator.
 - c) Housing assistance can be provided as financial assistance for move-in costs and housing stabilization costs including security deposit, utility deposit, pet deposits, storage fees, moving costs and costs associated with making a home habitable.
- 2) Housing navigation services – support the participant in identifying available housing units and resources, completing needed forms and applications for housing, as well as providing support through in-person or teleconference meetings relating to housing search and placements. When housing is secured, the program will assist the participant in understanding the lease, making moving arrangements and establishing utilities.
 - a) Housing navigation services may include facilitating access and enrollment into the permanent housing programs of the Orange County CoC, including rapid rehousing, permanent supportive housing, housing choice vouchers, and special purpose housing choice vouchers. The Program will serve as a CES access points and regular attendance in the North SPA specific CES meetings.
 - b) Housing Navigation Services must not be limited to these homeless service 30 system interventions but also consider other permanent housing options that are affordable and sustainable for the individual, including but not limited to shared housing, room for rent, family reunification, etc.
 - c) Housing Navigation Services are to focus on the marketing aspects of housing navigation, including locating available units, recruiting new landlords, negotiating with landlords on incentives, risk mitigation funds, and any flexibility in lease terms and conditions. The housing navigator shall also be available to assist with any needs or concerns from the landlord’s perspective in order to maintain housing stability for the participant.
 - d) Housing Navigation Services will also provide transportation to Participants to support the housing search process, attend housing meetings, viewing and/or interviews. The program will embrace a “whatever it takes” approach to housing navigation by eliminating barriers to housing.
 - e) The program shall work with participants to understand their housing preferences and needs and work with them to identify an appropriate housing placement that would work for them and be sustainable. Program shall support housing opportunities that incorporate roommates and shared living spaces. Programs must ensure that housing opportunities are habitable and rent reasonable.

- 3) Housing-specific case management focusses on Participants who become permanently housed, the Program will provide in-person case management at least semi-monthly, for the first three months to ensure long-term housing stability and develop a Housing Stabilization Plan with the participant. The Housing Stabilization Plan will focus on longer-term goals such as developing independent living skills and obtaining income through employment and/or disability benefits. Additionally, the Housing Stabilization Plan will include a discharge plan that will focus on addressing and resolving any remaining barriers to housing stability, ensuring housing is sustainable, linking participants with community-based organizations, and coordinating follow-up services that offer continued support.
- e. Case conference, coordinate and collaborate with the O&E team and the other components of the System of Care, Orange County CoC, CEO, and key stakeholders in the North SPA to employ a multi-disciplinary approach to assisting the Participant in accessing services and/or programs. This will support the coordination and monitoring of other needs and engagement processes for the Participant as well as measuring progress on the Individualized Housing and Service Plan.
- f. Services will continue to be provided to the Participant while enrolled in another homeless service system programs, including emergency shelter, temporary housing, rapid rehousing or permanent supportive housing. The Participant may have several case managers at one point depending on the supportive services being accessed, as such the program is expected to work collaboratively with others for the benefit of the Participants. The goal of the program is to ensure care coordination, continuity of services to ensure permanent housing and ongoing housing stability. The program is to case conference and collaborate with other case managers providing services to the Participant.
- g. Transportation assistance for Participants to access emergency shelter, housing resources and other supportive services. Transportation may be provided in the form of Contractor's staff transporting Participants in a vehicle or providing payment of transportation costs such as rideshares or taxis.
- h. The goal of providing transportation assistance is to ensure that Participants do not experience additional barriers or delays in accessing benefits, services and/or housing resources.
- i. Services will be recorded in the HMIS, SOCDIS and other data systems as determined by the Administrator, in accordance with the adopted HMIS and other data Policies and Procedures. This includes timely and appropriate data input in HMIS and required systems, including progress notes after each engagement and/or case management session with a Participant.
- j. For those Participants in the CPP, services/resources will be monitored within the SOCDIS. Those that qualify for CPP are high utilizers of County services and resources. It will be expected of the Contractor to gather consent, connect individuals expeditiously to the right service/resource at the right time and assist the individuals in navigating the system.

D. Performance Measures and Monitoring

1. The following performance measures will be a requirement of this Contract.
 - a. Contractor will assist a minimum of 375 eligible Participant Households during Period One and

Period Two, a minimum of 450 eligible Participant Households during Period Three and period Four, and a minimum of 200 eligible Participant Households during Period Five of the Contract by providing all components of the North SPA Regional Care Coordination Services during the term of the Contract. As some Participants will not have needs for the maximum assistance to secure permanent housing and achieve housing stability, the total number of households served will likely increase.

- b. Maintain a minimum of 25 unduplicated, eligible Participants in a caseload per case manager, for a total of 375 Participants served during Period One and Period Two, 450 Participants served during Period Three and Period Four, and 200 Participants served during Period Five of the Contract. As some Participants will not have needs for the maximum assistance to secure permanent housing and achieve housing stability, the total number of households served will likely increase over the course of the Contract.
 - c. Of the Participants enrolled in the program during the reporting period, 80% of Participants will have an Individualized Housing and Service Plan within thirty (30) calendar days of program enrollment.
 - d. Of the Participants enrolled in the program during the reporting period, 90% of Participants will be connected to the CES within thirty (30) calendar days of program enrollment. Connected to the CES at minimum includes a program enrollment; however, the goal is to get program participants in the community queue as fast as possible.
 - e. Of the participants who have a disability and are not receiving disability benefits enrolled in the program during the reporting period, 50% of participants will have submitted a disability benefit application or appeal within 150 days of program enrollment.
 - f. Achieve minimum of 40% disability benefit application approval, inclusive of initial applications, reconsideration request, and/or appeals and hearing processes,
 - g. At minimum, 50% of Participants will enroll into to an emergency shelter or temporary housing destination while enrolled in the program.
 - h. At minimum, 30% of Participants will transition to a permanent housing destination.
 - i. Of Participants who move-in to permanent housing destinations, 50% do so within 120 days of enrollment to the Program.
 - j. At minimum 50% of Participants will have a higher income than at program entry due to employment and or mainstream benefits.
2. County in coordination with Contractor will conduct on-site or virtual visits or desk monitoring to ensure programmatic compliance at least once during the contract term. Monitoring visits may include, but are not limited to:
 - a. Review of Participant file documentation
 - b. Review of eligible activity and cost requirements established by HHAP and HDAP guidelines

- c. Review of policies and procedures and consistent adherence to Program practices HMIS, SOCDIS and other data entry completion
 - d. CPP SOCDIS data entry completion
 - e. Interviews with program staff
3. County shall monitor the performance of Contractor against the goals, outcomes, milestones and performance standards required herein. Substandard performance, as determined by County, will constitute non-compliance with this Contract for which County may immediately terminate the Contract. If action to correct such substandard performance is not taken by Contractor within the time period specified by County, payment(s) will be denied in accordance with the provisions contained in the Contract.
 4. County shall periodically evaluate Contractor's progress in complying with the terms of this Contract. Contractor shall cooperate fully during such monitoring. County shall report the findings of each monitoring to Contractor.

E. Reporting Requirements

1. Contractor is required to submit reporting on monthly and quarterly basis in a form acceptable to County. Monthly reports will be due by the twentieth (20th) day of the following month of services rendered, unless otherwise approved by County. The reporting shall support County in evaluating Contractor's performance as it related to Participant data, program linkages and units of services. Contractor will be required to utilize the HMIS to support with data collection, management, and reporting standards and used to collect participant-level data
2. Contractor is required to submit monthly units of service and narrative reports, in addition to reporting at regular intervals to HCA that details the following:
 - a. Total number of eligible households that receive assistance;
 - b. Composition of the households – demographics, size and type;
 - c. Number of unduplicated individuals served;
 - d. Caseload movement;
 - e. Financial assistance expenditures;
 - f. Length of assistance;
 - g. Number of Participants exits and exit types;
 - h. CES status – total number of participants enrolled in CES program, total number of participants on the CES Community Queue and related status;
 - i. Individualized Housing and Service Plan status – total number of plans established with participants and related progress towards completion; and

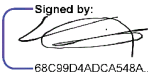
- j. Income increases for participants
 - k. other outcome measures as determined by the Administrator
- F. File Maintenance and Documentation
1. Contractor shall prepare all applicable files and perform all administrative management tasks, as indicated in the Contract.
 2. Contractor Shall maintain all records required by the federal regulations specified in 24 CFR 570.503(b)(2), 570.506, 570.507, 570.508 that are pertinent to the activities to be funded under this Contract.
 3. Records providing a full description of each activity undertaken.
 4. Financial records as required by 24 CFR 570.502, and OMB Circular A-87; and
 5. Other records necessary to document compliance with Subpart K of 24 CFR 570.
 6. Annual Audit Submission: Independent audits to be performed by a Certified Public Accountant, which shall include an audit of funds received from County, in accordance with applicable regulatory requirements. Copies of each required audit report must be provided to County within thirty (30) calendar days after the date received by Contractor.
 7. Retention: Contractor shall retain all records pertinent to expenditures incurred under this Contract for a period of five (5) years after the termination of all activities funded under this Contract, or after the resolution of all federal audit finding, whichever occurs later. Records for non-expendable property acquired with funds under this Contract shall be retained for five (5) years after final disposition of such property. Records for any displaced person must be kept for five (5) years after s/he has received final payment.
5. All other terms and conditions in this Contract shall remain unchanged and with full force and effect.

SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE

IN WITNESS WHEREOF, the Parties have executed this Contract, in the County of Orange, State of California.

VOLUNTEERS OF AMERICA OF LOS ANGELES, A CALIFORNIA NON-PROFIT

BY:  _____ DATED: 4/1/2026

TITLE: Chief operation officer

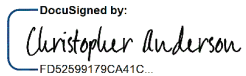
BY: _____ DATED: _____

TITLE: _____

COUNTY OF ORANGE, a political subdivision of the State of California

BY: _____ DATED: _____
Deputy Purchasing Agent

APPROVED AS TO FORM
OFFICE OF THE COUNTY COUNSEL
ORANGE COUNTY, CALIFORNIA

BY:  _____ DATED: 4/1/2026
Deputy

* If the contracting party is a corporation, (2) two signatures are required: one (1) signature by the Chairman of the Board, the President or any Vice President; and one (1) signature by the Secretary, any Assistant Secretary, the Chief Financial Officer or any Assistant Treasurer. The signature of one person alone is sufficient to bind a corporation, as long as he or she holds corporate offices in each of the two categories described above. For County purposes, proof of such dual office holding will be satisfied by having the individual sign the instrument twice, each time indicating his or her office that qualifies under the above-described provision. In the alternative, a single corporate signature is acceptable when accompanied by a corporate resolution demonstrating the legal authority of the signee to bind the corporation.

Attachment B

Commission to End Homelessness
Homeless Service System Pillars Attestation

**Background:**

The Commission to End Homelessness developed the Homeless Service System Pillars Report, which includes four pillars – Prevention, Outreach & Supportive Services, Shelter, and Housing – that provide key interventions to assist individuals and families at risk of homelessness or experiencing homelessness. The Homeless Service System Pillars Report provides a definition and goal for each pillar thus establishing a collective understanding of the interventions, programming and outcomes expected for each pillar. Additionally, the Homeless Service System Pillars Report identifies the best practices, principles, and commitments to be followed by each Pillar.



On October 18, 2022, the Orange County Board of Supervisors received the Commission to End Homelessness' Homeless Service System Pillars Report and also directed the Homeless Service System Pillars Report be utilized as a framework in the design and development of programs that address the needs of individuals and families at risk of homelessness or experiencing homelessness across the County of Orange.

The Homeless Service System Pillars Report can be found here:

- Full Report - <https://ceo.ocgov.com/sites/ceo/files/2022-11/CEO-DCEO22-000856%20Attachment%20A.pdf>
- Summary Document - <https://ceo.ocgov.com/sites/ceo/files/2023-02/Pillars.pdf>

Commission to End Homelessness
Homeless Service System Pillars Attestation



Providers shall Complete, Sign, and Submit with Contract Renewal:

Please select which of the Homeless Service System Pillar(s) that applies to the services being renewed:

- PREVENTION
- OUTREACH & SUPPORTIVE SERVICES
- SHELTER
- HOUSING

Please provide a brief description to outline how your contract renewal meets the best practices and guiding principles of the selected Homeless Service System Pillar(s). If additional space is needed, please attach separate pages to this form.

Outreach & Supportive Services: Volunteers of America Los Angeles (VOALA) focuses on providing outreach and supportive services through evidence-based practices such as motivational interviewing and trauma informed care approaches to leverage beneficial relationships built on trust and rapport with those at risk of homelessness or currently experiencing chronic homelessness. The goal of our outreach and provision of supportive services centers around the efforted pursuit of stabilization for the at risk of or currently experiencing chronic homelessness population in Northern Orange County. This process further involves consistent (and relentless) efforts to engage and contact the population with empathy, compassion and relatability. Finally, our project operates with a specific focus on ensuring all supportive services are focused on being bespoke in delivery to fulfill (whether in linkage or referral) each individual's specified needs.

Shelter: The Regional Care Coordination project is centered and driven by the Housing First modality and one that is predicated upon sourcing, providing and ensuring stabilization is maintained for any and all participants our project comes into contact with. By achieving stabilization, whether permanent or temporary by nature; VOALA understands the importance of stabilization to an individual who's experiencing homelessness. This comprehension is rooted by the ways shelter or stabilization can provide those experiencing homelessness with a response to a crisis filled situation, while in turn promoting their dignity, integrity, respect and accessibility to supportive services that are designed to help achieve stabilization permanency.

Housing: VOALA's Regional Care Coordination project maintains a predominant focus on providing housing and long-term stabilization to the population we serve who are at risk of homelessness or presently facing chronic homelessness. This focus is done with intentionality, understanding that stabilization must be met with sustainability. Through this intentionality, efforts include providing the target population with the appropriate wraparound supportive structures to result in an improved foundation for their quality of life moving forward in a sustainable fashion. Finally, VOALA maintains concerted efforts to ensure participants are treated with dignity and respect when providing specialized housing navigation that considers their specific needs and determinations to their long-term housing stabilization.

Commission to End Homelessness
Homeless Service System Pillars Attestation



- 1. Provider recognizes the Commission to End Homelessness as an advisory body to the Orange County Board of Supervisors, was created to advise on policy and direction related to addressing homelessness in Orange County.

Initial ER

- 2. Provider acknowledges that the Commission to End Homelessness created the Homeless Service System Pillars Report with the assistance of local and national industry experts and people with lived experience to establish a collective understanding of the interventions, programming and outcomes expected for each pillar. Additionally, the Homeless Service System Pillars Report also identifies the best practices, principles, and commitments to be followed by each Pillar.

Initial ER

- 3. Provider acknowledges that the Homeless Service System Pillar Report was received and filed by the Orange County Board of Supervisors during the October 16, 2022, meeting. The Orange County Board of Supervisors directed the use of the Homeless Service System Pillars Report be utilized as a framework in the design and development of programs that address the needs of individuals and families at risk of homelessness or experiencing homelessness across the County of Orange.

Initial ER

- 4. Provider recognizes that through the solicitation process for the proposed project, services must clearly demonstrate and meet the definition, goal, best practices, and guiding principles of the above checked Homeless Service System Pillar(s), based on the Commission to End Homelessness' Homeless Service System Pillars Report.

Initial ER

- 5. Provider attests the contract renewal submitted meets the standards of identified best practices and guiding principles defined in the Commission to End Homelessness' Homeless Service System Pillar Report. Provider also acknowledges that they may be asked to report and/or demonstrate their adherence to the above stated at any point during the duration of the Contract.

(Signature Required)

4/2/26

(Date)